

# IMMUNIZATION RECORD & PHYSICAL EXAM FORM

Provider: Complete and sign this form or attach office copies.  
Return by January 11, 2012  
Office of Health & Wellness, Wheaton College, Norton, MA 02766 Fax: 508-286-5409

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## REQUIRED IMMUNIZATIONS (Not considered confidential)

1. **Tdap booster** (Td not accepted; received within the last 10 yrs) \_\_\_\_\_ (Month/Year)

2. **MMR #1** \_\_\_\_\_ **#2** \_\_\_\_\_ (Month/Year)

OR actual positive antibody titer value

Measles: \_\_\_\_\_ Month/Year \_\_\_\_\_

Rubella: \_\_\_\_\_ Month/Year \_\_\_\_\_

Mumps: \_\_\_\_\_ Month/Year \_\_\_\_\_

3. **Hepatitis B #1** \_\_\_\_\_ **#2** \_\_\_\_\_ (2 dose series ) **#3** \_\_\_\_\_ (Month/Year)

OR actual positive antibody titer value (HBsAb) \_\_\_\_\_ Month/Year \_\_\_\_\_

4. **Bacterial Meningitis**

Menomune (received within the last 5 years - if not, revaccination required) \_\_\_\_\_ (Month/Year)

Menactra or Menveo \_\_\_\_\_ (Month/Year)

OR immunization declined; enclosed blue waiver form signed

5. **Varicella #1** \_\_\_\_\_ **#2** \_\_\_\_\_ (Month/Year)

OR Positive history of disease  Month/Year \_\_\_\_\_

OR actual positive antibody titer value \_\_\_\_\_ Month/Year \_\_\_\_\_

## REQUIRED PHYSICAL EXAM (must take place since 8/10)

*ATHLETES: The NCAA requires a physical exam dated within 6 months prior to the first day of practice.*

SYSTEM	NORMAL	SIGNIFICANT FINDINGS
Neurological		
HEENT		
Cardiac		
Respiratory		
GI/GU		
Endocrine/Skin		
Psychological		

BP \_\_\_\_\_ P \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Significant Past Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

<input type="checkbox"/> May participate in athletics	<input type="checkbox"/> May <i>not</i> participate in athletics
<input type="checkbox"/> May participate in athletics with the following restrictions _____	

PROVIDER SIGNATURE \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_