

Student Name _____

**Central Ohio Technical College
Associate Degree and Practical Nursing Programs**

Physical Examination Form for Admission

Completed by Physician with signature and date.

Nursing Students should make three sets of all health information. One set for the Nursing Lab, one set for the student's clinical portfolio, and one set for the student's home files.

Nursing Students: Please have your Health Care Provider perform an examination and complete the statement below.

I have examined _____ on _____ and
(Student Name) (Date)
have determined that there are no health related reasons which would prohibit this student from participating in the Central Ohio Technical College Nursing Programs.

Physician Signature _____ Date _____

Physician Name Printed _____

Physician Printed Title (M.D. D.O.) _____

Certified Nurse Practitioner _____

Allergies to Latex? Yes _____ No _____ (Student must self-disclose.)

Immunizations

Physicians:

- If a student has **never** received a TB skin test, or it has been longer than 12 months since the last test, a 2 Step Mantoux skin test is required.
- If a student has participated in annual TB testing, the most recent results must be within 12 months of admission – if longer than 12-months a 2-step Mantoux is required.

If you, as a Physician, did not administer the 2 step TB skin test or the annual TB skin tests, please leave blank. **The student must provide the documentation of the TB skin testing.**

Tuberculosis: Documentation of 2 Step Mantoux test.

Tuberculosis Step 1:

Date given _____

Date read _____

Results: _____ mm Negative Positive

Tuberculosis Step 2:

Date given _____

Date read _____

Results: _____ mm Negative Positive

Student Name _____

Annual TB Skin Testing:

Annual TB:

Date given _____

Date read _____

Results: _____ mm Negative Positive

Date of prior annual TB:

Date Given _____

Date read _____

Results: _____ mm Negative Positive

For the student with known positive TB skin testing:

- A chest x-ray report showing no evidence of active disease is required.
- The student will also complete a TB screening questionnaire upon admission and annually – this form may be obtained from the Nursing Lab.

Other Immunizations

Physicians:

Please fill out the immunizations dates that your office administered, or document those contained in your medical record.

Otherwise, leave blank and the student must provide documentation to the nursing program.

MEASLES (RUBEOLA):

Must have documentation of 2 immunizations.

Or must have documentation of immune status/titer.

Immunizations:

Date #1 _____

Date #2 _____

Immune Status/Titer Results: Date _____

Immune

Not immune

MUMPS

Must have documentation of 2 immunizations.

Or must have documentation of immune status/titer.

Immunizations:

Date #1 _____

Date #2 _____

Immune Status/Titer Results: Date _____

Immune

Not immune

RUBELLA:

Must have documentation of 2 immunizations.

Or must have documentation of immune status/titer.

Immunizations:

Date #1 _____

Date #2 _____

Immune Status/Titer Results: Date _____

Immune

Not immune

Student Name _____

CHICKEN POX (VARICELLA):

**Must have accurate year of disease by history. If unknown or no history of disease, the student must have documentation of 2 immunizations.
Or must have documentation of immune status/titer.**

Year of Disease _____

Immunizations:

Date #1 _____

Date #2 _____

Immune Status/Titer Results: Date: _____

Immune

Not immune

HEPATITIS B:

**Must have documentation of 3 immunizations OR provide evidence the student has started the series.
OR must have documentation of immune status/titer.**

Immunizations:

Date #1 _____

Date #2 _____

Date #3 _____

Immune Status/Titer Results: Date _____

Immune

Not immune

Tdap: date _____

Tdap is a requirement. Documentation must be provided.

Flu

**Seasonal flu vaccine is a requirement. Documentation must be provided.
See policy regarding acceptable medical or religious exemptions.
FluBlok is available for those with egg allergies.**

Seasonal flu vaccine: date _____

My signature here affirms that all information provided on this document is true and accurate. I understand that intentional submission of false data will result in dismissal from the program.

Student name

Date

NOTE: Students who are unwilling or unable to comply with the immunization policy of the Nursing Program must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical or practicum rotations which are a required part of the nursing curriculum.