

**THE UNIVERSITY OF TENNESSEE AT CHATTANOOGA SCHOOL OF NURSING
MEDICAL HISTORY AND PHYSICAL EXAMINATION
(DO NOT SUBMIT TO SCHOOL OF NURSING)**

INSTRUCTIONS:

1. A medical history and physical exam is required prior to entry into the nursing program. Transfer or re-entering students must also meet this requirement.
2. Immunizations and tuberculin skin tests must be completed and/or updated as necessary.
3. The student must provide all information requested on this side of the form.
4. The physical exam should be completed at the UTC Student Health Center. Students should schedule an appointment by calling (423) 425-4453 or walk-ins are welcomed (waiting time to see physician or nurse practitioner will vary with walk-ins).
5. Proof of Immunizations must be presented to the Polyclinic. TB skin test will be administered at the clinic. ALL STUDENT RELATED HEALTH REQUIREMENT RECORDS ARE MAINTAINED BY THE CENTER.

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ BIRTHDATE _____

PHONE # _____ DATE OF LAST PHYSICAL EXAM _____

Please check whether or not you now have or have had any of the following:

Condition Yes No Describe

Allergy _____

Emotional Disorders _____

Hearing/Vision Impaired _____

Heart Problem _____

Migraine _____

Diabetes Mellitus _____

Kidney Disease _____

Tuberculosis _____

Other (please list) _____

.....

DO NOT WRITE BELOW THIS LINE – Healthcare Provider Use Only

Cleared for clinical Yes _____ No _____

Signature _____

Date _____

To be submitted to UTC Student Health Center

IMMUNIZATIONS

*May be secured at local health department.

1. Tetanus Toxoid* immunization is required with a booster every 10 years. Please determine status and give injection(s) if indicated.

Series _____ Date of last booster _____

2. Date of last Diphtheria and Pertussis _____

3. Date of last Polio Vaccine _____

4. Date of last MMR (measles, mumps, rubella) _____

A Rubella Titer* is an absolute requirement for all students prior to enrollment in clinical nursing courses if there is uncertainty about immunity.

Rubella Titer* _____ Date _____

Rubella Vaccine* (if no evidence of immunity) _____ Date _____

5. Hepatitis B Vaccine _____ Date _____

Or signed refusal waiver:

I understand that due to my potential exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I also understand that it is required by clinical agencies that I be vaccinated with Hepatitis B vaccine. I refuse to take the Hepatitis B vaccine at this time. I understand that by not receiving this vaccine, I continue to be a risk of acquiring Hepatitis B, a serious disease.

Signature of student _____ Date _____

6. Varicella immunity (history of chicken pox) Yes No

If no, immunization dates: _____

Or signed refusal waiver:

I understand that due to my potential exposure to chickenpox or other varicella-type infections, I may be at risk of acquiring chickenpox. I refuse to take the varicella vaccine at this time. I understand that by not receiving this vaccine, I continue to be at risk of acquiring chickenpox, a potentially serious disease in adults.

Signature of student _____ Date _____

TUBERCULIN SKIN TEST CHEST X-RAY

PPD Tuberculin Skin Test Date _____ Results _____

Examiner: The Physical exam outlined below is required for all nursing students. Your cooperation in completing this form is appreciated.

PHYSICAL EXAM

Height _____ Weight _____ B/P _____ Pulse _____ Color Vision Screening _____

Please examine this student as you would for a routine check-up, considering age, history, and the fact that the student will be working closely with hospitalized patients as well as with families and groups in the community. Indicate any abnormal findings.

HEENT _____
Cardiac _____
Pulmonary _____
Breast _____
Abdomen _____
GU _____
Rectal (optional) _____
Musculoskeletal _____
Neurological _____

Does this student require any follow-up health supervision? Yes _____ No _____

If so, what do you recommend? _____

Examiner _____
Date examined _____

Reviewed by the School of Nursing
Date _____

To be submitted to UTC Student Health Center