

TO BE COMPLETED BY PHYSICIAN

Physical Examination Form | Page 2 of 3

Today's Date:

Immunization Records

STUDENT NAME	Grade	DOB
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Students Admitted at ages 7-17 years are **required to have current immunizations for school entry**. Further info: [CDC | ShotsForSchools](https://www.cdc.gov/shotsfor-schools/)

Complete the immunization chart below OR attach a copy of immunization records in addition to TB testing or TB Risk Form.

Vaccination Records	Date Each Dose Was Given					
	1 st	2 nd	3 rd	4 th	5 th	Booster
Polio (OPV or IPV): Four (4) doses (3 doses OK if one was given on or after 2 nd birthday)						
Diphtheria, Pertussis, and Tetanus (DTaP, DTP, DT, Tdap, or Td): Five (5) doses (3 doses OK if last dose was given on or after 2 nd birthday) & LAST dose must be after 7 th birthday						
Measles, Mumps, and Rubella (MMR): Two (2) doses (Both given on or after 1st birthday))						
HIB: Required only for child care and preschool						
Hepatitis B: Three (3) doses						
Varicella (chickenpox): One (1) dose (Admission at ages 7-12 years need 1 dose; ages 13-17 years need 2 doses).						
Hepatitis A (not required)						

Midland School requires Tuberculosis Risk Assessment Form to be filled out by the physician (see page 3). If TB testing is warranted, please provide up-to-date tuberculosis information:

Has the student travelled or lived outside of the United States within the last 12 months? Yes No

Type	Date Given	Date Read	mm	indur	Impression
<input type="checkbox"/> PPD-Mantoux					<input type="checkbox"/> Positive
<input type="checkbox"/> Other (explain)					<input type="checkbox"/> Negative
<input type="checkbox"/> PPD-Mantoux					<input type="checkbox"/> Positive
<input type="checkbox"/> Other (explain)					<input type="checkbox"/> Negative
For positive skin test, Chest X-Ray required, reading data below:					
Film Date:		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Person is free from communicable TB:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Annual Influenza Vaccine: Received: Yes | No

Date given:

Location:

The Centers for Disease Control recommends all students receive the annual influenza vaccine ("flu shot").

Regarding Personal Belief Exemptions:

For admissions on or after July 1, 2019, a parent or guardian must submit a signed, written statement from a physician (MD or DO) licensed in California which states: 1) The specific nature of the physical condition or medical circumstance of the child for which a licensed physician does not recommend immunization; 2) Each specific required vaccine that is being exempted; 3) Whether the medical exemption is permanent or temporary; 4) If the exemption is temporary; 5) An expiration date no more than 12 calendar months from the date of signing.
Midland School | PO Box 8 | Los Olivos, CA 93441 | 805.688.5114

TO BE COMPLETED BY PHYSICIAN

Today's Date: _____

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California Pediatric Tuberculosis Risk Assessment

STUDENT NAME	Grade	DOB
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If TB testing is indicated via the form below, please provide documentation of a completed two step Tuberculosis Skin Test available through your healthcare provider.



California Pediatric Tuberculosis Risk Assessment



- Use this tool to identify asymptomatic **children** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
If initial negative screening test occurred prior to 6 months of age, repeat testing should occur at age 6 months or older
- Do not treat for LTBI until active TB disease has been excluded:
For children with TB symptoms or abnormal chest x-ray consistent with active TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old

Immunosuppression, current or planned
 HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication

Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.

None; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____