

STUDENT NAME: _____

To be completed by health examiner:

ASSESSMENT FINDINGS

Blood Pressure _____ Temperature _____ Pulse _____ Respirations _____
Eyes _____ Ears _____ Nose _____
Throat _____ Mouth _____ Teeth/Gums _____
Sinuses _____ Skin _____
Thyroid _____ Lymph nodes _____

Heart:

Rate _____ Rhythm _____ Murmurs _____
Comments _____

Chest:

Lungs _____
Comments _____

Abdomen:

Scars _____ Tenderness _____ Masses _____
Comments _____

Back:

Posture _____
Comments _____

Genitourinary:

Comments _____

Extremities:

Color _____ Temperature _____ Pulses _____
Varicosities _____
Comments _____

Neurological:

CN II-XII _____
Comments _____

Mental and Emotional Status:

Comments _____

Additional Comments:

STUDENT NAME: _____

Based on the provided history and my examination, I find no apparent physical or mental evidence that would limit _____ from performing nursing activities in a clinical setting.

For limitations check here and attach a memo .

Signature of practitioner _____ Date _____

Printed name of health examiner _____

Address _____

Phone _____

(This assessment may be completed by either a physician or a certified nurse practitioner)

REQUIRED IMMUNIZATIONS	DATE(S)	RESULTS/COMMENTS
DTP or DT	1. 2. 3.	
Tetanus-diphtheria (list most recent, <i>required every 10 yrs</i>)		
Hepatitis B (must have completed series of 3 <u>before</u> start of clinical courses)	1. 2. 3.	
MMR (must have two doses after 12 months of age)	1. 2.	
OPV or IPV	1. 2. 3.	
Varicella (Chickenpox) (must have 2 doses of vaccine or history of disease)	Vaccination date(s) 1. 2.	History of disease (date or age)

(Influenza vaccination is required yearly in the fall of junior and senior years.)

Documentation of Tuberculin Skin Test PPD by Mantoux method is required. (Please attach documentation of TB skin test.) If tuberculin skin test positive, student must submit a current chest x-ray and an *Annual Statement for Tuberculin Reactors* (yearly).

I attest that the information provided on this health assessment form is complete and accurate.

Student signature _____ Date _____