

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**BRING ALL DOCUMENTATION/PROOF WITH YOU ON DATE OF VISIT!!**  
**BE PREPARED TO SUBMIT A COPY WHEN YOU ARRIVE DO NOT GIVE US ORIGINALS**

MMR, done within past 5 years or proof of vaccination

- have proof of 2 vaccines given (attach proof) DATES RCVD \_\_\_\_\_
- have proof of TITERS (attach proof) DATE \_\_\_\_\_ TITER LEVELS \_\_\_\_\_
- Need this Vaccine

Varicella, done within past 5 years or proof of vaccination

- have proof of vaccination (attach proof) DATE RCVD \_\_\_\_\_
- have proof of TITERS (attach proof) DATE \_\_\_\_\_ TITER LEVELS \_\_\_\_\_
- Need this Vaccine

Hep B, done within past 5 years or proof of vaccination

- have proof of vaccination (attach proof) DATE RCVD \_\_\_\_\_
- have proof of TITERS (attach proof) DATE \_\_\_\_\_ TITER LEVELS \_\_\_\_\_
- Need this Vaccine

Dtap/Tdap Vaccine within last 10 years

- have proof of this vaccine (attach proof) DATE RCVD \_\_\_\_\_
- need this vaccine

Meningococcal vaccine

- have proof of this vaccine (attach proof) DATE RCVD \_\_\_\_\_
- need this vaccine
- am declining this Vaccine

MenB vaccine

- have proof of this vaccine (attach proof) DATE RCVD \_\_\_\_\_
- need this vaccine
- am declining this Vaccine

Quantiferon result within past year

- have proof of this result (attach proof) DATE DONE \_\_\_\_\_
- need test done

Urine Drug Screen within past year

- have proof of these results (attach proof) DATE DONE \_\_\_\_\_
- need test done

Routine blood work ( CBC, CMP, etc...) within past year

- have proof of these results (attach proof) DATE DONE \_\_\_\_\_
- need test done

I Wear corrective lenses - Yes **OR** No

NEXT PAGE →

**PLEASE READ AND SIGN**

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO HAND IN ALL PROOF REQUESTED ON THE DATE OF THIS VISIT.

I ALSO UNDERSTAND THAT FAILURE TO DO SO WILL CAUSE DELAYS AND MAY RESULT IN NOT HAVING MY PHYSICAL ASSESSMENT FORM COMPLETED BY THE DUE DATE.

MY SIGNATURE BELOW INDICATES THAT I WILL NOT HOLD EG HEALTHCARE OR IT'S STAFF RESPONSIBLE FOR ANY DELAYS CAUSED BY ME. IN ADDITION, IF I AM LATE IN HANDING IN ANY PAPERWORK OR IF I DO NOT SHOW UP TO FOLLOW UP APPOINTMENTS AS NEEDED, I WILL NOT WHINE OR BE RUDE TO THE STAFF AT EG HEALTHCARE, BUT INSTEAD, WILL BE ACCOUNTABLE FOR MY ACTIONS AND ACCEPT ANY DELAYS GRACIOUSLY.

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STUDENT SIGNATURE