5.	Please list any previous illnesses or operations requiring hospitalization and date(s):				
6.	Please list any previous fractures (broken bones) and date: Please list any physical disabilities or handicaps:				
7.					
8.	Please list any medications or desensitization shots taken frequently or regularly:				
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.				
10.	TO BE COMPLETED BY PHYSICIAN OR RN FOR <u>ALL STUDENTS</u> Immunizations must be completed and signed by physician or registered nurse.				
	Physician / RN Please Note: New Immunization regulations require that documentation of 2 doses of measles containing vaccine with the 1 st dose being administered at 12 months or older and at least 30 days between the 1 st and 2 nd dose.				
	Does this student comply with this new regulation? Yes No				
	Date of Vaccination Titer Results				