



The Oxbow School Annual Physical Exam (Page 1 of 3)

This form must be completed by a physician. Parents are not permitted to add additional information or to modify the physician's statement.

Instructions to parents: Present this form to your physician, along with your Health Form and Permission Statement when getting the physical exam. Your physician must review the requirements and update immunizations as needed. Students must have had a physical completed within 12 months of the start of the Oxbow program. If your child received a physical exam in past twelve months and prior to the first day of classes and immunizations are current, no exam is needed.

Authorization to Release Medical Information – ADULT STUDENT OR PARENT/LEGAL GUARDIAN OF A MINOR (those under 18 yrs. of age)

I authorize the signing care provider to communicate with and/or to release any information to Oxbow staff or consulting health care providers about my child's health or medical condition/care.

Signature: _____ **Date:** _____

To the Health Care Provider: We require that you complete our annual physical exam form. We will not accept your office form. Please review the student's history and complete this physician's form. We require certification before the semester to ensure a student is physically fit and able to participate

The Oxbow program is designed for motivated, energetic, and fundamentally healthy students. Oxbow does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. For example, Oxbow cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use or to recover from substance abuse problems. Typical activities at Oxbow may include: hiking, climbing, farming, bike riding, and daily chores. Students must be able to engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies. Students will participate in activities that require them to concentrate for extended periods. At times, students participate in stressful and emotionally intense wilderness, residential life, and academic experiences. They must be able to follow guidelines and rules (frequently independent of direct supervision), communicate effectively with and respond to others, and participate fully in an intimate and intense small community environment as a member of a team.

California law requires that Oxbow have a complete immunization record for each student – PLEASE ATTACH CURRENT IMMUNIZATION RECORD TO THIS FORM. California does not accept personal or religious waivers for immunizations. Children are exempt from immunization requirements only if a parent or guardian submits a written statement from a licensed physician in California (M.D. or D.O.) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated;
- Which vaccines are being exempted;
- Whether the medical exemption is permanent or temporary; and
- The expiration date, if the exemption is temporary.

Date of last tetanus inoculation: Students need tetanus inoculation w/in the last 10 years. If outdated, then please administer today.

Known Allergies or Asthma: Food allergies must be documented by physician or allergist, and must include a completed food allergy & anaphylaxis emergency care plan (FARE). (Please include triggers, reaction, treatment) and any dietary restrictions.



The Oxbow School Student Immunization Form (Page 3 of 3)

This form must be submitted to your student's physician to complete. Parents are not permitted to add additional information or to modify the physician's statement.

Student Name: _____
Last First Middle

California Department of Public Health required immunizations: Please fill in the month and year of each shot received below. If immunizations are complete as required by the State of California, your physician can attach their immunization record.

- 1) Diphtheria, Tetanus and Pertussis
(DTaP, DTP, DT, or Tdap) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
- 3) Polio (OPV or IPV) 1 _____ 2 _____ 3 _____ 4 _____
- 4) Measles-Mumps-Rubella
(MMR or MMR-V) 1 _____ 2 _____
Rubeola (only) 1 _____ 2 _____
Rubella (only) 1 _____ 2 _____
- 5) Varicella (Chicken Pox) 1 _____ 2 _____
- 6) Hepatitis B Vaccine 1 _____ 2 _____ 3 _____
- 7) Tdap Booster 1 _____
- OTHER:
- Hepatitis A Vaccine 1 _____ 2 _____
- Flu Vaccine 1 _____ 2 _____ 3 _____ 4 _____

Examining Physician: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____