



PHYSICAL EXAM
HEALTH SERVICES 401-232-6220

STUDENT'S NAME: _____ DATE OF BIRTH: _____

STUDENT ID #: _____

Date of Exam: _____ (MUST be within one year of University entry - - six months for athletes)

❖ **VITALS MUST BE COMPLETED**

Blood Pressure: _____ Pulse: _____ Height (inches): _____ Weight (lbs): _____ BMI: _____

| NORMAL | Check each item in appropriate column Enter NE if not evaluated | NOTE: Describe every abnormality in detail |
|--------|--|--|
| | Head, face, neck, scalp | |
| | Nose and sinuses | |
| | Mouth, teeth, throat | |
| | Ears | |
| | Eyes | |
| | Ophthalmoscopic | |
| | Neck, thyroid | |
| | Thorax and breasts | |
| | Lungs | |
| | Heart | |
| | Abdomen | |
| | Anus and rectum | |
| | Endocrine system | |
| | G.U. system | |
| | Upper extremities | |
| | Lower extremities | |
| | Feet | |
| | Spine | |
| | Neurologic | |
| | Psychiatric evaluation | |
| | Skin | |
| | Lymphatic system | |
| | Vascular system | |
| | Other: | |

Is this student receiving or does he/she require continuing medical care, therapy or observation? _____

If **YES**, please explain (include notation of medication and dosages and plans concerning illness such as heart disease, asthma, diabetes, seizure disorders, etc.) _____

➤ **Does this student have any life-threatening allergies?** YES ____ NO ____
(If yes, please send allergic response and suggested treatment)

I hereby declare that the above named student is medically cleared to participate in intercollegiate athletics at Bryant University. Fit to participate
YES ____ NO ____

HEALTH CARE PROVIDER:

Print Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

IMMUNIZATION RECORD

HEALTH SERVICES
401-232-6220

* To be completed and signed by health care provider *

STUDENT'S NAME: _____

DOB: _____

STUDENT ID #: _____

REQUIRED IMMUNIZATIONS (prior to matriculation)

All information must be in English (dates must include month, day and year)

A. TETANUS, DIPHTHERIA, PERTUSSIS (MUST be within 10 years)

TDAP ____/____/____

B. MMR (MEASLES, MUMPS, RUBELLA) - 2 doses required

Dose 1 given at age 12 months or later - - Dose 2 given at least 28 days after first dose

Dose #1 ____/____/____ Dose #2 ____/____/____

OR

1. **MEASLES (Rubeola)** positive immune titer date ____/____/____

2. **RUBELLA (German measles)** positive immune titer date ____/____/____

3. **MUMPS** positive immune titer date ____/____/____

C. HEPATITIS B - 3 doses required

Dose 2 must be given one month after dose 1. Dose three must be given five months after dose 2.

1. Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

OR

3. Hepatitis B titer Reactive_____ Non-reactive_____ Date ____/____/____

D. VARICELLA (Chickenpox) - 2 doses required

1. History of chickenpox disease Yes _____ Date ____/____/____

OR

2. Dose #1 ____/____/____ Dose #2 ____/____/____

OR

3. Varicella titer Date ____/____/____ Reactive _____ Non-reactive _____

E. MENINGOCOCCAL QUADRIVALENT (Meningitis) - 2 doses, if dose 1 given before age 16

Dose #1 ____/____/____ Dose #2 ____/____/____

F. COVID-19 (Please upload a copy of your Covid-19 vaccination card)

Dose #1 ____/____/____ Dose #2 ____/____/____

HEALTH CARE PROVIDER:

Print Name: _____ Phone: _____

Signature: _____ Date: _____

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) Yes No

| | | | | |
|----------------------------------|---------------------------------|------------------------------|-----------------------|-----------------------|
| Afghanistan | Congo | Iran (Islamic Republic of) | Namibia | Singapore |
| Algeria | Côte d'Ivoire | Iraq | Nauru | Solomon Islands |
| Angola | Democratic People's Republic of | Kazakhstan | Nepal | Somalia South Africa |
| Anguilla | Korea | Kenya | Nicaragua | South Sudan |
| Argentina | Democratic Republic of the | Kiribati | Niger | Sri Lanka |
| Armenia | Congo | Kuwait | Nigeria | Sudan |
| Azerbaijan | Djibouti | Kyrgyzstan | Northern Mariana | Suriname |
| Bangladesh | Dominican Republic | Lao People's Democratic | Islands | Swaziland |
| Belarus | Ecuador | Republic | Pakistan | Tajikistan |
| Belize | El Salvador | Latvia | Palau | Thailand |
| Benin | Equatorial Guinea | Lesotho | Panama | Timor-Leste |
| Bhutan | Eritrea | Liberia | Papua New Guinea | Togo |
| Bolivia (Plurinational State of) | Estonia | Libya | Paraguay | Trinidad and Tobago |
| Bosnia and Herzegovina | Ethiopia | Lithuania | Peru | Tunisia |
| Botswana | Fiji | Madagascar | Philippines | Turkmenistan |
| Brazil | French Polynesia | Malawi | Poland | Tuvalu |
| Brunei Darussalam | Gabon | Malaysia | Portugal | Uganda |
| Bulgaria | Gambia | Maldives | Qatar | Ukraine |
| Burkina Faso | Georgia | Mali | Republic of Korea | United Republic of |
| Burundi | Ghana | Marshall Islands | Republic of Moldova | Tanzania |
| Cabo Verde | Greenland | Mauritania | Romania | Uruguay |
| Cambodia | Guam | Mauritius | Russian Federation | Uzbekistan |
| Cameroon | Guatemala | Mexico | Rwanda | Vanuatu |
| Central African Republic | Guinea | Micronesia (Federated States | Saint Vincent and the | Venezuela (Bolivarian |
| Chad | Guinea-Bissau | of) | Grenadines | Republic of) |
| China | Guyana | Mongolia | Sao Tome and Principe | Viet Nam |
| China, Hong Kong SAR | Haiti | Montenegro | Senegal | Yemen |
| China, Macao SAR | Honduras | Morocco | Serbia | Zambia |
| Colombia | India | Mozambique | Seychelles | Zimbabwe |
| Comoros | Indonesia | Myanmar | Sierra Leone | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Bryant University requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) Yes ___ No ___

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes ___ No ___

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ___ No ___

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ___/___/___ Date Read: ___/___/___

Result: _____ mm of induration Interpretation: positive___ negative___

Date Given: ___/___/___ Date Read: ___/___/___

Result: _____ mm of induration Interpretation: positive___ negative___

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ___/___/___ (specify method) QFT-GIT T-Spot other___

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ___/___/___ Result: normal___ abnormal___

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

Health Care Professional Signature

Date