



5. Please list any previous illnesses or operations requiring hospitalization and date(s):

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6. Please list any previous fractures (broken bones) and date:

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7. Please list any physical disabilities or handicaps:

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8. Please list any medications or desensitization shots taken frequently or regularly:

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9. If you are under a physician's continuing care for any reason, a summary from your physician concerning your treatment and medications should be submitted to the Student Services Office.

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Does this student comply with this new regulation? Yes _____ No _____
<u>Date of Vaccination</u> Titer Results