

Fax to:
978-862-9599 and 869-469-9180
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admissions@mua.edu and housing@mua.edu



DON'T FORGET TO HAVE AN HIV TEST--TITER LAB REPORT MUST BE ATTACHED
STUDENT PHYSICAL EXAMINATION AND IMMUNIZATION FORM

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

Last First

Address: _____ **Telephone No.:** _____

1. The following Immunities are verified by BLOOD TITER: (Titer Lab Report must be attached)

Immunization Dates	TITER Date & Result (Positive or Negative)	If negative titer, Re-immunization date
Rubella (German Measles): ____/____/____	_____	____/____/____
Rubeola (Measles): ____/____/____; ____/____/____	_____	____/____/____
Mumps: ____/____/____	_____	____/____/____
Varicella: ____/____/____	_____	____/____/____

Hep B *Hep B Surface Antibody Results*
Hepatitis B Series Dates: ____/____/____; ____/____/____; ____/____/____
*******First and second doses must be administered before traveling to the island.*******
(Titer MUST be drawn at least 4 weeks after completion of series. If titer is negative, student must have additional immunizations)
*For individuals having direct patient contact or any possibility of contact with blood or body fluids,
Hepatitis series administration or signed declination are required.*

2. Tuberculosis: PPD (Mantoux) Date: ____/____/____ (Updates) ____/____/____
 Negative Positive _____ mm reading _____ mm reading _____ mm reading
(If positive, please indicate the date and results of the most recent chest x-ray and whether or not any therapy has been initiated) ____/____/____

3. Tetanus-diphtheria Dates: ____/____/____ (Most recent – Must be within 10 years) (Updates) ____/____/____

4. Polio
 oral inject. Dates: ____/____/____ ____/____/____ ____/____/____ ____/____/____
Because Nevis has a very small hospital with a limited pharmacy:

5. Does student have any physical disabilities? No Yes
If yes, please explain _____

6. Is the student presently taking any form of medication prescribed by a physician? No Yes
If yes, please list the medications: _____

Physical Examination:
I have performed and recorded a physical examination and the medical history of the above named student which failed to reveal any health impairment which may be of potential risk to patients or which might interfere with the performance of his/her duties nor any habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which alter mood or behavior.

Signature of Physician **Print Name** **Address** **Date**