

Central Susquehanna LPN Career Center

15 Lawton Lane, Milton, PA 17847 (570) 768-4960

Health Examination / Medical Record Report

Name: _____ Date of Birth: _____

Address: _____

This completed 3-page report is required as part of the admission process for the Practical Nursing Program. Please attach all results and documentation to support findings. Use and disposition of individual personal health information is kept strictly confidential and conforms to all HIPAA standards.

PHYSICAL ABILITIES AND MEDICAL HISTORY

Does the individual being examined:

Indicate the need for any activity or physical limitations? If

Demonstrate the capacity to lift 50 lbs.?

YES, please explain:

If **NO**, please explain:

No

YES

Require a device or substance (including medication) to enable

him/her to perform the duties/skills required by the nursing program?

Yes

No

If **yes**, please specify:

Possess sufficient emotional stability to accurately perceive

situations and make unimpaired observations and judgments?

Yes

No

If **no**, please specify:

Have any pre-existing chronic condition or one that might

affect functional status or precipitate a medical emergency such as:

☐ Epilepsy

☐ Asthma

☐ Diabetes

☐ Fainting

☐ Allergies

☐ Heart Condition

☐ Latex Sensitivity

☐ Other:

If there is a positive history, please describe:

IMMUNIZATION/IMMUNITY RECORD

The Central Susquehanna LPN Career Center and its clinical affiliates require adult healthcare professional immunizations per CDC guidelines. Minimum required immunizations or proof of immunity include:

	<i>Date(s) of Immunization</i>	<i>History of Disease</i>	<i>Result of Titer</i>
Tdap or Td (booster every 10 yrs.)			
MMR (2 doses)			
Varicella (2 doses)			
Influenza (yearly)			
Hepatitis B (3 doses)			
Other (specify)			

A **PPD/Mantoux 2 STEP** or a **QuantiFERON-TB Gold Plus (QFT)** must be *administered* or *documented* within 6 months of the program start date. It **MUST** be either a 2-STEP test or a TB Gold Plus (QFT) test to be accepted.

PPD #1	<i>Administered Date/Time:</i>	<i>Read Date/Time:</i>
	<i>Lot #/Manufacturer:</i>	<i>Induration (mm):</i>
	<i>Exp. Date:</i>	<i>Signature:</i>
PPD #2	<i>Administered Date/Time:</i>	<i>Read Date/Time:</i>
	<i>Lot #/Manufacturer:</i>	<i>Induration (mm):</i>
	<i>Exp. Date:</i>	<i>Signature:</i>

QuantiFERON-TB Gold Plus (QFT) Results:

Date: _____ (Attach copy of the test if possible)

Chest X-Ray must be completed for positive PPD result:

Date: _____ (Attach copy of Chest X-Ray Report)

Attestation: I have completed a physical examination, health history review, and immunization verification for the individual named above. In my professional judgment, this individual is able to fully participate in the Central Susquehanna LPN Career Center Practical Nursing Program, including all clinical experiences.

Healthcare Provider Signature: _____ Date: _____

Printed Name & Credentials: _____ Phone: _____

Practice Address: _____