

THE PENNSYLVANIA STATE UNIVERSITY SCHOOL OF NURSING (814) 863-2229

ENTRANCE HEALTH EXAMINATION

(INCOMPLETE FORMS WILL NOT BE ACCEPTED)

Last Name _____ First Name _____ MI _____ PSU ID# _____

Date of Birth _____ Email Address _____ Telephone Number _____

TUBERCULIN STATUS:

2-Step Tuberculin Skin Test (TST)

Step One Date _____ Results: Negative Positive

Then, within 1-3 weeks after Step One:

Step Two Date _____ Results: Negative Positive

If Positive TST:

Chest X-Ray Date _____

Results _____

Isoniazid Prophylaxis: No Yes Dates _____

Comments: _____

ANTIBODY TITERS:

NOTE: Must be completed and interpreted by the health care provider. If titers indicate not immune or equivocal---booster vaccination(s) is/are required.

1. Measles (Rubeola) Date _____ Immune Not Immune

If not immune, Booster Vaccine Dates: 1 _____ 2 _____ (two doses at least 4 weeks apart)

2. Mumps Date _____ Immune Not Immune

If not immune, Booster Vaccine Dates: 1 _____ 2 _____ (two doses at least 4 weeks apart)

3. Rubella Date _____ Immune Not Immune

If not immune, Booster Vaccine Dates: 1 _____ 2 _____ (two doses at least 4 weeks apart)

4. Varicella (Chicken Pox) Date _____ Immune Not Immune

If not immune, Booster Vaccine Dates: 1 _____ 2 _____ (two doses at least 4 weeks apart)

IMMUNIZATIONS:

- 1. **HEPATITIS B** Date #1 _____ Date #2 _____ Date #3 _____
- 2. **POLIO VACCINE** Date #1 _____ Date #2 _____ Date #3 _____
- 3. **TETANUS/DIPHTHERIA/PERTUSSIS VACCINE (TDaP or TD are accepted)**
Date _____ (**Valid only if within the last 10 years**)

TO BE COMPLETED BY HEALTH CARE PROVIDER

I have completed a health history and physical examination.

In my opinion _____ is free of communicable disease and is able to meet the physical and mental demands associated with typical clinical nursing experiences.

- is able to participate in clinical nursing experiences without restrictions.
- is able to participate in clinical nursing experiences with the following restrictions:
Restrictions: _____

Health Care Provider Information:

Name (printed) _____ **Credentials** _____

Address: _____

Telephone #: _____ **License #** _____ **State** _____

Signature: _____ **Date** _____