



FLORIDA ATLANTIC UNIVERSITY
CHRISTINE E. LYNN COLLEGE OF NURSING
 777 GLADES ROAD
 BOCA RATON, FL 33431
 PHONE (561-297-2872)
 FAX (561-297-0293)
 Visit us at <http://nursing.fau.edu/>

Annual Student Health Form

THIS FORM MUST BE UPLOADED INTO MAGNUS

Date: ___/___/___ Name: _____

Z Number: _____ Academic Program: _____

Statement from MD/ARNP

IN MY OPINION, THE ABOVE NAMED PERSON IS FREE OF COMMUNICABLE DISEASE AND HAS THE CAPABILITIES TO PERFORM THE DUTIES REQUIRED OF A STUDENT IN THE CHRISTINE E. LYNN COLLEGE OF NURSING.

VACCINE	DATE (S)	RESULT (S)
TST (required yearly) if negative history (TB Skin Test) -OR-		
If TST Positive a CXR dated within 6 months prior to starting nursing program. (No yearly requirement)		

*Additional requirements, such as but not limited to the flu vaccine, may be required by individual facilities.

COMMENTS: _____

Student can attend () **or** cannot () attend class.

 NAME OF HEALTH CARE PROVIDER (PRINTED)

 FLORIDA LICENSE

 SIGNATURE OF HEALTH CARE PROVIDER

OFFICE ADDRESS (STAMP)

