

**California State University, Long Beach
School of Nursing
Health Exam for Entering Students**

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

Health History

Two Step TB Skin Test Procedure:

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

Immunizations: proof of immunizations must be attached	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.
HbsAb 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 _____

If yes, please explain, including how many pounds student can lift:

I hereby certify that I have examined the above named student and the student is in good mental and physical condition. If any restrictions exist and accommodations are requested, please list them below:

Signature of Health Care Provider: _____
Physician's Address

