

MEDICAL CHECKLIST – EXCHANGE STUDENT (AGE 16) – USA SCHOOL REQUIREMENTS

Student Name: _____
Date of Birth: _____ Passport No: _____
School / Exchange Program: _____
Physician Name & Stamp: _____

■ GENERAL MEDICAL CLEARANCE COMPLETED (Physical Examination Form)

■ Clinical exam performed (height, weight, BP, cardio■respiratory)

■ Cleared for school and sports activities

■ Medical history / allergies / current treatments reviewed

■ IMMUNIZATION RECORD VERIFIED

■ MMR (Measles■Mumps■Rubella) – Dates: _____

■ DTP/Td + Polio – Dates: _____

■ Hepatitis B – Dates: _____

■ Varicella vaccine or serology – Date/result: _____

■ Meningococcal ACWY (if required by State) – Date: _____

■ COVID■19 vaccination (if required) – Dates: _____

■ TB SCREENING COMPLETED

■ TB Risk Assessment performed

■ Quantiferon / TST if indicated – Date/result: _____

■ SPORTS PHYSICAL / PPE COMPLETED

■ Cardiovascular questionnaire reviewed (PPE form)

■ Cardiac auscultation normal

■ SPORTS PARTICIPATION AUTHORIZED

■ MEDICATION AUTHORIZATION FORM COMPLETED (if applicable)

■ ADHD medication authorization signed

■ Inhaler authorization signed

■ Allergy auto■injector authorization signed

■ Contraception / other medication documented

■ MENTAL HEALTH / HEALTH HISTORY SCREENING COMPLETED

■ Anxiety / depression history reviewed

■ Eating disorders screening completed

■ Hospitalization history reviewed

Physician Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____