

## Health Examination Form

Your physician, NP, or PA must complete this form and return it to you.

Health Practitioner- The following student has been accepted to a Health Sciences Program:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI. \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MM DD YYYY

**Section I. Drug Screening: REQUIRED LABORATORY TEST: (Attach copy of results)**

TEST	FINDINGS	DATE
Drug Screening (10 panel PLUS ethanol)		

**Section II. Immunizations/Screenings: (Attach copy of results)**

	TYPE/RESULTS	DATE
<b>Tdap</b>	____ Tdap Vaccination (renewed every 10 years)	Date: _____
<b>TB (2-step)</b>  <b>OR</b>  <b>Chest x-ray</b> If new positive PPD or prior positive, then a chest x-ray report is required every 3 years.	1 <sup>st</sup> Skin Test (PPD Only) - Results: _____ 2 step required before program begins  2 <sup>nd</sup> Skin Test (PPD Only) – Results: _____ (at least 7 days from 1 <sup>st</sup> read; not more than 21 days)  ____ Chest X-ray: (every 3 years) – Results: _____ <b>Copy of radiology report required.</b>	Date: _____ #1 _____  #2 _____  Date: _____
<b>Influenza Vaccine/Waiver</b>	<b>Required:</b> Current flu season is traditionally September through April. Outside of this time, when the flu vaccine is not available, you are required to complete a Flu Waiver.	Date: _____
<b>Varicella</b>	____ TITER - Results: _____ <b>Numeric value required</b> ____ Varicella Vaccination if varicella titer is negative (Series of Two)	Date: _____ #1 _____ #2 _____
<b>MMR (Rubeola, Mumps, Rubella)</b>	____ Rubeola TITER - Results: _____ <b>Numeric value required</b> ____ Mumps TITER – Results: _____ <b>Numeric value required</b> ____ Rubella TITER – Results: _____ <b>Numeric value required</b>	Date: _____
<b>MMR: If received vaccination:</b> 2 doses 1 month apart unless documentation of vaccination series in childhood prior to 1980 provided; then 1 adult dose recommended	____ Received MMR Vaccine (If vaccinated before 1980, must be re-vaccinated or have titer done for Rubella)  <input type="checkbox"/> Childhood Vaccine? Date: _____	Date: _____
<b>Hepatitis B (Titer required)</b>	____ TITER - Results: _____ ____ Vaccination if titer is negative (Series of Three - Please review "Explanation of Immunizations" attachment)	#1 _____ #2 _____ #3 _____

Cont'd →

### Section III. Health Practitioner Attestation

I have completed a medical history and physical examination and attest that the individual does not have any health condition that would create a hazard to him or herself, fellow employees, or patients.

Print Health Practitioner Name: \_\_\_\_\_

**Signature of Health Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



### Explanation of Required Immunizations and Health Requirements

#### **Drug Screening (10 panel PLUS Ethanol)**

All drugs need to be tested **separately**, drugs **cannot** be combined: Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolites, Marijuana Metabolites, Methadone, Methaqualone, Opiates, Phencyclidine, Propoxyphene AND Ethanol.

#### **Tdap**

Individuals who have had a primary series of Tetanus/Diphtheria containing product (TDP, TDAP, DT, Td) should receive a booster every 10 years after the one time dose of Tdap (recommended for all health care providers under the age of 65)(CDC, 2008).

#### **Two Step TB Screening**

All nursing students are required to have an initial 2 step TB screening. The 1st TB is administered and then read 2-3 days after. 7-21 days after the 1st read date, the 2nd TB is administered, and once again read 2-3 days after.

Student needs to follow up with a chest x-ray (every 3 years) when there is prior documentation of a positive TB.

#### **Influenza Vaccination or Student Declination of Vaccine**

Record of Influenza vaccination is required by clinical facilities and renewed yearly. If the flu vaccine is out of season during the application period a waiver needs to be submitted until the new season vaccine becomes available.

#### **Varicella – numeric value required**

Titer showing proof of immunity is required. If results are negative, 2 doses of varicella are recommended unless medically contraindicated. Vaccines are given one month apart (CDC,2008).

#### **MMR – numeric value required**

Titer showing proof of immunity is required. If results are negative, 2 doses of MMR are recommended unless medically contraindicated (CDC, 2008; <http://www.immunize.org/catg.d/p2017.pdf>).

#### **Hepatitis B (3 step series, positive serology) – (if negative, 1st two shots are required before classes begin)**

Titer showing proof of immunity is required. If results are negative, 3 doses are recommended with the second dose given one month after the first dose. Third dose is given 3-5 months later. Titer is repeated with follow-up if the titer is negative (CDC, 2008).

#### **Health Practitioner Attestation**

A report, signed by the physician, physician's assistant, or nurse practitioner, shall be provided to the nursing program. The health provider attestation indicates that the student does not have any health condition(s) that would create a hazard to themselves, employees, or patients (Title 22).

#### **BLS Certification**

Current Basic Life Support (BLS) certification through American Heart Association is required. Certification is valid for 1 year in accordance with school policy, even though card advises it is valid for 2 years. On-line classes are **not accepted**.

#### **Background check**

Background check is completed through American DataBank.