



## Student health requirements checklist

To effectively participate in an educational program, students should strive to maintain good mental and physical health. The prime objectives of the student health program are to: promote and maintain good health practices, meet the individual's immediate and ongoing health care needs, and protect the health of those clients with whom students come into contact.

Students enrolled in the Practical Nursing program will need to satisfy all clinical health and vaccine requirements of any and all clinical rotations. In order to participate at a clinical location, all students must complete the following:

- Have a physician or CRNP (Certified Registered Nurse Practitioner) complete a physical examination form.**

The Rapha Schools "Practical Nursing Program Physical" is preferred.  
The examination must be dated within **3 months** of the program start date.

- TB (PPD) testing**

PPD performed within **3 months** of the program start date..  
Individuals with positive Tuberculin screening tests must have a chest x-ray, physician certification, or symptom review indicating active Tuberculosis is not present.

### Proof of the following Immunizations:

- MMR (2 doses)**
- Varicella (2 doses) OR** physician documentation of varicella **OR** exemption waiver
- Hepatitis B (3 doses) AND** Reactive antibody titer **OR** in process: the first two injections must be before clinical begins **OR** exemption waiver
- Seasonal Influenza vaccine\* OR** exemption waiver

**\*Proof of seasonal influenza vaccination can only be accepted AFTER October 1st 2025. A vaccination received prior to this date WILL NOT be accepted.**



## Practical Nursing Program Physical

Student Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

### I. VITAL SIGNS

T: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ %O<sub>2</sub> \_\_\_\_\_ L/min Wt \_\_\_\_\_ Ht \_\_\_\_\_

### II. MEDICAL EXAMINATION

Physician to remark any abnormal history or physical findings

General Appearance: Remarks \_\_\_\_\_

Eyes/Ears/Nose/Throat: Remarks \_\_\_\_\_

Musculo-Skeletal: Remarks \_\_\_\_\_

Cardiovascular System: Remarks \_\_\_\_\_

Respiratory: Remarks \_\_\_\_\_

Gastrointestinal: Remarks \_\_\_\_\_

Neurologic: Remarks \_\_\_\_\_

Lymphatic: Remarks \_\_\_\_\_

### III. MEDICAL HISTORY

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

List any medications the student is taking that may impact performance in class or clinical  
\_\_\_\_\_

**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 hazardous material.**

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

Physician/NP/PA Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/NP/PA Signature: \_\_\_\_\_ Date: \_\_\_\_\_