Health and Immunization Form

Part I. Student Demographic and Emergency Contact Information

Name: 

Last  First  D.O.B

Address: 

Street  City/State  Zip Code

Phone: ( )  Student G#: 

Emergency Contact: ___________________________  Relationship: ___________________________

Address: 

Street  City/State  Zip Code

Phone: ( )

Part II. Immunization Documentation - Month/Day/Year

MMR (Measles, Mumps, Rubella) immunization dates OR positive titer results:

Immunization dates: #1 ___/___/____  Immunization date #2 ___/___/____ OR

Date MMR titer drawn: ___/___/____  Lab result must be submitted

Td or Tdap (Tetanus and Diphtheria or Tetanus, Diphtheria and Acellular Pertussis) immunization dates:

Td: ___/___/____ or Tdap: ___/___/____  Within the last 10 years

● Must include date of last Tdap after age 11: ___/___/____

Hepatitis B immunizations dates (series of 3 immunizations) AND Hepatitis B surface antibody titer result:

Immunization dates: #1 ___/___/____ #2 ___/___/____ #3 ___/___/____  AND

Date Hepatitis B surface antibody titer drawn: ___/___/____  Lab result must be submitted

Dates of additional immunizations: #1 ___/___/____ #2 ___/___/____ #3 ___/___/____

Varicella immunizations dates OR date of chicken pox disease OR positive varicella titer:

Varicella immunization dates: #1 ___/___/____ #2 ___/___/____

Date of Varicella disease: ___/___/____

Date Varicella titer drawn: ___/___/____  Lab result must be submitted

Influenza date of last immunization: ___/___/____

Required for Medical Laboratory Science Program only:

Meningococcal immunization within the last 5 years: ___/___/____
Part III. Tuberculosis (TB) Screening, Two-step Skin Test or Quantiferon Gold/T-Spot Test

A two-step TB skin test or Quantiferon-Gold/T-Spot test is required, unless history of a positive tuberculin test. The first TB skin test must be documented as “negative” and that it was completed within the past 12 months, the second TB skin test must be completed no earlier than 7 days after the first.

TB skin test #1 Date placed:__/__/____ Date read:__/__/____ Result: _____mm Read by: _____________
TB skin test #2 Date placed:__/__/____ Date read:__/__/____ Result: _____mm Read by: _____________

OR Quantiferon-Gold/T-Spot test (used instead of the two skin tests)
Date of test:__/__/____ Lab result must be submitted

OR if positive TB test OR individual with history of a positive TB test:
Date of baseline chest x-ray:__/__/____ X-ray results: ________________ X-ray report must be submitted
Date of TB symptom review:__/__/____ Is individual free of signs and symptoms of TB? _____________

Part IV. Review of Essential Functions and Technical Standards (See Attachment)

Only required for the following programs of study: Athletic Training, Nursing, Medical Laboratory Science, Occupational Therapy, Physical Therapy and Physician Assistant.

Part V. Physical Exam and Verification

I have obtained a health history, performed a physical exam, and have reviewed the program essential functions and/or technical standards (if required for this individual’s program). Please initial your response: ____Yes ____No

In my opinion this individual is mentally and physically capable of full participation in their designated program.

Please initial your response: _____Yes______No

If this individual is NOT capable to fully participate please comment on limitations: ____________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Part VI. Healthcare Provider Information

Health Care Provider: ______________________________ Office: ______________________________
(Please Print)
Signature: ______________________________ Date: ____/____/_____  
Address: __________________________________________ Street: _____________________________
City/State Zip Code
Phone: (______)

Student Name: ______________________________ D.O.B __/__/____ G #_______________________