

Ottawa University Nursing Program Health Status Form

Department: Nursing

Please complete and scan or fax (provide cover sheet) to:

krystin.sanford@ottawa.edu

Fax: 913-273-1700

**Please Note: Students are responsible for any costs associated with immunization, titers, and/or physical exam. Please remember to provide your immunization records so that your health care provider is able to certify that the proper immunizations have been given.*

To be completed by student:

Name (please print): _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

| Immunization Record | Date/Other |
|--|---|
| Measles, Mumps and Rubella (MMR) | Dose #1: _____ Dose #2: _____ OR Titer Result: _____ |
| Tetanus/Diphtheria/Pertussis (Tdap) Immunization must be current (within the past 10 years). Td is not acceptable. | Date given: _____ |
| Varicella (Chicken Pox) | Dose #1: _____ Dose #2: _____ OR Month/Year of Varicella Illness _____ OR Titer Result: _____ |
| Hepatitis B | Dose #1: _____ Dose #2: _____ Dose #3: _____ OR Titer Result: _____ OR student signs an appropriate declination form (please submit from provider and attach to this document). |
| Updated Proof of TB Skin Test <i>(may provide documentation from institution in which most recent test performed)</i> | A screen for tuberculosis via evidence of a TB skin test result annually <i>or per institutional policy</i> . If this is positive, a follow up test is required. All previous reactors will be required to have a chest x-ray and/or evidence of treatment, in lieu of a skin test. Date of PPD Testing: _____ Result: POS/NEG Other: _____ |
| <p>REQUIRED PHYSICAL EXAMINATION</p> <p>Physician/provider statement: I have examined this student and have found no evidence of abnormal findings or limitations. By my signature, I certify the immunization dates listed above.</p> <p>Assessment abnormalities, if any: _____</p> <p>Address _____ City _____ State _____</p> <p>Zip _____</p> <p>Phone _____</p> <p>Signature _____ Date _____</p> <p>(Licensed Physician, Registered Physician Assistant or Advanced Practice Registered Nurse)</p> | |

If an immunization is contraindicated for medical reasons, students are required to file documentation of medical contraindication, and specific requirements may be waived.

Please Note: Some agencies in which the student may select for an observational experience or application-based project opportunity may require other health requirements in addition to those of the Ottawa University Nursing Program (such as a seasonal influenza vaccine). It is the responsibility of the student to check with the individual agency in which they wish to participate in their project to determine if such additional health requirements are required for this experience. This form should be received prior to enrollment in first course (preferred); however, it is **mandatory** before course-specific practice experiences. Thus, to ensure adherence to future deadlines, it is recommended that this be completed and on file prior to enrollment in first course. It is the student's responsibility to send any updates of the information above to the Ottawa University Nursing Office.