



Department of Nursing
HEALTH RECORD

DIRECTIONS: Have your physician fill out and sign the Health Record and Certification of Immunizations. Both must be submitted to the Department of Nursing 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. _____

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 _____
Address _____

- II. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN THE NURSING OFFICE**
- III. TUBERCULIN SKIN TEST REQUIRED ANNUALLY. SEE BACK OF THIS FORM**

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

Level II Pre-clinical Requirements*

- I. **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 Required	
Intra Dermal PPD ONLY					____mm	<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant

- II. Please check your tetanus (Td) and make sure it's within the last 10 years.

- III. 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 BCCC Department of Nursing HEALTH RECORD and Immunization Record.