

# AMDA Physician Health Certificate

## To be completed by the student's physician (licensed medical professional-excluding RNs)

Study at AMDA demands both physical and emotional stamina from the student. Your assistance in answering these questions is appreciated..

### 1. Student Name (Legal)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### 2. Required Vaccination

Vaccination	First Dose Date (MM/DD/YYYY)	Second Dose Date (MM/DD/YYYY)
<input type="checkbox"/> MMR	_____	_____
<input type="checkbox"/> Meningococcal	_____	_____

#### IMMUNIZATION EXEMPTIONS:

Students may be granted exemption from immunization requirements if the provide one of the following:

1. A signed statement from a physician documenting the student's vaccine contraindications.
2. A signed statement from a physician documenting other evidence of immunity.

### 3. Recommended But Not Required

Vaccination	First Dose Date (MM/DD/YYYY)	Second Dose Date (MM/DD/YYYY)	Third Dose Date (MM/DD/YYYY)
<input type="checkbox"/> Tetanus	_____	_____	_____
<input type="checkbox"/> Varicella	_____	_____	_____
<input type="checkbox"/> Hepatitis B	_____	_____	_____

### 4. Are there any factors relating to the student's ability to function successfully in the AMDA environment of which AMDA should be aware? ☐ Yes ☐ No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I examined \_\_\_\_\_ on \_\_\_\_\_ and found his/her general condition to be:

STUDENT'S NAME

DATE (MM/DD/YYYY)

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

License # \_\_\_\_\_

State of License \_\_\_\_\_

**IMPORTANT: Print provider name and address in the box below. Alternatively, the physician's office may place their official stamp in this box.**

PROVIDER NAME \_\_\_\_\_ STREET ADDRESS 1 \_\_\_\_\_  
STREET ADDRESS 2 (SUITE, ETC.) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_  
COUNTRY \_\_\_\_\_

After the physician completes this document, please either mail to to the Records Department or email to docs@amda.edu

AMDA Records Department  
211 W. 61st Street  
New York, NY 10023