SABA UNIVERSITY SCHOOL OF MEDICINE

Please return this form to:
Clinical Department
27 Jackson Rd., Suite 301
Devens, MA 01434

Phone: 978-862-9600
Fax: 978-862-9699

Titer Lab Report must be attached

STUDENT PHYSICAL EXAMINATION AND IMMUNIZATION FORM

Student Name: _____ Date of Birth ___/___/___
Last ***First***

Address: _____ Telephone No.: _____

1. The following Immunities are verified by **BLOOD TITER: (*Titer Lab Report must be attached*)**

	Immunization Dates	**TITER Date & Result (Positive or Negative)**	**If negative titer, Re-immunization date**
Rubella (German Measles):	___/___/___	_____	___/___/___
Rubeola (Measles):	___/___/___; ___/___/___	_____	___/___/___
Mumps:	___/___/___	_____	___/___/___
Varicella:	___/___/___	_____	___/___/___

Hep B ***Hep B Surface Antibody Results***

Hepatitis B Series Dates: ___/___/___; ___/___/___; ___/___/___ _____

**********First and second doses must be administered before traveling to the island.***********

(Titer MUST be drawn at least 4 weeks after completion of series. If titer is negative, student must have additional immunizations)

For individuals having direct patient contact or any possibility of contact with blood or body fluids, Hepatitis series administration or signed declination are required.

2. Tuberculosis: PPD (Mantoux) Date: ___/___/___ (Updates) ___/___/___ _____ ___/___/___ _____

☐ **Negative** ☐ **Positive** _____**mm reading** _____**mm reading** _____**mm reading**

(If positive, please indicate the date and results of the most recent chest x-ray and whether or not any therapy has been initiated) ___/___/___ _____

3. Tetanus-Diphtheria Dates: ___/___/___ ***(Most recent – Must be within 10 years)*** (Updates) ___/___/___

Because Saba Island has a very small hospital with a limited pharmacy;

4. Does student have any physical disabilities? ☐ No ☐ Yes

If yes, please explain_____

5. Does the student have any medical condition(s) or learning disability that may require special attention during medical school? ☐ No ☐ Yes

If yes, please explain:_____

6. Is the student presently taking any form of medication prescribed by a physician? ☐ No ☐ Yes

If yes, please list the medications:_____

_____

Physical Examination:

I have performed and recorded a physical examination and the medical history of the above named student which failed to reveal any health impairment which may be of potential risk to patients or which might interfere with the performance of his/her duties nor any habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which alter mood or behavior.

_____	_____	_____	_____
Signature of Physician	Print Name	Address	Date

Titer Lab Report must be attached

_____ _____
Saba Authorized Signature ***Date***

This Form Has Been Updated ON Date: _____ ***Item updated:*** ☐ ***2. TB*** ☐ ***3. Tetanus***