

SENECA MEDICAL FORM

INDICATE IF YOU ARE A PART-TIME STUDENT OR A FULL TIME STUDENT

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 days - 1 year of Step 1				
Step 1 Required Annually				
Step 1 Required Annually				
If TB positive		Date & Result		
Chest X-Ray Every 2 years				
Chest X-Ray Every 2 years				
Doctor's Note 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
MMR Measles, Mumps, Rubella				
Varicella Chicken Pox				
Immunization	Date Primary Series Completed		Date of Last Booster	
Polio				
Immunization	1st vaccination date	2nd vaccination date within 1 month of 1st	3rd vaccination date 5 months after 2nd dose	
Hepatitis B 1st series				
Hepatitis B 2nd series Repeat if not immune				