Grinnell College
Student Health and Wellness

Student Physical Exam

Date of Physical Exam must be within one year of arrival to Grinnell College (After August 2024).
Athletes must have a physical exam after April 1, 2025 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)

Optional section

Sex assigned at birth**:** ☐ Female ☐ Male ☐ Prefer not to answer

Gender Identity: _____ ☐ Prefer not to answer

Pronouns: _____ ☐ Prefer not to answer

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.

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

Meningococcal Quadrivalent (A, C, W, Y)

Last dose must have been within the past 5 years or August of 2020.

- Menactra
- Menveo
- Men ACWY

Serogroup Meningococcal B

- Bexsero (2 dose series, 6 months between doses)
- Trumenba (2 dose series, 6 months between doses)

Tetanus, Diphtheria, Pertussis

Last dose must have been within 10 years or August of 2015

- 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**

Tuberculosis Screening

Please complete the *online* Tuberculosis Screening from.

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

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, China, Hong Kong Special Administrative Region, China, Macao Special Administrative Region, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, , Eritrea, Eswatini, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mexico, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Tajikistan, Thailand, Timor-Leste, Togo, Tunisia, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Grinnell College
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Clinical Tuberculosis Assessment by Health Care Provider

Name:	Date of Birth: (MM/DD/YYYY)	P Card #:

This form only needs to be completed if you answered YES to any of the questions on the Tuberculosis Screening Form in your health portal. Please write dates as Month, Day, Year.

1. SYMPTOMS: Does your patient have any of the following symptoms? (check any that apply)

☐ **No current symptoms**

☐ Cough for greater than 3 weeks ☐ Coughing up blood ☐ Unexplained chest pain ☐ Persistent fever/chills/night sweats
☐ Persistent, unexplained fatigue ☐ Unexplained weight loss

2. Have you ever received latent TB Treatment? ☐ No, move to step #3.

☐ Yes, upload verification of treatment to your health portal. You are finished with this TB screening form.

3. Have you received the BCG vaccine for TB?

☐ No, move to step #4. ☐ Yes, move to step #5.

4. TUBERCULIN SKIN TEST (TST)

***The TST must be performed within six months of entrance to Grinnell College.**

***A test of ≥ 10mm of induration is considered positive.**

Date placed:_____**Date read**:_____
(must be read between 48-72 hours after it was placed)

Result: ___ mm induration. (If no induration, write Ø)

Interpretation:
☐ **Negative,** you have now completed TB screening. Upload this form with TB test results to your student health portal.
☐ **Positive,** move to step #5.

5. TB BLOOD TEST (Interferon Gamma Release Assay- IGRA/ Quantiferon Gold)

*** The blood test must be performed within six months of entrance to Grinnell College.**

Date of Test:_____

Result:

☐ **Negative,** you have now completed TB screening. Upload this form with test results to your student health portal.

☐ **Positive,** move to step #6.

6. CHEST X-RAY: Only needed if IGRA laboratory test is positive. All Chest X-Rays must be completed in the US within 90 days of entrance to Grinnell College. Interpretation report of chest x-ray must be submitted to your student health portal.

Date of Chest X-ray:_____ **Result:** ☐ Normal, move to step #7. ☐ Abnormal, seek immediate medical attention.

7. Latent TB Treatment: start and/or completed latent TB medication treatment.

Has the student received treatment? ☐ Yes, upload documentation of treatment to your student health portal. ☐ No

8.

_____	_____	_____
Licensed Health Care Provider Name	Signature	Date

9. Upload this form and applicable laboratory/radiology tests to your student health portal.