

Allied Health Program
PHYSICIAN'S Examination and Immunization Report

PLEASE NOTE: All students must have the following completed and returned by September 21, 2018 for admission to this program. If an immunization is given in school or somewhere other than by the examining physician, it is the parent responsibility to obtain that record and return it with the physician's records.

Student Name _____ Date _____

	Date Completed	Comments
Physical Examination (after June 1, 2018) - must include Communicable Disease/Vaccine History:		
A.) Diphtheria & Tetanus (TDAP)		
B.) Polio Booster		
C.) Measles, Mumps, Rubella	1. _____ 2. _____	
D.) Hepatitis B Series*	1. _____ 2. _____ 3. _____	
E.) Flu Vaccine 2018-2019	Date: _____	
F.) Tuberculosis (Mantoux) Screening PPD Test/IGRA Test Must be done after July 1, 2018	Date _____ Results _____	
~Chest X-Ray (If PPD is positive)		
~Treatment Completed		
Varicella vaccine or Positive Titers	1. _____ 2. _____ 3. _____	

*Hepatitis B Vaccine may be declined. The physician's signature below provides verification that the physician has explained the risks of refusal to the student and parent and that they decline this series of immunizations.

As indicated in the policy statement, **the student must have a NEGATIVE Tuberculosis screening in order to participate in the program.

Physician's Statement:

I certify that this student is current with all immunizations and is free of disease and/or disability which would impair the well being of the student and/or the resident/patient during participation in the Allied Health program.

Date Physician's Name (PRINT) Physician's Signature

Physician's Address (PRINT) Physician's Address (PRINT)

***NOTE: THIS FORM MUST BE SIGNED BY THE PHYSICIAN**