



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:
(PLEASE USE OUR FORMS ONLY)

1. T-dap vaccine Date: _____

2. Hepatitis B vaccine –
If not completed a waiver will be accepted. Dates: 1st: _____

2nd: _____

3rd: _____

3. (2) MMR vaccines Date: _____

Date: _____

4. (2) Varicella Date: _____

Date: _____

5. Seasonal Flu Vaccine Date: _____

6. 2-Step TB Mantoux (or chest x-ray)
(use back of sheet only) Yes _____ No _____

If you are not able to provide us a record for one or more of the immunizations above, please obtain the vaccine or have the titer drawn and provide us with results showing immunity.

Physician's/Healthcare Provider Signature _____ Date: _____

Mantoux Test

If you've previously had a 2-step TB and have followed up with your annual 1-step testing, then we only need you to obtain a 1-step but we will need proof of each years 1-step all the way back to your initial 2-step.

Please use this form only.

Student Name: _____ **Date of Birth:** _____

1st step

Date Given: _____ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: _____ Exp: _____

Test Given By: _____

 ****MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN****

Date Read: _____

Results: _____ mm

Read By: _____ / _____
 (please print) (signature)

Comments: _____

2nd step

Date Given: _____ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: _____ Exp: _____

Test Given By: _____

 ****MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN****

Date Read: _____

Results: _____ mm

Read By: _____ / _____
 (please print) (signature)

Comments: _____

Only needed if unable to provide results via skin TB test

Chest X-Ray Date: _____ Results: _____