



KINGSBOROUGH  
COMMUNITY  
COLLEGE

The City University  
of New York

## Office of Health Services

### HEALTH REQUIREMENTS FOR CLINICAL NURSING STUDENTS

#### PLEASE MAKE (2) COPIES OF ALL INFORMATION SUBMITTED

Students in the clinical phase of the Nursing Program must complete ALL of the following requirements as indicated. Please bring requested information to the Office of Health Services, Room A108 on or before the deadline date.

**DEADLINE DATE:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_

- \_\_\_\_\_ 1. Complete physical examination - required annually
- \_\_\_\_\_ 2. Urinalysis within one (1) year – Date: \_\_\_\_\_
- \_\_\_\_\_ 3. Tuberculin Test – required annually ( New Clinical Students - See back of page)  
Mantoux Skin Test – Date: \_\_\_\_\_ Result: \_\_\_\_\_  
Chest X-Ray (only if positive skin test) – Date: \_\_\_\_\_ Result: \_\_\_\_\_
- \_\_\_\_\_ 4. Diphtheria-Tetanus Immunization (within ten (10) years) – Date: \_\_\_\_\_
- \_\_\_\_\_ 5. Hepatitis B Immunization  
1<sup>st</sup> Date: \_\_\_\_\_ 2<sup>nd</sup> Date: \_\_\_\_\_ 3<sup>rd</sup> Date: \_\_\_\_\_  
Declination Statement: Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_ 6. Serology (VDRL) - laboratory report required
- \_\_\_\_\_ 7. Complete blood count (with differential) - laboratory report required
- \_\_\_\_\_ 8. Varicella titer - laboratory report required
- \_\_\_\_\_ 9. Rubeola (measles) titer - laboratory report required
- \_\_\_\_\_ 10. Rubella (German measles) titer - laboratory report required
- \_\_\_\_\_ 11. Mumps titer - laboratory report required

**Physician's Signature:** \_\_\_\_\_

**Physician's Stamp:**

**Date:** \_\_\_\_\_

**NEW CLINICAL NURSING STUDENTS**

**PPD Placed** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_ **Brand:** \_\_\_\_\_ **By:** \_\_\_\_\_  
(Date) (Signature)

**Results:** \_\_\_\_\_ mm induration **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
\_\_\_\_\_

**PPD Booster\*:** **Placed:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_ **Brand:** \_\_\_\_\_ **By:** \_\_\_\_\_  
(Date) (Signature)

**Results:** \_\_\_\_\_ mm induration **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*Booster must be placed between 1 and 3 weeks**

**CHEST X-RAY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **RESULTS:** \_\_\_\_\_