

Student Physical Exam

Date of Physical Exam must be within one year of arrival to Grinnell College (After August 2021)

This form must be signed and dated to be accepted. Since this student has already been accepted for admission, the information supplied will not affect their status and will be used only as background for providing any needed care by Student Health and Wellness and/or Athletics. This information will not be released to any requesting party without the student's written consent. **This form, along with a copy of the student's immunization record, and TB Form if applicable, should be given to the student who will return it to the College.**

Legal Name:		
Last	First	Middle Initial
Name-In-Use:		
Last	First	Middle Initial
Date of Birth: (month/day/year)	
Sex assigned at birth:	al Sex: □Female □Male	
Gender Identity: □Female □Male □Genderqueer I	□MtF Female □FtM Male	□Non-binary
Pronouns: □ she/her/hers □ he/him/his □ they/t	hem/theirs 🛛 other	

To be completed by primary care provider.

To the Examining Physician: Please review the student's report and complete this physician's form. No other form will be accepted.

DATE OF EXAM:_____

Blood Pressure: _____ Weight: _____ Height: _____

Are there any abnormalities of the following systems?

	No	Yes	Describe fully
Head, Ears, Nose, or Throat			
Respiratory			
Cardiovascular			
Hernia			
Eyes			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			



Is the patient under the care of a medical specialist for any medical condition?	□Yes	□No	
If yes, please explain:			
Is the patient under treatment for any psychological condition?	□Yes	□No	_
Diagnosis:			
Do you have any recommendations regarding the care of this patient?	□Yes	□No	
Recommendations for physical activity/athletics:	□Unlimited		 □Limited
Explanation:			
Medications: <i>(please list below)</i>			
Allergies: <i>(please list below)</i>			

A complete immunization record must accompany this form. Please confirm that the student has received all required immunizations. NOTE: Meningococcal B is a newer vaccine and is required. We recommend Bexsero as it only requires 30 days between doses.

Physician's Signature:	
Practice Name:	
Practice Address:	
Practice Phone Number / Fax Number: /	

REQUIRED Immunizations

Grinnell College

Please attach documentation of the immunizations. Students will need to enter this data into

the student health portal. Please note, if you require a second dose of any immunization, you will need to supply documentation of this dose to SHAW. If your doctor's office does not have this immunization, we suggest contacting your local Public Health Department or local pharmacy. International students whose countries do not provide certain immunizations will have an opportunity to schedule needed vaccines upon arrival. Requests for exemption can be sent to shaw@grinnell.edu.

Measles/Mumps/Rubella (MMR)

MMR is a 2 dose series. First dose must have been received after 12 months of age to qualify

Meningococcal Quadrivalent (A, C, W, Y)

Last dose must have been within the past 5 years or August of 2017. *Menactra, Menveo, Men ACWY*

Serogroup Meningococcal B

New requirement as of 2019. Must receive 2 doses.

Bexsero (2 dose series, 30 days between doses), Trumenba (2 dose series, 6 months between doses)

Tetanus, Diphtheria, Pertussis

Last dose must have been within 10 years or August of 2012

Td, Tdap

<u>Varicella</u>

Varicella is a 2 dose series. First dose must have been <u>after</u> 12 months of age to qualify If you had the chicken pox disease, a physician <u>must</u> verify the date of disease (month/day/year) to eliminate the need for vaccination. *Titers can be obtained as proof of immunity. NOTE: Laboratory results of titers must accompany this form.*

Tuberculosis Screening *See next page for details

RECOMMENDED Immunizations

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Human Papillomavirus (HPV) Vaccine
- Polio Vaccine
- **COVID-19** Grinnell College strongly encourages all students to be fully vaccinated (including a booster dose).



Tuberculosis Screening

Please complete the online Tuberculosis Screening from.

As some students may be going to a physician before they complete the form, the questions are provided here.

If you answer yes to any of the below questions, you will need the Clinical Assessment Form (see *next page*).

- 1. Have you ever had a positive Tuberculin skin test (PPD)?
- 2. Have you had close contact with someone who was diagnosed with Tuberculosis? Close contact is defined as having shared air space with an individual with Tuberculosis in an indoor setting for more than 15 hours per week.
- 3. Were you born in one of the countries listed below AND arrived in the U.S. within the past 5 years?
- 4. Have you lived for more than 1 month in one or more of the countries listed below?
- 5. Have you ever been vaccinated with BCG?
- 6. You have spent significant time (over 30 days) in one of the below countries in the last 5 years.

Center for Disease Control: List of High Risk Tuberculosis Exposure Countries

Angola, Bangladesh, Brazil, Cambodia, China, Congo, Central African Republic, DPR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian Federation, Sierra Leone, South Africa, Thailand, the United Republic of Tanzania, Viet Nam, Zambia and Zimbabwe.

					Student Health and Wellness			
Stu	dent Name:				Date of Birth://///////			
		Last	First	Middle	M D Y			
	<u>Clin</u>	<u>ical Tuberc</u>	ulosis Assessm	ent by Health	<u>Care Provider</u>			
			the questions on the dical provider. Please		Screening Form, are required nth, Day, Year.			
1.	Does the stu	dent have sig	ns or symptoms o	f active pulmona	ry tuberculosis disease?			
	□ Yes	🗆 No - I	f No, proceed to 2 o	r 3				
	lf yes, check	below:						
	CoughingUnexplained	up blood (hemo ed weight loss	g for 3 weeks or long ptysis) □ Ch □ Ni	nest pain ght sweats	Loss of appetiteFever			
			ation to exclude activ <-ray, and sputum eva		0			
2.	Tuberculin Skin Test (TST) – Must be performed <u>within six months</u> of entrance to Grinnell College. TST result should be recorded as actual millimeters (mm) of induration (hard, dense, raised formation). If no induration, write "0". A test ≥10 mm of induration is considered positive.							
Dat	te Test Placed: _	<u>//</u>	Date Test Read: _	// Re	sult: mm of induration			
3.	3. Interferon Gamma Release Assay (IGRA) – Only needed if positive TST results ≥ 10 mm of induration. Testing must be performed within six months of entrance to Grinnell College. The Quantiferon Gold blood test may be obtained in Grinnell. This blood test is not covered by insurance and carries an out of pocket cost of \$100 (U.S. dollars).							
	Date Obtained:/ (Month, Day, Year)							
	Specify method: QFT-G QFT-GIT T-Spot other							
	IGRA Result: (The actual lab re	eport is required and	written or translated	into English)			
	Negative Desitive – All positive IGRA results require a chest x-ray. Stand-alone chest x-ray will not satisfy TB requirement. Student is required to submit a copy of the translated IGRA laboratory results to Grinnell College.							
4	. Chest x-ray:	Required <mark>if IG</mark>	RA laboratory res	ult is positive.				
	Date of Ches	t x-ray :/	/ (Month, I	Day, Year)				
	Result: I Normal Abnormal (seek immediate medical attention) The chest x-ray report MUST be written or officially translated into English. The date of the chest x-ray must be on or after the day the IGRA testing was performed. <i>Student is required to submit a copy of the translated</i> <i>chest x-ray report to Grinnell College.</i>							
5	5. Did the student receive treatment?							
	lf yes, what me regimen was pi							
	Date treatment// Date treatment	_	Practice Phone Number / F	ax Number:	/			
			DATE OF EXAM:					