

Health Requirements Receipt:

The top portion of this form must be stapled to the front of the health requirements you are turning in, as a packet, to the Nursing Office. The bottom portion is for your personal records.

Name: _____ Graduation Code: _____

Phone: _____ Student ID: _____

Time Stamp: _____

Health Requirement Copies Turned In:

Check each one that applies and have Nursing Offices staff initial next to requirement as well (please highlight each requirement to facilitate this process).

2-Step TB Test/Chest X-Ray _____ Td/Tdap _____ Flu: _____ Booster(s) Record(s) _____
Titer Lab Results: MMR _____ Hep B _____ Varicella _____
CPR: _____ Malpractice: _____ D.L. _____ Auto Insurance _____
Copy of Grades: _____ Health Insurance: _____

Signature of Nursing Office Worker: _____

HEATH REQUIREMENTS NEED TO GO TO LINDSAY YEATS IN THE NURSING OFFICE.

Student Portion of Receipt:

Name: _____ Graduation Code: _____

Time Stamp: _____

Health Requirement Copies Turning In:

Check each one that applies and have Nursing Office staff initial next to requirement as well (please highlight each requirement to facilitate this process).

2-Step TB Test/Chest X-Ray _____ Td/Tdap _____ Flu: _____ Booster(s) Record(s) _____
Titer Lab Results: MMR _____ Hep B _____ Varicella _____
CPR: _____ Malpractice: _____ D.L. _____ Auto Insurance _____
Copy of Grades: _____ Health Insurance _____

Signature of Nursing Office Worker: _____

Please hold onto this receipt for your personal records should discrepancies arise.