

## Medical Form – FALL 2019

**KEEP A COPY OF THIS FORM AND IMMUNIZATION RECORDS TO BE SUBMITTED WHEN OBSERVING AND PRACTICE TEACHING**

**DUE ONE WEEK BEFORE THE START OF THE COURSE**

**PART I: COMPLETED BY THE STUDENT – Signature required on reverse**

Please complete the following items and sign the statement on the reverse. Have your physician complete Part II.

Applicant Name \_\_\_\_\_  
Last
First
Middle
Date of Birth

Address \_\_\_\_\_  
Street/ P.O. Box/Apartment number

\_\_\_\_\_ City State Zip code

**YOU MUST SUBMIT SUPPORTING DOCUMENTS FOR EACH IMMUNIZATION BELOW (see reverse for more information):**

<b>Vaccine</b>
Influenza (received between 8/1/19 and 9/4/19)
Pertussis (DTaP) (all boosters)
Measles (MMR)

\*If Yes, you must also scan or copy your immunization records to be submitted with this form.

\*\*If NO, please see reverse for further instructions

**PART II: TB TEST AND PHYSICAL COMPLETED BY THE PHYSICIAN**

I have examined the above-named person and certify that she/he appears to be sound in body and mind and in good health.

**In addition to a general physical examination, *please specify the results of a T.B. test.***

**Tuberculosis Test**

✓ One	Type of Test	Date Administered
<input type="checkbox"/>	Tine test	
<input type="checkbox"/>	X-ray	
<input type="checkbox"/>	Other:	

**Results**

✓ One	Results
<input type="checkbox"/>	Negative
<input type="checkbox"/>	Positive

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

Has this person ever had any serious illness? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Examining Physician

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Street Address

\_\_\_\_\_  
 Printed City, State, Zip Code

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\*California state law requires all teachers and volunteers in a day care facility to have immunizations against influenza, pertussis, and measles. Practice teaching and observations are included under these requirements if completed in California. It is, ultimately, the student's responsibility to ensure he or she is compliant with the local health code of his or her observation school(s) and practice teaching school(s).

If you did not receive the **influenza** vaccine between August 1, 2019 and the start of the course:

- Please submit a simple, signed declaration that you have declined the influenza vaccination.  
Example: "I, (name) decline to receive the influenza vaccine. (signature and date)"

If you do not have the **pertussis** and/or **measles** vaccine records:

- You must receive these vaccines and submit the vaccine record before your first day of training **OR**
- If you have previously been immunized and cannot locate a copy of your immunization records, you must submit a written statement in English from a licensed physician stating that there is evidence (such as a blood test) of current immunity (you previously had the disease or were immunized against it) to pertussis and/or measles **OR**
- If you are medically unable to be immunized, you must submit a written statement in English from a licensed physician stating that the pertussis and/or measles immunization is not safe

**I understand that it is my responsibility to ensure I am in compliance with the health and safety code of the state or city in which I will be observing or practice teaching.**

X

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Student's Signature