



PHYSICAL EXAMINATION / IMMUNIZATIONS Entrance Requirements

Exam must be completed by Health Care Provider within **2 years** prior to Colby-Sawyer College entrance. Varsity athletes must have exam within **6 months** of first team practice.

TO THE STUDENT: PLEASE BE PREPARED TO DISCUSS COLBY-SAWYER COLLEGE'S IMMUNIZATION REQUIREMENTS WITH YOUR HEALTH CARE PROVIDER. FAILURE TO COMPLY MAY RESULT IN DELAY IN THE COLLEGE CHECK-IN PROCESS.

TO THE EXAMINER: This is the only form that will be accepted for college entrance. Please review the student's history and complete this form.

Confidentiality: This information is subject to Baird Health & Counseling Center Notice of Privacy Practices.

I. PHYSICAL EXAMINATION

DATE OF EXAM: MM____/DD____/YEAR____

BLOOD PRESSURE		RESTING PULSE		WEIGHT		HEIGHT	
/							
ANY ABNORMALITIES OF:							
DENTAL / MOUTH	YES	NO	EXTREMITIES	YES	NO		
EYES / FUNDUS	YES	NO	MENTAL HEALTH STATUS	YES	NO		
EAR / NOSE / THYROID	YES	NO	MUSCULOSKELETAL SYSTEM	YES	NO		
SKIN / SCALP	YES	NO	NEUROLOGICAL SYSTEM	YES	NO		
ABDOMEN	YES	NO	LUNGS	YES	NO		
HEART	YES	NO	THORAX	YES	NO		
If YES , please explain Please note chronic illness / injuries / disabilities. Attach supporting information if applicable.							
CURRENT MEDICATIONS:							

RECOMMENDATION: (participation status required)

Full Unlimited Athletic Participation Limited Participation Clearance withheld

Explanation (if clearance withheld or participation limited):

Provider's Signature: _____ Print Name: _____

Address: _____

Tel: _____ Fax: _____ Date: MM____/DD____/YEAR____



Student Name: _____ Date of Birth: ____/____/____

Please Print LAST, FIRST Name

MM/DD/YEAR

II. PROOF OF IMMUNIZATIONS REQUIRED: circle yes or no

Table with immunization questions and Yes/No columns. Questions include MMR, Hepatitis B, Tetanus/Diphtheria/Pertussis, Quadrivalent Meningococcal, and Varicella verification.

1This includes most countries in Africa, Asia, Eastern Europe, Russia, Central/South America and the Caribbean. For more information: http://apps.who.int/gho/data/ Note: Students who come from countries with high rates of TB disease may be required to repeat Tuberculosis testing after arrival at CSC.

If the answers to TB questions above are all NO -> no further action required
If the answer is YES to any question above, a further assessment of TB risk is required within six months of college entry.

- Attach dates and results of any testing done and any other relevant documentation (e.g., TST, Interferon Gamma Release Assay, Chest X-ray).
An assessment of TB risk has been done and the student found to be low risk.

III. OTHER IMMUNIZATIONS: _____

Provider's Signature: _____ Print Name: _____

Address: _____

Tel: _____ Fax: _____ Date: MM ____/DD ____/YEAR ____