

Applicant Name	Maria Souza Silva
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4. Will the applicant be bringing any prescribed medication on the exchange? Yes No
 If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use:

Prescribed Medication	Dose/Frequency	Reason for Use

5. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not):

Measles (rubeola)	-	Mumps	-	Hepatitis	-	Whooping cough (pertussis)	-
Rubella (German measles)	-	Chicken pox	1994	Scarlet fever	-	Other:	-

6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received):
Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations.

Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)	Immunization	Number of Doses	Dates (e.g., 01/Jan/2006)
Diphtheria	5	08/Jan/1991 08/Mar/1991 28/May/1991 22/Aug/1991 28/Aug/1996	Measles (rubeola)	2	21/Feb/1992 28/Aug/1996
Whooping cough (pertussis)	5	08/Jan/1991 08/Mar/1991 28/May/1991 22/Aug/1991 28/Aug/1996	Polio (Sabin-3 or more TOPV, Salk-4 or more IPV)	10	08/Jan/1991 08/Mar/1991 28/May/1991 22/Aug/1992 17/Oct/1992 21/Aug/1993 23/Out/1993 19/Aug/1995 27/Out/1995 28/Aug/1996
Tetanus	5	08/Jan/1991 08/Mar/1991 28/May/1991 22/Aug/1991 28/Aug/1996	Hepatitis B	3	12/Jan/1995 16/Feb/1995 13/Mar/1996
Rubella (German measles)	2	21/Feb/1992 28/Aug/1996	Other (specify) <u>Haemophilus Influenzae B</u> <u>Hepatitis A</u> <u>Meningococo</u> <u>Yellow Fever</u>	1	12/Jan/1995
Mumps	2	21/Feb/1992 28/Aug/1996		1	13/Mar/1996
				1	13/Mar/1996
				2	29/Nov/1999 03/Apr/2008

Additional comments:

7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.

Date of screening (e.g., 01/Jan/2006) ____ Result/diagnosis: ____ . If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results: BCG – 06/Dec/1990 and 06/Mar/2001 (exemplo)

Physical Examination

Height: <u>62 kg (peso)</u>	Weight: <u>1,65m (altura)</u>	Blood Pressure: <u>Sys. 11 Dia. 7 (pressão)</u>	Pulse rate/minute: <u>80 (pulso)</u>
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8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Heart (murmur, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (muscular)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (mass)	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input type="checkbox"/>	Rectal	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
			Genitalia	<input type="checkbox"/>	<input type="checkbox"/>						