

***Health History and Physical Examination  
Graduate Student Requirements  
NURS 731 Nursing Administration Practicum I  
NURS 732 Nursing Administration Practicum II  
NURS 743 Nursing Education Practicum***

**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

As a health screening requirement, all graduate nursing students must have a health history and physical examination (within one year) performed by a physician or nurse practitioner. Specific laboratory tests and immunizations must also be documented. **TITERS FOR VARICELLA AND RUBELLA ARE REQUIRED.** All completed documents must be submitted to the graduate nursing office prior to beginning practicum experience clinical hours.

	<u>Dates completed</u>	Items without dates require comments.
<b><u>History and Physical Exam</u></b> (within one year)	_____	
<b><u>Immunizations</u></b>		
DPT/DTaP/Tdap	_____	
MMR	_____	
Polio	_____	
HBV series*	_____	

\* Or waiver signed by student is attached

**Titers are required for varicella and rubella. Vaccination or illness with the disease is not acceptable as proof of immunity.** If not immune on the first titer, student must receive Rubella and/or Varicella immunization(s) and be re-titred to verify immunity.

	<u>Date of titer</u>
Varicella	
<input type="checkbox"/> Immune	
<input type="checkbox"/> Not immune >	_____
Rubella	
<input type="checkbox"/> Immune	
<input type="checkbox"/> Not Immune >	_____

**Two-step Baseline Tuberculosis skin test:**

All students in clinical courses are required to have an annual two step tuberculin skin test (this is required by CDC Guidelines for health care providers).

- If skin test is positive during the current test, a negative chest x-ray is required.
- If the skin test and chest x-ray are positive, the student will be required to undergo medical treatment in accordance with the CDC guidelines before starting his/her practicum experience.
- However, students with a history of a positive TB skin test may not be required to repeat the testing. Contact Nursing Services at the IUP Center for Health and Well-Being or your personal physician/nurse practitioner for guidance.

**Negative TB skin test (or chest x-ray) must be current throughout the practicum experience.**

Step 1: Date tested \_\_\_\_\_ Date read \_\_\_\_\_ Result \_\_\_\_\_

Step 2: Date tested \_\_\_\_\_ Date read \_\_\_\_\_ Result \_\_\_\_\_

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Signature verifies that the above named student has had a recent health history and physical examination including the specified laboratory tests, immunizations and required titers. Signature also verifies that results of the exam and tests are normal or, if not normal, the student is under the care of a physician and/or nurse practitioner.

Print Health Care Provider's name \_\_\_\_\_

Health Care Provider's address \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_

Date \_\_\_\_\_

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Please return this form to: Department of Nursing and Allied Health Professions  
Indiana University of Pennsylvania  
244 Johnson Hall  
1010 Oakland Avenue  
Indiana, PA 15705

***For Fall courses:*** History and physical examination, immunizations, laboratory tests, required titers and two-step tuberculin skin test must be current for the entire practicum experience.

**Deadline for submission of form: August 1st**

***For Spring courses:*** History and physical examination, immunizations, laboratory tests, required titers and two-step tuberculin skin test must be current for the entire practicum experience.

**Deadline for submission of form: December 15th**