



Annual Department of Nursing HEALTH RECORD

DIRECTIONS: Have your primary health care provider fill out and sign the Health Record and Certification of Immunizations. Both must be submitted College Health as specified in the course syllabus. The physical must be completed no sooner than 3 months before the first day of class.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_
Last First Middle

Home Address \_\_\_\_\_ Phone No. \_\_\_\_\_

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings:

- Cardiovascular System Remarks
Respiratory Remarks
Gastrointestinal Remarks
Genitourinary-Gynecologic Remarks
Central Nervous System Remarks
Musculo-Skeletal Remarks
EENT(include visual & hearing acuity) Remarks
Scoliosis Remarks

List all medications student is taking: \_\_\_\_\_

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)? \_\_\_\_\_

The clinical experience for nursing students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical nursing experiences, taking in consideration the above requirements, and also any condition the student may have that would pose a safety concern to clients, faculty, students, clinical staff of the facility or to the student themselves.

This is to certify that I have examined this student and find that he/she is able to participate in ANY clinical nursing experiences.

Date of examination \_\_\_\_\_ Examining Physician/NP/PA \_\_\_\_\_
Address \_\_\_\_\_

II. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN COLLEGE HEALTH.
III. TUBERCULIN SKIN TEST REQUIRED ANNUALLY. SEE BACK OF THIS FORM

College Health Fax: 316-323-6850 Email: collegehealth@butlercc.edu

(over)

## Annual Pre-clinical Requirements\*

**III. Annual Tuberculin Skin Test** must be documented by a physician, their office personnel or a health department representative. Students are not authorized to complete this form.

	Date Given	Given By	Date Read	Read By	mm induration <b>Required</b>	
<b>Intra Dermal PPD ONLY</b>					____mm	<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant

Flu Vaccine (required during flu season).	- -
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- IV.** Please check your tetanus (TDAP) and make sure it's within the last 10 years.
  
- V.** Please check your Hepatitis B Vaccine (HBV) and make sure three documented doses have been given.
  
- VI.** Annual influenza vaccine required during flu season.
  
- VII.** Please check your CPR card and make sure it's current through the end of the semester.

\*LPN's bridging in to NR202 are to use the complete Entry Level BCC Department of Nursing HEALTH RECORD and Immunization Record.