

Kennesaw State University ~ WellStar School of Nursing

~ Physical Exam Requirements ~

Name _____ Date of Birth _____

KSU ID # _____ Phone Number _____

KSU Email _____ Date of physical exam _____

Height _____ Weight _____ Body Mass Index _____ Blood pressure _____

Examined	Normal	Abnormal – Please include explanation of abnormality
HEENT		
Thyroid		
Lungs		
Heart		
Chest		
Abdomen		
Extremities		

Allergic to: _____

Describe Reaction to allergy: _____

- **1st Step PPD** date read _____ measurement of induration in millimeters _____
- **2nd Step PPD (initial PPD only)** date read _____ and induration (mm) _____
- **Quantiferon Gold** (date/results if positive PPD, attach labs) _____
- ▶ Chest x-ray (date and results, attach MD report) _____
- ▶ Current treatment for latent TB, please indicate medication dose, frequency and duration _____

Provider signature for TB testing _____ Date _____

Immunization History – Please list all dates

- **Tetanus/Diphtheria/Pertussis (Tdap is required)** _____
 TD booster date _____

A POSITIVE TITER IS REQUIRED FOR HEP B
LAB REPORTS WITH VALUES MUST BE ATTACHED

- **Varicella**
 Positive varicella titer date _____
 Or date of immunizations#1 _____ #2 _____
- **MMR**
 Positive rubella titer date _____
 Positive measles titer date _____
 Positive mumps titer date _____
 Or date of immunizations#1 _____ #2 _____
- **Hepatitis B**
 Positive HepB titer date _____
And date of immunizations#1 _____ #2 _____ #3 _____
 Second series if negative titer#1 _____ #2 _____ #3 _____

I attest the student is able to participate in patient care.

Health Care Providers Signature: _____ Date: _____

Health Care Provider's Name (Print): _____

Address: _____

Phone Number: _____