



- YES / NO
1. Is the applicant currently under the care of a physician"  
If yes, explain: \_\_\_\_\_
  2. Is the applicant currently taking any medications?  
If yes, explain: \_\_\_\_\_
  3. Does the applicant have a Musculoskeletal problem that would prevent  
lifting or standing for long periods of time?  
If yes, explain: \_\_\_\_\_
  4. Has the applicant ever had a prolonged illness or prolonged  
hospitalization?  
If yes, explain: \_\_\_\_\_
  5. Does the applicant have any problems with visual acuity or color  
blindness?  
If yes, explain: \_\_\_\_\_
  6. Does the applicant have a hearing deficiency  
If yes, explain: \_\_\_\_\_

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7. **Immunization and Tests Records: ( All are required )**

- |  | Month          | Year | Initials |
|--|----------------|------|----------|
| 1. <b>Hepatitis B</b> ( in absence of a negative titer or<br>signed statement of refusal ) |                |      |          |
| a. Dose 1 ( Must be at least within 30 days of<br>matriculation )                          | ____/____/____ |      |          |
| b. Dose 2  | ____/____/____ |      |          |
| c. Dose 3  | ____/____/____ |      |          |
| 2. <b>Tetanus</b>  | ____/____/____ |      |          |
| 3. <b>MMR ( Measles, Mumps, Rubella )</b>  |                |      |          |
| a. Dose 1-Immunized at 12 mos. of age or<br>later ( AND )                                  | ____/____/____ |      |          |
| b. Dose 2-Immunized at least 30 days after<br>Dose 1                                       | ____/____/____ |      |          |
| 4. <b>Measles</b>  |                |      |          |
| a. Had disease confirmed by physician diagnosis<br>in office record, OR                    | ____/____/____ |      |          |
| b. Born before 1957 and therefore considered<br>immune, OR                                 | ____/____/____ |      |          |
| c. Has laboratory evidence of immune titer<br>( specify date of titer ), OR                | ____/____/____ |      |          |
| d. Immunized with live measles vaccine at<br>12 mos. of age or later, AND                  | ____/____/____ |      |          |
| e. Immunized with second dose of live measles<br>vaccine at least 30 days after first dose | ____/____/____ |      |          |



