



Office of the Registrar - Cape Cod Community College -
Student Immunization Records 2240 Iyannough Road, West Barnstable, MA 02668
774-330-4331 • Fax: 508-375-4039 • immunizations@capecod.edu

PHYSICAL EXAMINATION

TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT

All health information requested on this form must be satisfactorily completed and received by the program's deadline date.

PHYSICAL EXAM

Physical exam must be within one year of program start date.

Date of Physical Exam: / /

Based on the above physical examination, I believe the student is mentally and physically able to safely perform the technical standards of the health program the student is enrolled, with or without reasonable accommodations.

Health Care Provider Signature

Print Name

Primary Phone Number

Street Address

City

State

Zip Code

Name: _____ ID: _____

REQUIRED TESTING, IMMUNIZATIONS, AND TITRES FOR HEALTH SCIENCE STUDENTS

Disease Immunity: (Please read carefully) Documented proof of immunity is required.

Influenza Vaccine (for upcoming season)	Date Administered