

MERCED COLLEGE

HEALTH EXAMINATION REPORT

(Please Print Clearly)

NAME _____ DATE _____
 LAST FIRST MIDDLE

A physical examination by a medical Doctor (M.D.) is required.
Current immunizations (with dates specified) verified Tuberculosis clearance must be completed before your arrival at Merced College.

1. TETANUS (must be within the past 9 years): DATE: _____
2. MEASLES, RUBELLA (must be given after 1970 and after 12 months of age)
MEASLES (RUBEOLA) DATE: _____ RUBELLA DATE: _____
3. TUBERCULOSIS CLEARANCE DATED within the past 3 months of this physical exam:
Mantoux skin test date: _____ Result: _____
(if mantoux test is positive, chest X-ray is required)

Chest X-ray Date: _____ Result: _____

Does student have any condition with prevents participation in physical education?
If yes, explain: _____
Current prescription medication: _____

Special health problems? _____
I have examined _____ and find him/her in good health and able to attend college.

SIGNATURE OF PHYSICIAN _____

NAME OF PHYSICIAN (PLEASE PRINT) _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____