NAME:First	Middle	Last
	TH AND IMMUNIZATION P AND DOCUMENTING RE	
The program requires that the student is a reasonable accommodation. The technica physical examination will guide complianc used in admission decisions and clinical p	al standards, health history is e. These forms along with	record, immunization record, and the
Required Immunizations The following immunizations are required observations are required: • Hepatitis B (3 dose series) • Measles – Mumps - Rubella (2 dose Tetanus – Diphtheria – Pertussis (2 dose series, titer, or vertuberculosis skin test or chest X-Rannually • Influenza vaccine (required annual	se series) (1 dose of Tdap within last erified medical history of chi Ray (required annually while	10 years) ickenpox) e in the program) – due October 1st
If, for any reason, the student is unable to Note: Additional health requirements may		
Student Acknowledgme	ent (Initials)	
I understand that I must complete the tube during my matriculation in the program. T		X-Ray) and influenza vaccine annually
Student Acknowledgme	ent (Initials)	
Health History and Physical Examination The program requires students complete a first course where observations are require and physical examination, but requires the	ed. The program recomme	ends an annual updated medical history
I understand that I must complete the hea	Ith history and physical exa	mination prior to admission into the first

courses where observations are required. I understand the program uses the documents along with the technical standards form as part of the approval process of clinical and observation placements.

Student Acknowledgment (Initials	;)
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NAME: _	AME: Middle		 e	Last
		4841 IN 117 A TIO	N DECODD	
	IN	MUNIZATIO	N RECORD	
determining if ye		for observation	on and intern	ed by the Program for purposes of aship placement. This information will at all times.
In compliance we provide proof of immunizations properties and the measures are tanus and the varicella and the measures are tanus and the varicella and the measures are tanus and the varicella and the variety and the	f a physical examination (for prior to admission to the first is B (3 dose series) S – Mumps - Rubella (2 dose is – Diphtheria – Pertussis (1 a (2 dose series, titer, or verialosis skin test or chest X-Ra a vaccine (required annually	admission and course where series) dose of Tdap fied medical hy (required and while in the p	d annually the observation within last 1 istory of chicanually while rogram)	os are required: 0 years) ckenpox)
This form is rev	iewed by a university and/or	program adm	inistrator.	
If, for any reaso	n, the student is unable to re	eceive any imr	munizations a	a physician's statement will be required.
⇒ You may atta	ach a copy of your validated	permanent va	ccination rec	cord to serve as this record.
Required Vacc	ine	Date	Results	Recorder and Information
Hepatitis B Vac				
Hepatitis A/B Va				
	lepatitis A/B Dose #1			
	lepatitis A/B Dose #2			
	lepatitis A/B Dose #3			
	nps – Rubella Series			
MMR Dose #1				
MMR Dose #2				
OR Positive MM				
Tetanus – Diphi	theria – Pertussis			
Tdap Dose				
Varicella Series				
Varicella Dose				
Varicella Dost #				
OR Positive Va				
	creening (within last year)			
Tuberculosis Sk	kin Test			
OR Chest X-ray				
Seasonal Influe	nza Vaccine			
Influenza Dose	#1			
	essional's Name:			
City:		State:		Zip:
Oity				Διρ
DO 112 - 112 1 1 1			R	EVIEWED BY

NAME:					
First		Middle	Last		
	М	EDICAL HI	STORY		
This information contained in this determining if you pose a health t remain as part of the secured students	hreat / risk for	observatio	n and internship placement. The		
The program requires that the stumight interfere with the observation admission to the first course when medical history, but requires the following Date Completed:	on or internshi re observation	p experiend s are requi	ce. The medical history must be red. The program recommend	e completed	d prior to
-	Current	Previous		Current	Previous
	Problem	Problem		Problem	Problem
Recurrent Headache			Epilepsy or Seizures		
Eye or Ear Problems			Dizziness		
Nose Problem			Fainting with exercise		
Throat Problem			Head Injury		
Thyroid Disorder			Concussion		
Heart Murmur			Bone or Joint Injuries		
Heart Disease			Back Injury		
Heart Palpitations			Gastrointestinal Problems		
Blood Pressure Issues			Diabetes		
Anemia			Eating Disorder		
Sickle Cell			Attention Disorders		
Bleeding Disorders			Auto Immune Disorders		
Hepatitis			Communicable Disease		
Kidney Disorders			Mononucleosis		
Bladder Disorders			MRSA or Staph Infection		
Pneumonia			Problems with Heat Illness		
Bronchitis			Drug or Alcohol Abuse		
Tuberculosis			Pregnancy		
Seasonal Allergies/Hay Fever			Personal/Family Problems		
Asthma			Emotional Problems		
Any other disease, illness, past so					
Allergies?					

NAME:						
	First		Midd	le	La	ast
		Pi	HYSICAL EX	AMINATIO	N	
determining if y		threat / risk	for observat	ion and inte	ernship placeme	ram for purposes of nt. This information will
assistant, nurse physical and me components of where observat	practitioner, or cental requiremen program. The pl	doctor of os ts – with or nysical exar I. The prog	teopathic me without reasonination mus ram recommo	dicine verify onable acco t be comple ends an an	ying that the indi ommodation – di eted prior to adm	n a physician, physician ividual is able to meet the idactic and clinical hission to the first course ysical examination, but
Height (Inches)	: We	eight (Poun	ds):	BP:	/	Pulse:
		Normal	Abnormal	Deferred	Comments	
HEENT						
Lungs						
Breasts (If Indic	ated)					
Heart						
Abdomen						
Pelvic (If Indica	ted)					
Rectal (If Indica						
Back and Extre	<u> </u>					
Neurologic						
	onditions, physic dent in the class NO	room or clir		·		oning as a health
NOTES/COMM	ENIS:					
	essional's Name					
Address:						
City:			State	:	<u></u> ·	Zip:
RS Health and In	RS Health and Immunization Packet					
					REVIEWED BY	