



**MASSBAY COMMUNITY COLLEGE
HEALTH SCIENCES PROGRAM
PHYSICAL EXAM & IMMUNIZATION FORM**

STUDENT INFORMATION

HEALTH PROGRAM _____

Last Name First M.I. MassBay Student ID #

Email Address Telephone Number Date of Birth

Student Signature (By signing this, I give permission for MassBay CC to release my Immunization information to clinical agencies) Date

**PHYSICAL EXAMINATION
TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT**

ALL information requested on this form must be satisfactorily completed and received by program deadline date. This information is solely for the use by College staff and will not be released without the student's permission. Clinical sites will be notified that the student has met all the medical and immunization requirements. **Physical Exam must be within one year of program start date. All health information must be received, validated and approved on or prior to the program's due date.**

Date of Physical Exam: _____

MD signature: _____

OR

NP or PA signature: _____

Print name: _____

Print name: _____

Address: _____

Address: _____

ESTIMATE OF THE APPLICANT'S HEALTH STATUS: EXCELLENT GOOD POOR

Based on the above physical examination, I believe the student is mentally and physically able to perform the role of the health program the student is enrolled. Healthcare Program Technical Standards can be found in the Division of Health Sciences Student Handbook and Policy Manual.

Instructions for HCPs completing this form: Documentation of immunity to each of the following diseases is REQUIRED. Your signature and credentials are requested at the end of this form.

REQUIRED TESTING, IMMUNIZATIONS AND TITERS FOR HEALTH SCIENCES STUDENTS

Disease Immunity: (Please read carefully) Documented proof of immunity is required for the ALL communicable diseases listed in the tables below.

Tetanus & Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap) within the last 10 years	Date Administered
One dose of Tdap (if Td is more than 5 years old)	
Td (if it is less than 5 years old)	

Influenza Vaccine (for upcoming season)	Date Administered

Student Name: _____

Tuberculosis (Center for Disease Control Requirement)

MassBay health science program students are required to receive baseline TB screening within the past six months and annual updating thereafter. This can be accomplished in one of these three methods:

Tuberculin Skin Test (TST 2-step): Step I - PPD “implant” is injected into the forearm, and in 2 to 3 days, this must be “read” as negative and documented by a clinician. Step II - occurs between 1 and 3 weeks of completing Step I when student returns to the clinician’s office for a second “implant”, and then returns 2 to 3 days after to have this implant read and documented as negative by the clinician. Once student has completed both steps I & II with negative results, only a single (1-step) TB implant is required annually.

Interferon-Gamma Release Assays (IGRAs) - QuantiFERON® or T-Spot® are acceptable IGRA tests to satisfy the MassBay requirement. IGRAs are blood tests to diagnose TB infections and can be used in place of TST 2-step in diagnosing tuberculosis infection. Advantages of IGRAs include a single patient visit to conduct the test, whereas the TST 2-step requires four visits over a three week period. This is updated annually thereafter.

Chest X-ray - Submit verification of a chest x-ray (only acceptable if taken as a follow-up to a previous positive TST). The x-ray must be no older than 5 years. A negative symptom review check is also required if chest x-ray is older than 1-year and annually thereafter.

Tuberculosis Testing	Date Administered	Date Read	Result
Step #1 (TST #1) and Step #2 (TST #2) one to three weeks later OR			
QuantiFERON®			
T-Spot®			
Chest X-ray-after positive TST result			

Antibody Titers Healthcare Providers must record results of titers for the diseases listed below	Titer Date	Titer Result
Varicella Titer		
Measles Titer		
Mumps Titer		
Rubella Titer		
MMR Titer		

OR

Immunizations (If titer results are not entered above)	Dose #1	Dose #2
MMR	<div style="text-align: center;"> ____ / ____ / ____ Mo Date Year </div>	<div style="text-align: center;"> ____ / ____ / ____ Mo Date Year </div>
Varicella	<div style="text-align: center;"> ____ / ____ / ____ Mo Date Year </div>	<div style="text-align: center;"> ____ / ____ / ____ Mo Date Year </div>

Student Name: _____

Hepatitis B (all information must be provided)	Yes/No	Date of 1st injection	Date of 2nd injection	Date of 3rd injection	Titer Result and Date
Hepatitis B Initial Series					
Hepatitis B booster if first antibody titer is negative					
Hepatitis B 2rd and 3rd vaccinations if second antibody titer is negative					
Letter from healthcare provider stating student will not convert after two complete Hepatitis B series (please attach)					

Students MUST report three doses of Hepatitis vaccine and/or a POSITIVE Hepatitis B surface antibody titer result.

Those with a negative/indeterminate/equivocal Hepatitis B antibody titer will require a booster, and a second Hepatitis B surface antibody titer 6-8 weeks later.

If the second Hepatitis B antibody titer is negative/indeterminate/equivocal the student would then be required to finish the last two doses to complete a second Hepatitis series as per current CDC guidelines. A Hepatitis B surface antibody titer must be rechecked again 8 weeks after the final dose. If this result is again negative/equivocal/indeterminate, the student will then be required to produce a letter from their healthcare provider stating student will not convert after receiving two complete Hepatitis B vaccination series and is, therefore, considered a “non-responder” to the Hepatitis B vaccine.

MD, NP, or PA Signature _____ Date _____

Rev.04/06/2015