

**BREVARD COMMUNITY COLLEGE
MEDICAL HISTORY AND IMMUNIZATION RECORD**

Accepted into _____ (Allied Health Program)

PART I APPLICANT: Complete this section before visiting doctor.

Name: _____ Birth date: _____
 Address: _____ Telephone: _____
 City: _____ State: _____

HAVE YOU HAD ANY OF THE FOLLOWING?

	YES	NO		YES	NO
Diphtheria			Scarlet Fever		
Neurological Condition			Typhoid		
Frequent Headaches			Allergies		
Digestive Disorders			Frequent Colds		
Seizures			Heart Disease		
Emotional Condition			Cancer		
Syncope			Hypertension		
Back Problems			Color Blindness		

IMMUNIZATIONS: These immunizations are required before any clinical experience. Attach appropriate verification of immunization status.

Tetanus Toxoid/Diphtheria Date: _____ **Poliomvelitis Vaccine** Date: _____

2-Step Tuberculin Skin Test Date 1: _____
 (Must be within 1 year) Date 2: _____

Measles (Rubella) Date: _____
 Students born after 12/31/56 must provide either
 1) Documentation of immunization with live vaccine after their
 First birthday OR
 2) Serological evidence of measles immunity OR
 vaccine after their first birthday *or*
 If you were vaccinated with a killed virus or unknown
 virus prior to 1968, you should be revaccinated.

Chest X-Ray (only if skin test is positive)
 Date: _____

Varicella Date: _____
 A. Have you had chicken pox or a positive Varicella titer?
 Yes _____ No _____
 B. Have you ever been immunized against Varicella?
 Yes _____ No _____

Hepatitis B Date: _____
 Date: _____
 Date: _____
Hepatitis Carrier status: _____

Current Medications: _____

I certify that the above information is accurate and complete. I have reviewed the technical and physical requirements of the program and certify that I can meet the requirements listed.

Signed: _____ **Date:** _____

OR

I certify that the above information is accurate and complete. I have reviewed the technical and physical requirements of the program and certify that I can meet the requirements listed with the following accommodations.

Signed: _____ **Date:** _____