

Student Health Form

Section A: To Be Completed By Student			
Name (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	Telephone	E-mail address
Preferred Gender Pronoun	Sex at Birth	Gender Identity	Program accepted into:

Section B: To Be Completed By Provider	
Allergies and reactions	
Past medical history	
Past surgical history	
Hospitalizations	
Mental health	
Medications and dosages	
Family history	

PHYSICAL EXAM		
BP: _____ HR: _____ WT: _____ HT: _____		
	Normal	Significant findings
General	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	
If applicable, date of last cervical PAP smear	<input type="checkbox"/>	

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Titer reports and vaccines:

❖ **Please attach all required titer reports.**

Dates of immunization alone will not substitute for the titer requirement.

- Official documentation of 3 doses of Hepatitis B vaccine **AND** Hepatitis B surface antibody (IGG) titer.
- Official documentation of 2 doses of Measles, Mumps and Rubella (MMR) vaccine at least one month apart **AND** MMR antibody (IGG) titer.
- Official documentation of 2 doses of Varicella vaccine at least one month apart **AND** Varicella antibody (IGG) titer.

❖ **Titer reports MUST include your full name, date of birth, lab result and reference ranges.**

❖ **If non-immune by titer, please initiate booster process and provide documentation.**

Mandatory: Vaccines with Titer	Vaccine date (MM/DD/YYYY)	Vaccine date (MM/DD/YYYY)	Vaccine date (MM/DD/YYYY)
Measles/Rubeola, Mumps and Rubella (MMR) ❖ MUST attach MMR IGG titer report Titer date: _____ <input type="checkbox"/> Reactive <input type="checkbox"/> Not reactive	#1	#2	Booster
Varicella ❖ History of disease is not accepted ❖ MUST attach Varicella IGG titer report Titer date: _____ <input type="checkbox"/> Reactive <input type="checkbox"/> Not reactive	#1	#2	Booster
Hepatitis B ❖ MUST attach Hepatitis B Surface IGG (HBs Ab) titer report • Quantitative lab value preferred Titer date: _____ <input type="checkbox"/> Reactive <input type="checkbox"/> Not reactive	#1	#2	#3
Hepatitis B boosters ❖ MUST initiate Hepatitis B boosters if titer is not reactive • Select booster brand <input type="checkbox"/> Energix-B <input type="checkbox"/> Heplisav-B	Booster #1	Booster #2	Booster #3

Mandatory: no titer required			
Covid	#1 Manufacturer:	#2 Manufacturer:	Booster Manufacturer:
Tetanus, Diphtheria and Pertussis (Tdap) ❖ MUST be within the past 10 years	#1		

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Titer reports and vaccines continued:			
Recommended: Only vaccine(s) dates needed			
Hepatitis A	#1	#2	
Polio	#1	#2	#3
Meningococcal • Select booster brand <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo	#1		
Human Papillomavirus (HPV)	#1	#2	#3
Influenza ❖ Receive annually on / after August	#1		

Tuberculosis screening
<p>History of BCG vaccine: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please complete one of following, <u>must be within 6 months of start date:</u></p> <p>1) PPD plant: _____ PPD read: _____ Result: _____ mm Interpretation: <input type="checkbox"/> Positive <input type="checkbox"/> Negative OR</p> <p>2) Quantiferon Gold Date: _____ Result: <input type="checkbox"/> Positive Negative <input type="checkbox"/> (Must attach lab report)</p> <p>If PPD or IGRA is positive, or there is a known history of positive TB screen, please include documentation of:</p> <ul style="list-style-type: none"> • Negative chest x-ray obtained within <u>6 months</u> of start date (Must attach x-ray report) • Medication(s) and Dates treated for LTBI: _____ • History of positive TB screen, please submit documentation of positive PPD or IGRA along with chest x-ray done at the time of positive test.

Provider's name, title and license number:	Provider's signature:	Office Stamp	Today's Date (MM/DD/YYYY):
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- REMINDER: Please SUBMIT all required lab reports**
- MMR antibody (IGG)
 - Varicella antibody (IGG)
 - Hepatitis B surface antibody (Hep Bs AB)
 - Quantiferon gold
 - Chest x-ray, if history of recent positive PPD or Quantiferon gold