1. **HISTORY & PHYSICAL EXAMINATION:** This is required for admission into NURS 208. The physical form can be found on the back of this page. All lab results must be turned in along with the completed physical form.

2. **NEGATIVE TEST FOR TUBERCULOSIS (PPD, T-SPOT, QUANTIFERON OR NEGATIVE CHEST XRAY):** A negative skin test for tuberculosis is required annually. If the skin test (PPD) is positive, a blood test (T-Spot or Quantiferon) is required annually. If the blood test is positive, negative chest x-ray and clearance from a healthcare provider is required. Please note that if it has been one year since your last skin test, a two-step process is required. Two skin tests 1-3 apart are done. The result of the second test is the result reported.

3. **INFLUENZA VACCINE:** Proof of an annual FLU vaccine must be provided.

4. **DOCUMENTATION OF (2) MMR IMMUNIZATIONS:** If you do not have proof of (2) MMR immunizations, a one-time positive Rubella Titer showing proof of immunity is required. If not immune, MMR immunizations (2) are required.

5. **1-TIME DOSE OF TDAP:** Documentation of immunization with a 1-time dose of TDAP (Tetanus/Diphtheria/Pertussis) unless a TD Booster has been received within the last two years. (If TDAP vaccine is over 10 years, a TD Booster is required.)

6. **HEPATITIS B:** Proof of a (3) dose series of Hepatitis B vaccine OR a negative Hepatitis B antibody titer. If you have not been immunized, a declination form must be signed and a negative Hepatitis B Surface Antigen is required annually. NOTE: If the Hepatitis B Surface Antigen test is positive, the student must be cleared by a physician to enroll in a clinical course. Should a known exposure occur in the clinical setting and a positive antibody titer is not a file, an antibody titer will be required.

7. **VARICELLA (CHICKEN POX) HISTORY, ANTIBODY TITER, OR TWO DOSES OF VACCINE:** If no documented history of chicken pox, shingles or having had (2)doses of varicella vaccine, varicella antibody testing is required to show proof of immunity. If varicella antibody is negative, (2)doses of vaccine should be administered at least (4) weeks apart.

8. **LIST OF PRESCRIPTION MAINTENANCE DRUGS:** A list of all prescribed medications should be listed on the back side of this page. Please Note: A written physician’s release is required to return to any clinical and/or laboratory experience for any event such as injury, illness, or other health related situation which may affect safety in the clinical and/or laboratory experience.

9. **PROOF OF HOSPITALIZATION INSURANCE:** All clinical students must provide proof of Hospitalization Insurance annually.

10. **CPR CERTIFICATION:** The only certification accepted is: Health Care Providers (Adult, Child & Infant) through American Red Cross OR American Heart Association. Certification CANNOT expire during the semester. Please see List of CPR classes for all approved courses.

11. **LEVEL I BACKGROUND CHECK ON FILE:** This is a one-time only background check, it is separate from the federal background check done through the LSBN. Must be done prior to entry into N208. A level II background check is required for any student holding a practice license (LPN, Paramedic)

12. **DRUG TESTING:** This is a one-time only drug test prior to entry into N208. Thereafter, students are subject to random drug screens or screening for cause according to College of Nursing and Allied Health policies.

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**Have Questions?**
E-Mail Student Services at nursingstudentservices@louisiana.edu
OR call (337) 851-5604.
**Student Name: ___________________________ CLID: _______________________ Date: _________________________**

**Phone #: ___________________________ Nursing Class: _______________________**

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**PHYSICIAN'S REPORT**

**Physical Exam: Review of Systems**

- Cardiovascular
- Neurologic
- Musculoskeletal
- Gastrointestinal
- Respiratory
- Urinary
- Skin
- Eyes/ENT

**Comments:**

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**Diagnostic Evaluation: *ATTACH COPIES OF ALL LAB RESULTS***

<table>
<thead>
<tr>
<th>Test</th>
<th>pos</th>
<th>neg</th>
<th>Date Applied</th>
<th>Date Read</th>
<th>Reader</th>
</tr>
</thead>
<tbody>
<tr>
<td>TST (TB Skin Test)</td>
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<tr>
<td>Chest X-ray (if required)</td>
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<tr>
<td>Rubella Titer</td>
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<td>Hepatitis B</td>
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<td>Surface Antigen:</td>
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<td>OR</td>
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<tr>
<td>Proof of a (3) dose series of Hepatitis B Vaccine</td>
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<tr>
<td>(1) Date: __________ (2) Date: __________ (3) Date: __________</td>
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<tr>
<td>MMR's</td>
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</tbody>
</table>

*Please Attach Documentation*

**TST (TB Skin Test):**

- **OR TB Blood Test (T-Spot or Quantiferon) *Attach Documentation***
- **Only if Positive TST/TB Blood Test**

**Rubella Titer:**

- **pos**
- **neg**

**Hepatitis B:**

- **pos**
- **neg**

**Proof of a (3) dose series of Hepatitis B Vaccine**

1. **Date:**
2. **Date:**
3. **Date:**

**MMR's:**

- **Date:**
- **Date:**

**VARICELLA:**

- **History of Chicken Pox:**
  - **Yes**
  - **No**

- **History of Shingles:**
  - **Yes**
  - **No**

- **Received Vaccinations:**
  - **Yes**
  - **No**

If no to the above, then a varicella antibody test is required. Date: __________ Results: __________

**Varicella Vaccine:**

- **Dates (if done):**
- **Date:**
- **Date:**

**List of Prescription Maintenance Drugs:**

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Signature of Physician

OR Nurse Practitioner:

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*It is suggested that each student discuss the current national problem regarding Hepatitis B/AIDS and the incidence in health care providers with their health care provider at the time of the physical exam. The Center for Disease Control (CDC) has issued alerts to all health care professionals who come into contact with blood, blood products, saliva and body fluids recommending vaccine due to the marked increase in Hepatitis B on a national level. Students must sign a declination form if they choose not to be vaccinated. In addition, as a nursing student, it is your responsibility to know your HIV status.*

Revised 10/3/13 CD