

Student Name:

IMMUNIZATIONS (*required for eligibility to live in residence hall)

DTaP	1.	2.	3.	4.	5.
Tdap	1.*				
Polio: (oral/injectible)	1.	2.	3.	4.	5.
Measles	1.*	2.*			
Mumps	1.*	2.*			
Rubella	1.*	2.*			
Hepatitis B	1.	2.	3.		
Varicella (Chicken Pox)	1.*	2.*	OR history of disease:*		
Meningitis #1 11-12yrs #2 16yrs	1.*	2.			
Gardasil	1.	2.	3.		

TB RISK ASSESMENT

International students may not defer PPD testing. BCG immunization does not exempt students from this requirement. If you had a BCG test one year ago or more, you must have a PPD test and, if positive, you must have a chest x-ray and be placed on preventative antibiotic treatment. Students who are not compliant will be sent for a medical evaluation.

PLEASE NOTE THAT ACADEMIC SCHOOL ENROLLMENT FOR THE WINTER TERM REQUIRES A PPD TEST WITH RESULTS. IF YOUR STUDENT IS INTERESTED IN BEING CONSIDERED FOR WINTER ENROLLMENT AT SAB IT MAY BE BENEFICIAL TO HAVE THIS TEST COMPLETED WITHIN THIS PHYSICAL EXAM.

No known risk-testing deferred* _____ (signature)

PPD _____ Date administered _____ Results _____ Administered by _____

If positive, results of chest x-ray and treatment:

HEALTH PROVIDER SIGNATURE

Ballet training requires each student to be able to complete and participate in a full range of physical activities.

I certify that this student is physically capable of participating in ballet training.

Signature of Health Care Provider

Date of Examination (must be after 6/28/19)

Print or type name of Health Care Provider

Address

Telephone

Include notes about "yes" answers from the previous page, or any other relevant information below or use an attached sheet:

Parents: If possible, please return this form via online upload in the Information Update Form.
Physicians may also mail, email or fax a copy to:

School of American Ballet
70 Lincoln Center Plaza
New York, NY 10023
ATTN: 2020 Summer Course
ibraun@sab.org
[917.591.6911 \(fax\)](tel:917.591.6911)