

Kennesaw State University ~ Wellstar School of Nursing
Physical Exam Requirements

Student Name: _____ DOB: _____ KSU ID: _____

Examined	Normal	Abnormal	Explanation of abnormality
HEENT			
Thyroid			
Lungs			
Heart			
Chest			
Abdomen			
Extremities			

I attest the student is able to participate in patient care, without limitations:

Date of physical exam: _____

Health Care Provider's Signature: _____ Date: _____

Health Care Provider's Name (Print): _____

Facility Address: _____

Phone Number: _____

Immunization History – can be listed below with healthcare providers signature below or an immunization record can be attached

LAB REPORTS WITH VALUES MUST BE ATTACHED FOR ALL TITERS

• **Hepatitis B (a POSITIVE titer is required for Hep B)**

Positive Hep B titer date: _____ (lab report from titer required)

And date of immunizations: #1 _____ #2 _____ #3 _____

Second series if negative titer: #1 _____ #2 _____ #3 _____

• **MMR**

Positive rubella titer date: _____ (lab report required for titer)

Positive measles titer date: _____ (lab report required for titer)

Positive mumps titer date: _____ (lab report required for titer)

Or date of immunizations: #1 _____ #2 _____

• **Tetanus/Diphtheria/Pertussis date (Tdap is required)** _____

TD booster date: _____ (If Tdap was given more than 10 years ago)

• **Varicella**

Positive varicella titer date: _____ (lab report is required for titer)

Or date of immunizations: #1 _____ #2 _____

Provider's signature for Immunizations: _____ Date: _____

Provider's name (printed): _____

Address (if different than above): _____