**Butler University Health Services**

**All New Students Physical Examination Record**

**To be completed by a health care provider within the last 12 months.**

**You may use this form, or a similar form provided by your health care provider.**

Please complete in English

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height (inches): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight (pounds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B/P: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Pulse: \_\_\_\_\_\_\_\_\_\_\_\_ Resp. Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temperature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ROS | Normal | Abnormal |
| HEENT |  |  |
| Neck |  |  |
| Lungs |  |  |
| Heart |  |  |
| Abdomen |  |  |
| Skin |  |  |
| Genitourinary |  |  |
| Musculoskeletal |  |  |
| Neurological |  |  |
| Other |  |  |

Evidence of immunity by quantitative (numeric value) titer, if immunization series are not complete?

Varicella: \_\_\_\_\_\_\_ Mumps: \_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please include a copy of results.

Medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special dietary requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other special needs or pertinent information?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of MD, PA-C, NP, DO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print or stamp MD, PA-C, NP, DO name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_

***The Immunizations and Questionnaires listed below are***

***Mandatory \* for Attendance for all Students Attending Butler University.***

***A copy of your original immunization record is required for verification.***

**\*1) Mandatory Immunizations:**

**\* Evidence of primary series**

**\*Tdap,** One routinely given between 11-12 years of age **(1)**

**\*Hepatitis B,** Series required **(3)**

**\*Varicella (Chicken Pox) (2)**

* Must provide dates of immunizations (a series of two injections).
* Or evidence of immunity with a quantitative blood test, titer

**\*MMR (Measles, Mumps and Rubella) (2)**

* Dates for two doses.
* Or evidence of immunity with quantitative blood tests, titers

**\*Meningitis C (2)**

* Two doses, primary and booster after the age of 16

**\*TB Skin Test (Tuberculin)**

* **Required only for International students**.

**Recommended:**

* + **Travel Abroad program may have additional recommendations based on destinations**
  + **MMR booster (3rd)**
  + **Meningitis B**
  + **Hepatitis A**
  + **HPV**
  + **Flu,** annually

**\*2) Mandatory Online Questionnaires:**

**\*Complete these questionnaires on web portal** **MyHealth.Butler.edu ; these are not available for you to access until you have a Butler ID and Login.**

* **TB**
* **Health History**

**\*3) Health Insurance is Mandatory:**

**\*Go to the Health Services website to review details of the UHC Butler Sponsored Plan,** [**https://www.butler.edu/health-services/student-health-insurance**](https://www.butler.edu/health-services/student-health-insurance%20%20%20%20%20%20)

**DUE DATES:**

* All Forms, Immunizations and Physical Exam August 1 2017
* Health Insurance Verification August 1 2017

**General Information:**

* Failure to provide the documentation by the due dates will result in the student account being placed on hold. This will prevent the student’s ability to change, add or drop any classes.
* For questions or concerns, please feel free to call (317) 940-9385 or email to [healthservices@butler.edu](mailto:healthservices@butler.edu)
* Send your immunization record and physical exam can be faxed or mailed to the address below.
* You can also scan your records and email to [healthservices@butler.edu](mailto:healthservices@butler.edu)
* If you need a physical exam you can schedule when you get to campus, schedule an appointment and our medical providers can complete this at Health Services.
* If you need immunizations, most of these are available at Health Services.

**Butler University Health Services, HRC**

**530 W. 49th Street, Suite 110, Indianapolis, Indiana, 46208**

**Telephone: (317)-940-9385 Fax (317)-940-6403**

**BU Be Well**

[**https://www.butler.edu/campus-life/health-wellness**](https://www.butler.edu/campus-life/health-wellness)

**Butler University immunization requirements are based on Indiana State ISDH guidelines, recommendations from the American College Health Association, and the Center for Disease Control.**