

Student Health Examination and Immunization Form

Program of Enrollment (check one):

- ABSN BSN RIBN RN to BSN
 FNP NL NEd CRNA DNP

Attention: Jenna M. White, School of Nursing, jennawhite@wcu.edu

Student Name: _____ Student ID: _____ DOB: _____
 Phone Number: _____ Email: _____
 Student Signature: _____ Date: _____

You will not be permitted to enter any clinical agency as a nursing student providing care to the public until this form is complete and in your department file.

This document is in addition to and does not substitute for the WCU Health Services form for students enrolled in *residential* programs. This document is considered current for two calendar years.

Health Examination

To the physician, nurse practitioner, or physician's assistant:

Please perform a complete health history and physical/emotional evaluation. Keep whatever records of your findings that are appropriate to your practice; these records should be available to the student later on request. Summarize your findings below, using additional pages as necessary:

I examined this student, _____, on ____/____/____ and found her/him to be in good physical and emotional health, able to provide safe nursing care to the public.

OR

I examined this student, _____, on _____ and found the following physical or emotional conditions that might interfere with her/his ability to provide safe nursing care to the public:

The following suggested therapies or devices may compensate for these conditions:

Signature/title: _____ Date: ____/____/____
(Healthcare Provider)

Clinic Name: _____

Clinic Address: _____

Student must keep all immunizations up to date while in clinical courses.

FOR STUDENT TO COMPLETE ONLY

Student Name (printed): _____

Student must present a copy of written immunization records in conjunction with this form to the School of Nursing. If vaccination is not completed, submit the in-progress record followed by the final record after the series have been completed. See the Nursing Student Handbook for complete requirements.

Tuberculosis skin test (required annually)

Date Administered: ____/____/____ Date Read: ____/____/____ Results: _____

OR (if skin test positive) chest X-ray - Date: ____/____/____ Results: _____

Tuberculosis skin test must remain current during all clinical/practicum semesters.

Influenza vaccine (required annually): ____/____/____

List date received by authorizing physician, nurse practitioner, or physician's assistant or attach a copy of the immunization documentation to this form.

TDaP Date Administered: ____/____/____

If you have had the pertussis vaccine separately and have not had the TDaP, then you must show proof that you have had the TDaP vaccine one time.

Tetanus/Diphtheria (TD) booster date (must be within 10 years): ____/____/____

Tetanus/Diphtheria (TD) booster date (must be within 10 years); You must have a booster of tetanus documented one time in TDaP form to show that you have also been given a booster of pertussis.

Measles/Mumps/Rubella year(s) of original immunization(s): 1) ____/____/____

AND year of second dose (MMR) if born in 1957 or later: 2) ____/____/____

OR serologic proof of immunity to measles, mumps, and rubella: ____/____/____

Chicken pox (varicella) vaccination dates: 1) ____/____/____ 2) ____/____/____

OR positive serum titer showing immunity, date: ____/____/____

Hepatitis B (HBV) vaccination dates: 1) ____/____/____ 2) ____/____/____ 3) ____/____/____