

Physical Form

Student Health Service • Division of Student Affairs

1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415 healthservice@newpaltz.edu

| Name: | | | | Date of Birth: | | | Student ID: | | | | |
|------------------------------------|--------|---------------------|-----------------|-------------------------|-----------------|-------------|-------------|--|--------|-----------|------|
| Complete the fol than 18 years old | lowir | ng Forms the New | s: Hea Paltz | Patient Portal. http:// | l and s://ne | wpaltz.n | nedica | Paltz TB screening and Minor Constant Connect.com The team? N/A | ent (i | if you ar | e le |
| Now bring tl | nis f | orm to | you | ır primary car | e pr | ovidei | for | completion. | | | |
| | Signi | ficant N | /ledica | al Problems | | | | Current Medications or treat | ment | <u> </u> | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Allergies to m | edica | ations: | yes ! | Medicine (s): | | | | | | | |
| Allergies to Fo | ods | □ none | □ yes | Foods: | | | | | | | |
| Allergies to In | | | | s Insects: | | | | | | | |
| EpiPen prescri | bed | □ yes □ | no | | | | | | | | |
| Date of Exam: N-Normal, ABN- | | | | | _ incl | nes We | eight_ | pounds BP:/ | P: _ | | |
| | N | ABN | NE | | N | ABN | NE | □ Male □ Female | N | ABN | N |
| Skin | 11 | ADIN | NE | Lymph nodes | 11 | ADN | IVL | Female: Breasts | 11 | ADIN | 11 |
| HEENT | | | | Abdomen | | | | Pelvic (if indicated) | 1 | | 1 |
| Lungs | | | | Back | | | | Male: Testes | | | |
| Heart | | | | Limbs | | | | Inguinal Canals | | | |
| Blood vessels | | | | Neurologic | | | | Anus (if indicated male or female) | | | |
| Please comme | nt or | ABN 1 | indin | gs: | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| To this student o | 1.1.4 | | : | : | ::4: - | م دام ماد م | 1: | mtamaslla sista sthlatica? = Vas = | NIa | | |
| | | | - | * * | | | _ | ntercollegiate athletics? ☐ Yes ☐ sent ☐ Trait absent ☐ Unknown. | NO | | |
| required for in | icico | negrate | attiic | tos. Sieme cen tre | iii te | st 🗆 IIu | ir pre | Sont a Truit dosent a Chanown. | | | |
| Will you remain | invol | ved in tl | nis stu | dent's care? □ Yes | □ No | 0 | | | | | |
| • | | | | | | | s □ N | o | | | |
| | | | | | | | | Office | | | |
| Provider's nam | e Pri | nted: | | | | | | Office Stamp | | | |
| Providen's sien | ntusea | | | | | | | ~mmp | | | |
| riovider's sign | ature | • | | | | | | | | | |
| | | | | | | | 1 | | | J | |



Student Health Service • Division of Student Affairs

1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415 healthservice@newpaltz.edu

STUDENT'S HEALTH CARE PROVIDER, ATTACH STUDENT'S VACCINATION RECORD or COMPLETE FORM.

