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

	B (a POSITIVE ti	iter is required	<mark>l for Hep B</mark>)			
Pos	sitive HepB titer da	ate				
An	Positive HepB titer date And date of immunizations #1 Second series if negative titer #1		<u>#2</u>	#3 #3		
Sec			#2			
• MMR						
Pos	sitive rubella titer o	date				
Pos	sitive measles titer	date				
Positive mumps titer date Or date of immunizations #1				#2		
			#2			
• Tetanus/D	oiphtheria/Pertus	sis (Tdap is r	<mark>eguired)</mark>			
• Varicella						
Pos	sitive varicella tite	r date				
<u>Or</u>	date of immunizat	tions #1	#2			
xamined	Normal	Abnormal	– Please include expl	anation of abnormality		
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Aucimues	student is able	to participa	te in patient care, v	vithout limitations:		
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