



Health History & Physical Examination
The College of St. Scholastica
1200 Kenwood Ave.
Duluth, MN 55811

Program (Circle One)
 RNBS Online
 RNBS Brainerd
 RNBS Duluth
 RNBS Rochester
 RNBS St. Cloud
 RNBS St. Paul

TO THE STUDENT: Complete this form before giving to your health care provider. Return the completed packet to: The College of St. Scholastica, RNBS Online Program, 1200 Kenwood Avenue, Duluth, MN 55811

Name _____ Male Female Birth Date ____/____/____

Last First MI

Home Address _____
Number and Street City State Zip

Students Home Phone _____ Students Cell Phone _____

In case of emergency/illness at school, call: _____ Phone _____
Name and Relationship

Clinic: _____ Phone _____

Mandatory immunizations for students participating in clinical experience (list dates)

<p>MMR Two MMR's after first birthday 1) _____ 2) _____</p> <p>OR Positive Rubella titer Date: _____ AND Positive Rubeola titer Date: _____ AND Mumps vaccine one dose Date: _____</p>	<p>Chicken Pox (Varicella) Two immunizations 1) _____ 2) _____</p> <p>OR Verbal History of Disease _____</p> <p>OR Positive Varicella titer Date: _____</p>
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Tuberculin Skin Test – Mantoux (two step screening)

First Screening
 Intradermal PPD Administered: ____ LFA ____ RFA Applied on (Date): _____ By: _____
 Results: ____ Negative ____ Positive Size of induration: ____ (negative or positive)
 Date read: _____ By: _____

Second Screening (within 12 months of first screening)
 Intradermal PPD Administered: ____ LFA ____ RFA Applied on (Date): _____ By: _____
 Results: ____ Negative ____ Positive Size of induration: ____ (negative or positive)
 Date read: _____ By: _____

OR
Quantiferon-TB Test Date: _____

OR
Baseline Chest X-ray (within one year of positive Mantoux)
 Date: _____ Results: _____ Physician Statement Attached _____

Pertusis (Tdap)

<p>Date: _____ Exception: Td within the last 2 years</p> <p>Tetanus/Diphtheria (Td) Date: _____ (Booster within 10 years)</p>	<p>Hepatitis B (three immunization series) 1) _____ 2) _____ 3) _____</p> <p>OR Positive Hepatitis B titer Date: _____</p> <p>OR Signed Declination form (available in the Nursing Office)</p>
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**All completed forms will be housed in Student Health Services at The College of St. Scholastica, 1200 Kenwood Ave, Duluth, MN 55811

**COLLEGE OF ST. SCHOLASTICA
SCHOOL OF NURSING – RNBS PROGRAM
HEALTH HISTORY & PHYSICAL EXAMINATION**

NAME:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	ID#:
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Local Address (include city, state & zip):

Phone:	Birthdate:	Email:
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HEALTH HISTORY

Medication Allergies:	Reaction:
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Current Medications:

Chronic Illness:

Current Health Problems:

Surgeries:

Hospitalizations:

Family Health History (mother, father, sibling):

HEALTH HABITS

	YES	NO
Do you currently use tobacco products?		
Do you use street drugs?		
Do you drink alcohol?		
Do you exercise regularly?		
Have you had your cholesterol checked?		

PHYSICAL

P: _____ BP: _____ Ht: _____ Wt: _____ BMI: _____

PHYSICAL EXAM:	Normal	Deferred	Comment
Skin			
HEENT			
Thyroid			
Heart			
Lungs			
Abdomen			
Extremities			
Hernias			
Musculoskeletal Exam			
Neuro Exam			

Based on the completed history and exam, this individual has my approval to practice in a clinical setting?

Yes _____ No _____ Comments: _____

Provider Signature: _____ **Date:** _____