$\frac{OF}{2020} \frac{OF}{Summer} \frac{OF}{Source} BALLET$

Physician's Medical Release and Immunization Record

Student Name: _____ Date of Birth: _____

Annual medical check-ups are required to attend the School of American Ballet. The completion of this Physician's Medical Release must be based on a physical exam that occurred (or will occur) after June 28,

2019. Please have your doctor complete all sections below in conjunction with your most recent or upcoming physical.

IMMUNIZATION POLICY: SAB requires the following immunizations for all summer students living in the Residence Hall: 1) One dose of measles, mumps, rubella on or after the first birthday; 2) A second dose of measles-containing vaccine, preferable as MMR, no sooner than 1 month after the first dose and or after 15 months of age; 3) Evidence of Tdap vaccine; 4) Tuberculin risk assessment and testing if indicated. 5) Meningitis vaccine 6) Varicella vaccine or the history of disease

ATTENTION INTERNATIONAL STUDENTS: In order to live in the residence hall, you must comply with the regulations of the Department of Health and Mental Hygiene concerning tuberculosis control. Every student must have a PPD test. BCG immunization does not exempt students from this requirement. If you had a BCG 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.

MEDICAL REPORT: To be completed by health care provider. Form is not complete unless fully filled out! PRESENT PROBLEMS HABITS FEMALES ONLY: (MUST BE COMPLETED) Nutrition (diet, pattern, fads):_____ Menarche age: Is caloric intake adequate?_____ Menses: Regularity:_____ Duration: _____ Sleep problems: Last menstrual period: _____ Medications (list drugs, frequency, mode of use): Oral contraceptive use: Physical activity: Smoking: _____ Recent hospitalizations: _____ Allergies to Medications: PHYSICAL EXAMINATION Weight _____ Pulse _____ Blood Pressure ___ Height Yes Yes No No Joint problems Allergies Joint problems Foot problems GI problems Eating disorders Heart disease/murmur Hiah blood pressure Anemia Recent weight change Asthma Chronic cough Kidney stones Chronic sinusitis Chronic urinary tract infection □ Eve problems Menstrual abnormalities Ear/Nose/Throat problems Depression/anxiety Gum/tooth problems Attention deficit disorder Recurrent headaches Other emotional disorder

Please use space below or additional space on page 2 to detail "yes" answers.

Insomnia

Tuberculosis

Sexually transmitted diseases □

Dizziness/fainting spells

Head injury with LOC Seizure disorder

Seizure disorder

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.			
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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 <u>ibraun@sab.org</u> 917.591.6911 (fax)