
MERCED COLLEGE
HEALTH EXAMINATION REPORT

Last Name

First Name

Middle Name

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 the student have any condition which prevents participation in physical education? YES / No

If yes, explain: _____

Current prescription medication: _____

Special health problems? _____

I have examined and found him/her in good health and able to attend college.

Signature of physician: _____

Name of physician (Please print): _____

Address: _____

Telephone: _____ **Email:** _____