

**ANNUAL HEALTH EXAMINATION
(All Sections Must Be Completed)**

Last Name First Name M.I. Social Security No.

Date of Birth _____ Telephone Number _____

COMPLETE PHYSICAL EXAM:

Date _____ N = Normal or Baseline _____

TB STATUS:

PPD (Mantoux) Skin Test Date _____ (required annually)

Results: Negative _____ Positive _____

IF Positive: Date of Chest X-ray _____ Results _____

Isoniazid Prophylaxis: No _____ Yes _____ Dates _____

Are any of the following symptoms present: persistent cough, hemoptysis, night sweats, weight loss, or persistent fatigue.

No _____ Yes _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

In my opinion _____ exhibits positive health and is able to participate in clinical nursing experiences. Additional Comments: _____

Signature of Physician or Nurse Practitioner _____ Date _____

Telephone Number _____

Note: Each student in Penn State=s undergraduate nursing program is required by the Pennsylvania State Board of Nursing to have written verification of an annual health examination.

The student is responsible for supplying results of the annual health examination on the anniversary date of the last health examination.

This information may be released to clinical agencies participating in undergraduate nursing education.

Signature of Student

Revised 10/02

Date