

## **GOVERNORS STATE UNIVERSITY College of Health and Human Services**

## **Nursing Program Student Health Form**

	National Program Stadent Health Form					
This form is to be completed by a licensed health care provider (physician or nurse practitioner) and returned to the nursing program office prior to the first course in the nursing curriculum. Failure to return this form will result in an inability to begin course work.						
Last Name	First Name MI					
Date of Birth	Social Security Number					
Dear Health Care Provi	ider:					
potentially harmful infe harm, the following imm	dent will soon be involved in clinical duties, which may ectious diseases. To assure that the student is adequate munizations and tests should be administered and recorded on and return it to the student. [Note: A copy of the original titers.]	ely protected from  . Please complete				
Measles (Rubeola)	Titer/Date//					
	or Vaccine Administration Date					
Rubella	Titer/Date//					
rabona	or					
	Vaccine Administration Date					
Mumps	Titer/Date/					
	or Vaccine Administration Date					
Varicella	Titer/Date/					
	or Vaccine Administration Date					
	vaccine Administration Date					
Tetanus	Date of Last Tetanus Booster					

## **PPD Tuberculosis Skin Test**

An initial 2-step TB skin test is required, with a 1-step TB skin test required annually.

Directions: The first step requires the student to receive a Mantoux Intradermal skin test, which is to be read within 72 hours. If negative, the second test is to be given 1-3 weeks later, and read within 72 hours.

Step 1 Date Given	Date Read	□	neg 🖵	pos				
Step 2			_					
Date Given	Date Read		neg 🛚	pos				
Chest X-ray (if indicated) Date Given Result (attach copy of x-ray report)								
Hepatitis B Vaccine								
Dates of 3 injections: #1 or					-			
Date/Results of Serology* (*either HbsAb or HbcAb)		/						
Physical Limitations   N	lo □ Yes Expl	ain:						
Do you know of any disability in clinical nursing behaviors? Explain:	□ No □ Yes	· 						
Provider Signature (MD or Nurse F	Practitioner)	Print Name & C	redentials		Date			
Provider Address			_() Telephone					
I,here	reby give my perm to Governors Stat				provide the			
Student Signature					 Date			