

NORTHWEST STATE COMMUNITY COLLEGE  
 DIVISION OF ALLIED HEALTH AND PUBLIC SERVICE  
 PHYSICAL EXAM FORM

All health requirements must be completed prior to the first day of clinical. Return completed form to the nursing office.

NAME \_\_\_\_\_

LAST                                      FIRST                                      M.                                      D.O.B

The above name student:	Yes	No
Is free of communicable disease?		
Is physically fit?		
Is able to communicate effectively in English		
Is able to comprehend and promptly respond to auditory instructions or requests		
Is able to speak in a clear and comprehensible manner		
Is able to perform fine and gross motor skills with both hands		
Is able to stand, walk, climb, lift, bend, and twist for extended periods of time		
Is able to utilize the senses of sight, hearing, touch, and smell to make judgments		
Does this student have any chronic mental or physical health conditions that would impact their ability to provide safe patient care? If yes, please explain; attach separate sheet.		

\_\_\_\_\_ This individual does not appear to be physically able to perform the above standards.  
 Explain: Attach separate sheet.

\_\_\_\_\_  
 Physician or Health Care Provider Signature

\_\_\_\_\_  
 Date

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IMMUNIZATION FORM

**\*\* SUBMIT COPIES OF ALL REQUIRED LAB TESTS.**

<b>Hepatitis B:</b> Meet one of the following:		
1. Negative Hepatitis B Surface Antigen **Required if 3 dose vaccine series is not completed by first clinical day. Test determines current carrier status, not immunity.	Date: _____	<b>HBsAg</b> Results: _____
2. Completion of 3 dose immunization series. Hepatitis B series should be completed within 6 months. Dates of all injections must be submitted to the nursing office.	1 <sup>st</sup> dose _____ 3 <sup>rd</sup> dose _____	2 <sup>nd</sup> dose _____
<b>Rubella</b> – Proof of immunity will be accepted by one of the following:		
a. Positive titer on Rubella Immunity Screen Lab Test	Date: _____	Results: _____
b. Two Immunizations (after 1 year of age)	1 <sup>st</sup> dose _____	2 <sup>nd</sup> dose _____
<b>Rubeola</b> - Proof of immunity will be accepted by <u>one</u> of the following:		
a. Positive titer on Rubeola Immunity Screen Lab Test	Date: _____	Results: _____
b. Two Immunizations (after 1 year of age)	1 <sup>st</sup> dose _____	2 <sup>nd</sup> dose _____
c. Born before 1957	Date of birth: _____	
<b>Tetanus / Diphtheria</b> (within last 10 years)		
	Date: _____	
<b>Varicella (Chicken Pox)</b> - Proof of immunity by one of the following:		
a. Immunization (1 if < 13 years or 2 if > 13 years of age at time of initial immunization)	1 <sup>st</sup> dose _____	2 <sup>nd</sup> dose _____
b. Positive titer Varicella Zoster IgG	Date: _____	Results: _____
<b>Two Step Mantoux</b> (Tuberculosis)		
Mantoux skin tests must be at least 1 week apart and not over 12 months apart.	#1 Date: _____	Results: _____
	#2 Date: _____	Results: _____
If positive reactor to Mantoux test, attach copy of chest x-ray results.		
<b>Mumps</b> - Proof of immunity by one of the following:		
a. Two Immunizations (after 1 year of age)	1 <sup>st</sup> dose _____	2 <sup>nd</sup> dose _____
b. Positive mumps antibody test	Date: _____	Results: _____
<b>Oral Polio Vaccine</b>		
If you have not had the polio vaccination, check with your physician for possible immunization.	Date of series completion _____	

