

IMMUNIZATION RECORD

Required of all students

Student: _____

Tetanus booster within 10 years. Date __/__/__

Measles vaccine, two doses required after 12 months of age.

Dose 1, date __/__/__. Dose 2, date __/__/__.

Mumps, one dose required. Date __/__/__.

Rubella, one dose required. Date __/__/__.

Polio (optional) Date __/__/__.

Hepatitis B (optional, recommended) __/__/__, __/__/__, __/__/__.

Meningitis (MCV4)(*If living on campus*),

Meningitis vaccine required by Maryland law.

Date __/__/__

If meningitis vaccine administered > 5 years-booster dose required

Date __/__/__

Note: Meningitis vaccine available at Health Center

(A student may opt out of this requirement by signing a waiver, available at the Health Center.)

Physical Examination

Required of students using the Health Center

TO THE EXAMINING PRIMARY CARE PROVIDER: Please review the student's history and complete this form. Please comment on all positive answers. The information supplied will not affect the student's status. It will be used as a baseline history and physical. This information is strictly for the use of the College Health Service and will not be released without the student's consent.

BP _____

Temp _____

Pulse _____

Resp rate _____

Height _____

Weight _____

Corrected vision: Right 20/____ Left 20/____

Are there abnormalities in the following systems: Describe fully. Use additional sheet if needed.

Normal		Abnormalities
_____	Head, ears, nose, throat	_____
_____	Eyes	_____
_____	Cardiovascular	_____
_____	Pulmonary	_____
_____	Gastrointestinal	_____
_____	Musculoskeletal	_____
_____	Endocrine	_____
_____	Skin	_____
_____	Neurologic	_____
_____	Psychiatric	_____

Please comment on any other health condition or risk that may affect this student's graduate program experience.

Primary care provider' signature _____ **Date** _____

Print last name: _____ **Address** _____

Return all health forms to: **Harrison Health Center**
St. John's College
60 College Avenue
Annapolis, MD 21401
410-626-2553 Fax:410-626-2889
Nancy.calabrese@sjc.edu or Lynda.turner@sjc.edu