

UNC-Charlotte School of Nursing Nursing Student Health History Form

Student Last Name	First Name	Middle Name	DOB (MM/DD/YYYY)	Student University #
Physical Examination – To be completed by Physician’s Office				
In order to ensure the safety of students and patients, a recent (within 6 months of beginning a clinical course) physical is required for Nursing students. The physical may be completed by a physician, nurse practitioner or physician assistant.				
Based upon this examination, this individual has been examined and found to be: (check one)				
<input type="checkbox"/> able to participate <i>without restrictions</i> in the activities of a health professional in a clinical setting.		OR	<input type="checkbox"/> unable to participate without restrictions in the activities of a health professional in a clinical setting.	
This student has known allergies to: (include latex allergies/sensitivities) _____				
Signature of Physician/NP/PA			Printed Name	Date
Office Address			Office Phone Number	

REQUIRED IMMUNIZATIONS – To be completed by Physician’s Office or Student (MM/DD/YY)				
DTP (Diphtheria, Tetanus, Pertussis): Minimum of 3 doses. Must include Tdap with last does within the last 10 years.				
#1 ___/___/___		#2 ___/___/___		#3 ___/___/___
			Tetanus Booster/Tdap ___/___/___	
MMR (Measles, Mumps, Rubella): 2 doses required.				
#1 ___/___/___		#2 ___/___/___		
If medical records are not available, provide proof of immunity (IgG, antibodies, titer). <u>Lab report must be attached.</u>			Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			Date of Test ___/___/___	
<i>If given as a single antigen dose, must have 2 Measles, 2 Mumps, and 1 Rubella.</i>				
Measles ___/___/___		Measles ___/___/___		Mumps ___/___/___
				Mumps ___/___/___
				Rubella ___/___/___
Hepatitis B Series: 3 doses required.				
#1 ___/___/___		#2 ___/___/___		#3 ___/___/___
If medical records are not available, provide proof of immunity (IgG, antibodies, titer). <u>Lab report must be attached.</u>			Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			Date of Test ___/___/___	
Varicella (Chicken Pox): 2 doses of vaccine.				
#1 ___/___/___		#2 ___/___/___		
If medical records are not available, provide proof of immunity (IgG, antibodies, titer). <u>Lab report must be attached.</u>			Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
			Date of Test ___/___/___	
Influenza (Flu): 1 dose annually.				
#1 ___/___/___				
<u>Spring Admission:</u> Flu vaccines are required along with other immunizations.			<u>Fall Admission:</u> Flu vaccines will be required when the vaccines are made available for the season	
Tuberculosis Screening (PPD): A two-step test is required. A skin test OR a blood test is acceptable. You do NOT need both				
PPD #1	Date Placed ___/___/___	Date Read ___/___/___	Reading ___mm	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
PPD #2	Date Placed ___/___/___	Date Read ___/___/___	Reading ___mm	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
TB Blood Test	Date Completed ___/___/___		<input type="checkbox"/> Positive <input type="checkbox"/> Negative	
If skin test is positive, a one time negative chest x-ray is required.			Date of X-Ray ___/___/___	
			Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative	

****STUDENTS MUST KEEP A COPY OF EACH DOCUMENT FOR THEIR RECORDS****