

NOTE: *The use of white-out or other correction fluid is not acceptable on this form.*

VERIFICATION OF ANNUAL PHYSICAL EXAMINATION

I certify that of this date, _____, I have examined

_____ and found this person to be free of
(print student's name)

communicable diseases and physically able to carry out nursing functions in a clinical setting.

*TUBERCULIN SKIN TEST within last 12 months : Date: _____

Results: _____

*If TB skin test results were positive, a chest x-ray will be required at the time of admission to clinical nursing courses, and every two years thereafter. If TB skin test results were positive, another TB skin test is not required.

Chest x-ray date: _____

Current Health Problems: _____

Signature

Name of Physician or Qualified RN (i.e.,
Certified Nurse Practitioner or Employee
Health Nurse)

Address:

NOTE:

The School of Nursing requires that the physical include a tuberculin skin test or chest x-ray. The School of Nursing should be notified if findings represent a hazard to clients with whom the student would come in contact. Providing any false information will be grounds for denial of admission to the program or grounds for dismissal.