



**Health Occupations  
Physical & Immunization Form  
400 Richards Road  
Zanesville, OH 43701**

**Student's Full Name:** \_\_\_\_\_ **Student's Program:** \_\_\_\_\_

has been examined and meets the requirements to attend a program in health occupations education without restrictions: Yes  No

**Physician or Nurse Practitioner are the only one(s) to fill out the information below:**

PLEASE USE OUR FORMS ONLY - Do not submit separate physical or immunization forms unless they are exemptions.

**Providers:**

If you are not able to provide us a record for one or more of the immunizations below or the student has had the disease listed, please obtain a titer. List the date the titer was drawn along with result. If the student does not show immunity, a booster or immunization to provide necessary immunity is needed.

1. T-dap Vaccine – Tetanus, Diphtheria & Pertussis Date: \_\_\_\_\_

2. Hepatitis B Vaccine (a waiver will be available) Dates: 1<sup>st</sup>: \_\_\_\_\_  
2<sup>nd</sup>: \_\_\_\_\_  
3<sup>rd</sup>: \_\_\_\_\_

3. MMR Vaccines – Measles, Mumps & Rubella Date: \_\_\_\_\_  
Date: \_\_\_\_\_

4. Varicella - Chickenpox Date: \_\_\_\_\_

5. Covid-19 Vaccine (exemptions available) Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Booster: \_\_\_\_\_

6. 2-Step TB Mantoux (Use the back of this sheet only and please read the information at the top) (chest x-ray or QuantiFERON-TB Gold Plus are acceptable)

7. Seasonal Flu Vaccine will be required by mid-October.  School staff will mark once received (exemptions available)

\_\_\_\_\_  
Physician's/Nurse Practitioner Signature

\_\_\_\_\_  
Date

By signing above, I acknowledge the student's physical ability to participate in the program and that all immunizations above are up to date or student shows immunity.



## 2-Step TB Mantoux Test

If you've previously had a 2-step TB and have followed up with your annual 1-step testing, then we only need you to obtain a 1-step. However, we will need proof of initial 2-step and each years 1-step since.

Please use this form only.

Student's Full Name:

1<sup>st</sup> step

Date Given: \_\_\_\_\_ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

Test Given By: \_\_\_\_\_

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\*\*\*\*MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN\*\*\*\*

Date Read: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Read By: \_\_\_\_\_ / \_\_\_\_\_  
(please print) (signature)

Comments: \_\_\_\_\_

2<sup>nd</sup> step

Date Given: \_\_\_\_\_ Site: Right / Left Forearm (please circle)

TUBERSOL: Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

Test Given By: \_\_\_\_\_

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\*\*\*\*MUST BE READ BY A PHYSICIAN, NURSE PRACTITIONER OR AN RN\*\*\*\*

Date Read: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Read By: \_\_\_\_\_ / \_\_\_\_\_  
(please print) (signature)

Comments: \_\_\_\_\_

Only needed if unable to provide results via skin TB test

Chest X-Ray Date: \_\_\_\_\_ Results: \_\_\_\_\_