



Annual
Department of Nursing
HEALTH RECORD

DIRECTIONS: Have your primary health care provider fill out and sign the Health Record and TB Test. Both must be submitted College Health as specified in the course syllabus. The Physical is required annually.

Name _____ Birth Date _____
Last First Middle

I. MEDICAL EXAMINATION

Physician check if any abnormal history or physical findings

_____ Cardiovascular System	Remarks _____
_____ Respiratory	Remarks _____
_____ Gastrointestinal	Remarks _____
_____ Genitourinary-Gynecologic	Remarks _____
_____ Central Nervous System	Remarks _____
_____ Musculo-Skeletal	Remarks _____
_____ EENT (include visual & hearing acuity)	Remarks _____
_____ Scoliosis	Remarks _____

List all medications student is taking: _____

Are there any health conditions which should be called to our attention (including communicable or infectious disease or latex allergies)? _____

The clinical experience for nursing students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying; occasional climbing, stooping, balancing, kneeling; constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material.

List any contra-indications to participation in clinical nursing experiences, taking in consideration the above requirements, and also any condition the student may have that would pose a safety concern to clients, faculty, students, clinical staff of the facility or to the student themselves _____

This is to certify that I have examined this student and find that he/she is able to participate in ANY clinical nursing experiences.

Date of examination _____ Examining Physician/NP/PA _____
Address _____

II. TUBERCULIN SKIN TEST/BLOOD TEST REQUIRED ANNUALLY.

1-STEP TB SKIN TEST

Date planted: _____ Results: _____ mm Date read: _____ Read by: _____
OR T-SPOT/QFT Test Date: _____ Results: _____

DOCUMENTATION

I certify I reviewed this student's vaccination record and transcribed it accurately.

Staff Signature _____ Date _____ Name of Agency _____

III. REQUIRED IMMUNIZATIONS MUST BE ON FILE IN COLLEGE HEALTH.

College Health Fax: (316) 323-6850 Email: collegehealth@butlercc.edu
(Over)

Annual Pre-clinical Requirements*

IV. Check your immunization status:

- ☐ TDAP – Make sure it's within the last 10 years
- ☐ MMR, Hepatitis B & Varicella Vaccines - Previously turned in
- ☐ Medical Insurance Card – Previously turned in
- ☐ COVID-19 – Keep your COVID-19 Card with you at all times
- ☐ Influenza – Required yearly after September 1st
- ☐ CPR Card – Make sure it's current through the end of the semester

*LPN's transitioning into Butler's Nursing Program are to use the Entry Level Physical and Immunization Form.