



MID-EAST CAREER AND TECHNOLOGY CENTERS  
 PHYSICAL/IMMUNIZATION FORM  
 400 RICHARDS ROAD  
 ZANESVILLE, OHIO 43701

FULL NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

has been examined on \_\_\_\_\_ and meets the requirements to attend a program in health occupations education without restrictions:

Yes \_\_\_\_\_ No \_\_\_\_\_

Documentation of the following immunizations is required:

1. T-dap vaccine Date: \_\_\_\_\_

2. Hepatitis B vaccine –  
 If not completed a waiver will be accepted. Dates: 1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

3. (2) MMR vaccines Date: \_\_\_\_\_

Date: \_\_\_\_\_

4. (2) Varicella Date: \_\_\_\_\_

Date: \_\_\_\_\_

The Seasonal Flu Vaccine and 2 step TB Mantoux (or chest x-ray) will be required after school starts.

Physician's/Healthcare Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_