

Kennesaw State University ~ WellStar School of Nursing
Physical Exam Requirements

Student Name: _____ DOB: _____ KSU ID: _____

Immunization History – Please list all dates below

LAB REPORTS WITH VALUES MUST BE ATTACHED FOR ALL TITERS

- **Hepatitis B (a POSITIVE titer is required for Hep B)**
 Positive HepB titer date _____
And date of immunizations #1 _____ #2 _____ #3 _____
 Second series if negative titer #1 _____ #2 _____ #3 _____
- **MMR**
 Positive rubella titer date _____
 Positive measles titer date _____
 Positive mumps titer date _____
Or date of immunizations #1 _____ #2 _____
- **Tetanus/Diphtheria/Pertussis (Tdap is required)**
TD booster date _____
- **Varicella**
 Positive varicella titer date _____
Or date of immunizations #1 _____ #2 _____

Examined	Normal	Abnormal – Please include explanation of abnormality
HEENT		
Thyroid		
Lungs		
Heart		
Chest		
Abdomen		
Extremities		

I attest the student is able to participate in patient care, without limitations:

Date of physical exam: _____
Health Care Providers Signature: _____ **Date:** _____
Health Care Provider’s Name (Print): _____
Facility Address: _____
Phone Number: _____

TB TESTING

- **QuantiFERON Gold** (date/results, attach labs) _____
- **Tspot** (date/results, attach labs) _____
- **Chest x-ray** (date and results, attach MD report) _____
- Current treatment for latent TB, please indicate medication dose, frequency and duration _____

Provider signature for TB Testing: _____ **Date** _____
Address (if not provided/different than above): _____