

F. Hepatitis A

(Given as a series of 2 doses for age 12 months or greater. Combined hepatitis A and B vaccines may be given as a series of 3 doses for 18 years of age and older.)

1. Immunization (hepatitis A)

a. Dose #1 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ b. Dose #2 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ b. Dose #2 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ c. Dose #3 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

G. Hepatitis B

(Recommended for all college students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ b. Dose #2 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ c. Dose #3 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Adult Formulation Child Formulation Adult Formulation Child Formulation Adult Formulation Child Formulation

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ b. Dose #2 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ c. Dose #3 $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

3. Hepatitis B surface antibody

Date: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Result: Reactive Non-reactive

H. Meningococcal Tetravalent

(A, C, Y, W-135 / One dose – for all college freshmen)

Tetravalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible). Date: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

Tetravalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues.

Date: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$ $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

I. Tuberculosis Screening

Does the student have signs or symptoms of active tuberculosis disease? Yes No

If no, proceed to Tuberculin Skin Test. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

Tuberculin Skin Test:

Date Given: $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$ Date Read: $\frac{\quad}{\quad} / \frac{\quad}{\quad} / \frac{\quad}{\quad}$

Result: (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive negative

Chest x-ray (required if tuberculin skin test is positive) result: normal abnormal

Date of chest x-ray: $\frac{\quad}{M} / \frac{\quad}{D} / \frac{\quad}{Y}$

HEALTH CARE PROVIDER

Please Print Name _____

Address _____

Phone _____

Signature _____

Date _____



Menlo College
1000 El Camino Real • Atherton CA 94027
Office of Student Affairs
(650) 543-3779



PHYSICAL EXAMINATION FORM

Name (Last, First, Middle Initial) _____

Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____
 Pulse _____ BP _____/_____

Vision R 20/_____ L/20_____ Corrected: Y N Pupils: Equal _____ Unequal _____

	Normal	Abnormal Findings	Initials
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Vision (Snellen)			
Hearing			
Mouth/Teeth			
Lymph Nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

NOTES:

Name of Physician (*please print*) _____

Address _____

Phone _____

Signature (*MD, DO*) _____

Date _____