| MMR (Measles, Mumps, Rubella) Two doses required (1st dose after first birthday, 2st doses at least 28 days after 1st dose) Or Blood Test showing Immunity to Measles, Mumps, and Rubella. (Documentation of results is required.) Meningitis ACWY vaccine Menveo, MenQuadfi, Penbraya One dose within 5 years of first day of class Or a completed Meningitis Vaccination Response Form declining a vaccination. RECOMMENDED VACCINATIONS: Vaccine Date: M/D/Y Meningitis B Hepatitis B Hepatitis A Varicella Td last booster Tdap last booster Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed Date: Read Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test □: Date: placed M/D/Y M/D/Y Record mm of induration, if none recor TB blood test □: Date done: □ Result: □ (Copy of tab report is required.) | Student's Name: | Date of Birth: | | | | | |
|---|---|-----------------------|----------------|------------------|-----------------------|--|--|
| MMR (Measles, Mumps, Rubella) Two doses required (1st dose after first birthday, 2nd dose at least 28 days after 1st dose) Or Blood Test showing Immunity to Measles, Mumps, and Rubella. (Documentation of results is required.) Meningitis ACWY vaccine Meningitis ACWY vaccine Date: M/D/Y Menveo, MenQuadfi, Penbraya One dose within 5 years of first day of class Or a completed Meningitis Vaccination Response Form declining a vaccination. RECOMMENDED VACCINATIONS: Vaccine Date: M/D/Y Meningitis B Hepatitis B Hepatitis A Varicella Td last booster Tdap last booster Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test □: Date: placed □ Date: Read □ Result: □ mm M/D/Y Record mm of induration, if none recor TB blood test □: Date done: □ Result: □ (Copy of tab report is required.) | REQUIRED VACCINATIONS: | | | | | | |
| Two doses required (1st dose after first birthday, 2nd dose at least 28 days after 1st dose) Or Blood Test showing Immunity to Measles, Mumps, and Rubella. (Documentation of results is required.) Meningitis ACWY vaccine | MMR vaccine | | Date: | M/D/Y | Date: M/D/Y | | |
| Rubella. (Documentation of results is required.) Meningitis ACWY vaccine Menveo, MenQuadfi, Penbraya One dose within 5 years of first day of class Or a completed Meningitis Vaccination Response Form declining a vaccination. RECOMMENDED VACCINATIONS: Vaccine Date: M/D/Y Meningitis B Hepatitis B Hepatitis B Hepatitis A Varicella Td last booster Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test □: Date: placed M/D/Y M/D/Y Meoungitis B Date: M/D/Y Record mm of induration, if none record TB blood test □: Date done: Copy of lab report is required.) | Two doses required (1st dose after first birthday, | | | | | | |
| Meningitis ACWY vaccine Date: M/D/Y Date: M/D/Y Menveo, MenQuadfi, Penbraya One dose within 5 years of first day of class a vaccination. Pate: M/D/Y Meningitis Vaccination Response Form declining a vaccination. RECOMMENDED VACCINATIONS: Vaccine | • | s, Mumps, and | <u> </u> | | - | | |
| One doss within 5 years of first day of class Or a completed Meningitis Vaccination Response Form declining a vaccination. RECOMMENDED VACCINATIONS: Vaccine Date: M/D/Y Date: M/D/Y Date: M/D/Y Meningitis B | , | | Date: | M/D/Y | Date: M/D/Y | | |
| Vaccine Date: M/D/Y Date: M/D/Y Date: M/D/Y Meningitis B Hepatitis B Hepatitis A Varicella Td last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series Completed Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test Date: placed Result:mm M/D/Y M/D/Y Record mm of induration, if none record TB blood test Date done: Result:mm (Copy of lab report is required.) | Menveo, MenQuadfi, Penbraya One dose within 5 years of first day of class | | | | | | |
| Vaccine Date: M/D/Y Date: M/D/Y Date: M/D/Y Meningitis B | Or a completed Meningitis Vaccination Re | sponse Form decli | ning a vacci | nation. | | | |
| Meningitis B Hepatitis B Hepatitis A Waricella Td last booster Tdap last booster Human Papilloma Virus (HPV) Date: Polio 3 doses minimum to complete series Completed TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test □: Date: placed Date: Read Result:mm M/D/Y M/D/Y Result:mm M/D/Y Record mm of induration, if none record record required.) | RECOMMENDED VACCINATIONS: | | | | | | |
| Hepatitis B Hepatitis A Varicella Td last booster Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed □ Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest TB skin test □: Date: placed □ Date: Read □ Result: □ mm M/D/Y M/D/Y Record mm of induration, if none record TB blood test □: Date done: □ Result: □ (Copy of lab report is required.) | Vaccine | Date: M/D/Y | Date: | M/D/Y | Date: M/D/Y | | |
| Hepatitis A Varicella Td last booster Tdap last booster Human Papilloma Virus (HPV) Date: Polio 3 doses minimum to complete series □ Completed Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test □: Date: placed Date: Read Result: mm M/D/Y M/D/Y Record mm of induration, if none record required.) TB blood test □: Date done: Result: (Copy of lab report is required.) | | | | | | | |
| Varicella Td last booster Tdap last booster Tdap last booster Human Papilloma Virus (HPV) Date: Polio 3 doses minimum to complete series □ Completed Date: Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test □: Date: Read Result: mm M/D/Y M/D/Y Record mm of induration, if none record management is required.) | • | | | | | | |
| Td last booster Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed □ Date: FUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test □: □ Date: placed □ □ □ □ □ Date: Read □ □ □ □ Result: □ □ mm □ M/D/Y □ M/D/Y □ Record mm of induration, if none record TB blood test □: □ Date done: □ □ □ □ Result: □ □ (Copy of lab report is required.) | • | | | | | | |
| Tdap last booster Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed □ Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test □: □ Date: placed □ Date: Read □ Result: □ mm M/D/Y Record mm of induration, if none record TB blood test □: □ Date done: □ Result: □ (Copy of lab report is required.) | Varicella | | | | | | |
| Human Papilloma Virus (HPV) Polio 3 doses minimum to complete series □ Completed □ Date: FUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest: TB skin test □: Date: placed □ Date: Read □ Result: □ mm M/D/Y Record mm of induration, if none record TB blood test □: Date done: □ Result: □ (Copy of lab report is required.) | Td last booster | | | | | | |
| Polio 3 doses minimum to complete series ☐ Completed ☐ Date: TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test ☐: Date: placed Date: Read Result: mm | • | | | | | | |
| TUBERCULOSIS TEST: Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test □: Date: placed Date: Read Result:mm M/D/Y M/D/Y Record mm of induration, if none recore TB blood test □: Date done: Result: (Copy of lab report is required.) | | | | | | | |
| Either a TB skin test or blood test is required for all students with a positive response to a TB screening quest. TB skin test \square : Date: placed Date: Read Result:mm $M/D/Y$ $M/D/Y$ Record mm of induration, if none record TB blood test \square : Date done: Result: (Copy of lab report is required.) | Polio 3 doses minimum to complete series | ☐ Completed | Date: | | | | |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ | | d for all students wi | th a nositive | response to s | TR screening question | | |
| | | | ili a positive | | | | |
| TB blood test □: Date done: Result: (Copy of lab report is required.) | | | M/D/Y | | | | |
| | | | | | · | | |
| M/D/Y | M/D/Y | | (00 | by of tab report | is required.) | | |
| | 111/12/1 | ocitive Result: | □ Normal | □ Abnorm | al | | |
| Submit copy of written CXR report to Student Health Service | Chest x-ray required if skin or blood test is a | Josinive. Result. | | | | | |
| ошини осру от интерент не отщени и ости | Chest x-ray required if skin or blood test is p | | | th Service | | | |