**Kennesaw State University ~ WellStar School of Nursing**

**~ Physical Exam Requirements ~**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KSU ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPD Update**

PPD date \_\_\_\_\_\_\_\_\_\_\_ measurement of induration in millimeters\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Date of annual symptom-free screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for those who have been exposed to TB and have positive PPDs)
* Chest x-ray date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(only if PPD or annual symptom screen reading is Positive and bring copy of X-ray report with this form)

* Current treatment for latent TB, please include medication dose, frequency and duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Quantiferon test result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of test \_\_\_\_\_\_\_\_\_\_\_

(only if PPD reading is Positive and attach lab results to this form)

Health Care Provider’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Health Care Provider’s Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*PLEASE RETURN FORM TO: Lisa Longeiret**

**(via email** **llongeir@kennesaw.edu** **or fax (470) 578-9066 or**

 **room 3016 in Prillaman Hall)**