

CONCISE HEALTH SOLUTIONS
Medical form for Conestoga College PSW 11651

| TO BE COMPLETED BY PHYSICIAN | | | | |
|--|------------------------------|-------------------------------------|--|--|
| Name of Student | | Student Number | | Date of Birth (Y/M/D) |
| | | | | |
| Mantoux Skin Test | Date given Year/Month/Day | Date Read 48 - 72 h from testing | Induration | |
| Baseline 2 Step Mantoux Step 1 | | | | |
| Step 2 Within 7- 28 days of Step 1 | | | | |
| Step 1 Required Annually | | | | |
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| If TB positive | | | Date & Result (include chest x-ray report) | |
| Chest X-Ray Every 2 years | | | | |
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| Doctor's Note Required Annually If TB positive | | | Signature & Date | |
| Student is free from signs and symptoms of active tuberculosis | | | | |
| Student is free from signs and symptoms of active tuberculosis | | | | |
| Immunization | Dose 1 Date given | Dose 2 Date given | Booster dose Date given | Immune Yes/No/Indeterminate Lab Report Required |
| MMR Measles, Mumps, Rubella | | | | |
| Varicella Chicken Pox | | | | |
| Immunization | 1st dose | 2nd dose 4 weeks after 1st dose | 3rd dose 5 months after 2nd dose | |
| Hepatitis B 1st series | | | | |
| Immunity Lab Report Required | Yes | No | Indeterminate | |
| | | | | |

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| Immunization | 1st dose | 2nd dose | 3rd dose |
|--|---------------------------|-------------------------------|---------------|
| Hep B 2nd series | | | |
| Immunity | Yes | No | Indeterminate |
| Lab Report Required 1 month after last dose | | | |
| Immunization | Date of last Immunization | Booster Due every 10 years | |
| TDP Tetanus/Diphtheria/Pertusis | | | |
| Immunization | | Date Received | |
| Flu shot | | | |
| Flu shot | | | |
| Covid Vaccine | | Date Received | |
| 1st dose | | | |
| 2nd dose | | | |
| 3rd dose | | | |
| Healthcare Provider Stamp | | | |
| | | | |
| Healthcare Provider Name | Telephone No. | Date of Completion | Signature |
| | | | |