

Student's Name _____ Date of Birth _____

*****Required Blood Tests*****

Copies of official and final lab result report with reference ranges for **Measles IGG, Mumps IGG, Rubella IGG, Varicella IGG, Hepatitis B surface Antibody and Hepatitis B surface Antigen** must be submitted (Previously positive titers do not need to be repeated, see PAGE 2 for full explanation of facility requirements).

Tuberculosis Test: PPD. (Mantoux) Only *****Note: Quantiferon is not acceptable unless previous positive PPD.*****
Initial PPD must be 2 step, followed by 1 PPD yearly (see page 2)

Date placed _____ Date read _____ Result _____ mm (induration size required)
 Negative P.P.D. _____ Positive P.P.D. _____

Chest X-ray if P.P.D. Positive: Date of Chest X-ray ____/____/____ Result of Chest X-ray _____
 Receiving Therapy: Yes _____ No _____ Refused _____

Vision: R 20/____ L 20/____ Corrected Vision: R 20/____ L 20/____
 Height: _____ Weight: _____ lbs. BP: ____/____ Pulse: _____
 Allergy to: Latex ___ Penicillin ___ Other Medication (name) _____ Other _____

Immunization Dates:

MMR #1 ____/____/____ MMR #2 ____/____/____
 Varivax #1 ____/____/____ Varivax #2 ____/____/____
 Hep B #1 ____/____/____ Hep B # 2 ____/____/____ Hep B # 3 ____/____/____
 Tdap ____/____/____ (must have received a dose within past 10 years)

SYSTEM	NORMAL	DESCRIBE ABNORMALITY
HEENT		
Cardiovascular		
Respiratory		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neurological		
Psychological		

Current & Chronic Problems: _____

Is there loss or seriously impaired function of any organ? YES _____ NO _____

I (approve _____) (do not approve _____) this student for a full time program of Nursing Field Experience.

PHYSICIAN or NP's SIGNATURE: _____ **office stamp**

PRINT PHYSICIAN or NP's NAME: _____

State / License # _____ Date of Physical Exam: _____

Address: _____ Date Form Signed: _____



Vaccination and titer requirements

PPD (Mantoux)

1. Two-step PPD testing with Mantoux is required for initial testing.
2. Step 1 – Administer 1st TB test following proper protocol and document result.
3. Step 2 – Administer 2nd TB test 2-3 weeks after the 1st and document result.
4. Annual negative PPD thereafter.
5. Chest x-ray is required with a positive PPD (within 5 years).

MMR

1. Two doses of MMR vaccine.
2. Serologic immunity must include final lab result for MMR IGG report with reference ranges.
3. If not immune to any component, must receive a MMR booster.

Varivax

1. Two doses of Varicella vaccine.
2. Serologic immunity must include final lab result for varicella report with reference ranges.
3. If not immune must receive varivax booster.
4. Declination for varicella vaccine available if student does not want to receive the vaccine.

Tdap

1. Must have received Tdap vaccine within the past 10 years.
2. Td vaccine is **NOT** acceptable.

Hepatitis B

1. Three doses of Hep B vaccine.
2. Serologic immunity must include final lab result for Hep B surface antibody and Hep B surface antigen report with reference ranges
3. If not immune must receive Hep B series and repeat titers 2 months after series is completed.
4. Declination for Hep B vaccine available if student does not want to receive the vaccine.

Flu

1. Flu vaccine required every year for current flu season (due by Oct. 1).



**THE COLLEGE OF NEW ROCHELLE SCHOOL OF NURSING & HEALTHCARE PROFESSIONS
AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

Student's Name _____ Date of Birth _____
Email _____ Cell Phone _____

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

In compliance with Section 405 of the Health Code of New York State

I, the undersigned, do hereby authorize the College of New Rochelle to provide

ALL CLINICAL AGENCIES under present and future contract with the

College of New Rochelle School of Nursing and Health Care Professions with the following information:

Copies of the records of my medical and physical exams, immunizations, lab tests and health history.

I am over 18 years of age and I understand and agree with the terms of this authorization.

Date ____/____/____ Student Signature _____