

PHYSICAL EXAM & IMMUNIZATION VERIFICATION

Date _____

Name: _____

Social Security Number: _____
has had a physical examination, and appears to be free from
disease or any impediment which would interfere with
normal activity, study or physical effort.

IMMUNIZATIONS

Measles, Mumps, Rubella Vaccination (MMR)

Dose #1 _____ Dose #2 _____

Tetanus _____

Mantoux (PPD) _____ mm induration Neg. ___ Pos. ___

Date Negative X-ray _____

Menomune _____

Hepatitis B Vaccine _____

Other: _____

Signature of Health Care Practitioner

White—Patient Yellow—Patient chart

Revised 03/2004
C/C-03