

**July 15<sup>th</sup> is the deadline for completion & submission of this form to the Nursing program**

Students cannot begin clinical experiences until ALL components are completed.



**MCC SOPHOMORE NURSING HEALTH SCREEN UPDATE**

This information will not be released for secondary submission to another agency or employer.

**TO BE COMPLETED BY STUDENT**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**I have attached a copy of my current CPR Certification. Valid until \_\_\_\_\_ Yes. Initial \_\_\_\_\_**

**I have included my current health insurance information or a signed waiver. Yes. Initial \_\_\_\_\_**

**TO BE COMPLETED BY HEALTH CARE PROVIDER**

The health screening must be performed by a licensed primary health care provider, such as a Physician, Nurse practitioner, Registered Nurse, or Physician's Assistant.

**Allergies**

Are you allergic to any of the following (Check any you have had a reaction to)

bananas                       kiwi fruit  
 avocados                       poinsettias

**If you have checked any of the above, we strongly recommend a Latex Allergy Blood Test.**

Other allergies/reactions: \_\_\_\_\_

Do you have asthma? \_\_\_\_\_

**PPD (Tuberculin Skin Test)**

Date given: \_\_\_\_\_

Given by: \_\_\_\_\_

Date read: \_\_\_\_\_

Read by: \_\_\_\_\_  
(signature)

Results:  
Negative: \_\_\_\_\_  
Positive: \* \_\_\_\_\_

**\*If PPD is positive a doctor's report of a current chest x-ray is required.**

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

List any health changes since previous Basic Health Screening:

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Must be R.N., N.P., P.A., or physician)

Health Care Provider Address \_\_\_\_\_