

# Student Physical Exam

Date of Physical Exam must be within one year of arrival to Grinnell College (After August 2022). **Athletes** must have a physical exam after April 1, 2023 per NCAA requirements.

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: Female Male      Legal Sex: Female Male

Gender Identity: Female Male Genderqueer MtF Female FtM Male Non-binary

Pronouns:  she/her/hers  he/him/his  they/them/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: (please list below)**  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies: (please list below)**  None Known

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**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. Titers can be obtained as proof of immunity. NOTE: Laboratory results of titers must accompany this form.

### **Meningococcal Quadrivalent (A, C, W, Y)**

Must be received at or after age 16 or a booster is required.

- Menactra
- Menveo
- Men ACWY

### **Serogroup Meningococcal B**

New requirement as of 2019. Must receive 2 doses of the same brand of vaccine. These brands are NOT interchangeable..

- 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.

- Td
- Tdap

### **Varicella**

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

If you had the chicken pox disease, a physician **must** 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***

***\*Screening lab tests are not covered by insurance. Students are responsible for the cost of testing.***

## **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 form.

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 traveled or lived for more than 1 month in one or more of the countries listed below? If yes, please check the country 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.

### World Health Organization (WHO): List of High-Risk Tuberculosis Exposure Countries

Angola, Bangladesh, Brazil, Central African Republic, China, Congo, Democratic People's Republic of Korea, Democratic Republic of Congo, Ethiopia, Gabon, India, Indonesia, Kenya, Lesotho, Liberia, Mongolia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Sierra Leone, South Africa, Thailand, United Republic of Tanzania, Uganda, Viet Nam, Zambia,

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle M D Y**Clinical Tuberculosis Assessment by Health Care Provider**

Persons answering YES to any of the questions on the Online Tuberculosis Screening Form, are required to complete this form with their medical provider. Please write dates as Month, Day, Year.

**1. Does the student have signs or symptoms of active pulmonary tuberculosis disease?**

- Yes  No - If No, proceed to 2 or 3

**If yes, check below:**

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production  
 Coughing up blood (hemoptysis)  Chest pain  Loss of appetite  
 Unexplained weight loss  Night sweats  Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

**2. Tuberculin Skin Test (TST) – Must be performed within six months 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  $\geq 10$  mm of induration is considered positive.****

Date Test Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Test Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mm of induration

**3. Interferon Gamma Release Assay (IGRA) – **Only needed if positive TST results  $\geq 10$  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 \$127 (U.S. dollars).*

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Specify method:  QFT-G  QFT-GIT  T-Spot  other \_\_\_\_\_

IGRA Result: (The actual lab report is required and written or translated into English)

- Negative  Positive – **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 **if IGRA laboratory result is positive.****

Date of Chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month, Day, Year)

Result:  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. *Student is required to submit a copy of the translated chest x-ray report to Grinnell College.*

**5. Did the student receive treatment?  Yes  No**If yes, what medication regimen was prescribed?  
\_\_\_\_\_

Date treatment started:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date treatment completed:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Signature: _____
Practice Name: _____
Practice Address: _____
Practice Phone Number / Fax Number: _____ / _____
DATE OF EXAM: _____