

California State University, Long Beach
School of Nursing
Physical Exam Form

Last Name:	First:	MI:	DOB:
			SID:
Email:		Phone # () -	

Health Background Information:

Two Step TB Skin Test Procedure:

Official *Screening of TB/Vaccine Preventable Diseases* form (found online) must be attached.

Immunizations: <u>proof of immunizations must be attached</u>	Date	Titer Results: Copies of Lab Reports must be attached
Varicella Vaccination and		
Varicella IgG Quantitative Titer		IgG _____ Immune <input type="checkbox"/> Titer _____ Not immune <input type="checkbox"/>
Tdap <input type="checkbox"/> (Within past 10 years) Td <input type="checkbox"/> (if 2 yrs old, must have Tdap)		
MMR Vaccination and		
Rubeola IgG Quantitative Titer And		IgG _____ Immune <input type="checkbox"/> Titer _____ Not immune <input type="checkbox"/>
Rubella IgG Quantitative Titer And		IgG _____ Immune <input type="checkbox"/> Titer _____ Not immune <input type="checkbox"/>
Mumps IgG Quantitative Titer		IgG _____ Immune <input type="checkbox"/> Titer _____ Not immune <input type="checkbox"/>
Hepatitis B Virus (HBV Series-Last 3 dates) and	1. _____ 2. _____ 3. _____	The first is at time 0, the second one-month later, and the third six months after the first.
Hbs Ab Quantitative Titer		IgG _____ Immune <input type="checkbox"/> Titer _____ Not immune <input type="checkbox"/>
Annual Flu Shot		

Physical Exam Date: _____
History of back problems/restrictions on lifting: Yes _____ No _____

I have examined the above named student. Based on the health history provided by the student and this physical exam, the student is in good mental and physical condition, and is cleared to work in a health-related field. If any restrictions exist and accommodations are requested, please list them below:

Signature of Health Care Provider: _____
Physician's Address

