

KENNESAW STATE UNIVERSITY
WELLSTAR COLLEGE OF HEALTH & HUMAN SERVICES – CONTINUING EDUCATION

NURSE REFRESHER PHYSICAL

STUDENT NAME: _____ **DOB:** _____

	NORMAL	ABNORMAL	Explain
▪ Skin			
▪ Head, Face, and Neck			
▪ Nose and Sinuses			
▪ Mouth and Throat			
▪ Teeth			
▪ Lungs and Chest			
▪ Heart			
▪ Vascular System			
▪ Abdomen			
▪ Endocrine System			
▪ Spine			
▪ Neurologic			

▪ Do you endorse the applicant as being physically and emotionally capable of providing nursing care _____. If no, please explain _____

X _____
Signature of Physician or Certified Nurse Practitioner **Date**

 Street Address Telephone #

 City State Zip Code

→ I certify I have no abnormality, limitation, or restriction not mentioned on this document. (Please see Core Performance for Admission and Progression.) I am also aware that clinical agencies may request copies of student health records. If I do not have current health records on file, I will not be allowed to attend clinical.

X _____
Signature of Student **Date**

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IMMUNIZATION - LAB CHECKLIST

*****This form is a checklist. It is not for documentation. You must submit separate documentation as requested below. (Requirement of Clinical Sites.)**

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- PPD: 2- Step Skin Test Required: (two separate PPD tests, the second PPD should be placed at least one week after the first, but no later than three weeks, after the first one). If you have had an annual PPD, you only need one PPD (if you have missed a year, you must do the 2 Step Skin Test). Documentation must show dates given, dates read, results - induration in mm, and practitioner's initials or signature.**
 - Quantiferon Gold or T-Spot or Chest X-Ray (ONLY if PPD is POSITIVE)** Submit written report.
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- TETANUS: (Within 10 years. Tdap required)** Documentation - Submit immunization record of Tetanus with Diphtheria and Pertussis. (Tdap not Td, must be specified in documentation.)
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- VARICELLA – Positive Titer** Documentation – submit actual laboratory values
 - (OR)**
 - VARIVAX Vaccines - (two)** Documentation - Submit Immunization record
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- MMR Vaccines - (two)** Documentation – Submit Immunization record
 - (OR)**
 - MEASLES, MUMPS AND RUBELLA – Positive Titers** Documentation – submit actual lab values
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- HEPATITIS B Vaccines** - series of three – (must have first two of the series completed by beginning of Clinical). Submit Immunization record.
 - (OR)**
 - HEPATITIS B - Positive Titer** Documentation – Submit actual laboratory values
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- FLU Vaccine** Documentation - Submit immunization record.