VSA
VANDERBILT
SUMMER
ACADEMY

Physician's Statement of General Health

Please have the student's physician's office complete this form. Completed form should be returned to PTY with the student's other Welcome Packet materials.

Re: _____
(Student's Name and Birth Date)

I understand that the above-named student has been accepted to attend the Vanderbilt Summer Academy (VSA), an intensive, summer residential program for academically talented youth during which participants attend classes, participate in sports and other recreational activities, and live in a residence hall with other students.

To the best of my knowledge, this student has no chronic condition that would prohibit him or her from participating fully in VSA and I have no reason to counsel otherwise.

Physician's Printed Name: _____

Physician's Signature: _____ Date: _____

Physician notes, if needed: _____
_____
_____

Immunization Information

(Please complete all non-shaded areas in the table below, recording the dates of immunizations or attaching an immunization record; * starred immunizations are required.)

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT*						
Influenza						
Tetanus Booster* (within the past 10 years)						
Polio*						
MMR*						
Pertussis Booster						
Meningitis						
HIB						
Hepatitis B						
Varicella (chicken pox)						
Pneumococcal						
Hepatitis A						

Return to Vanderbilt PTY immediately upon receipt and no later than May 8, 2009
Form 4