

NOTRE DAME SEMINARY
2901 S. Carrollton Avenue
New Orleans, LA 70118-4391

Report of Physical Examination

To be completed by physician

Please return this form upon completion to the Rector's Office

I certify that I have carefully examined _____ who is applying for admission to Notre Dame Seminary. My examination and review of the medical history has uncovered the following current or potentially significant health problems:

Recommendation:

Signature of Physician

Date

Proof of Immunization

Completion of the immunization requirements outlined below is required by state law prior to admission for all students born after 1956. The Tetanus-Diphtheria immunization is required of all students regardless of age within ten years of enrollment.

Measles: Date of immunization: _____

or

Date of serologic proof of immunity: _____

Rubella: Date of immunization: _____

or

Date of serologic proof of immunity: _____

Mumps: Date of immunization: _____

or

Date of serologic proof of immunity: _____

Tetanus-Diphtheria:

Date of immunization (must be within 10 years): _____

Signature of Health Care Provider

Date