

KEAN UNIVERSITY
DEPARTMENT OF NURSING
MORRIS AVENUE
UNION, NJ 07083

STUDENT/FACULTY HEALTH RECORD

NAME _____ DATE OF BIRTH _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
SS# _____
HOME PHONE _____
DATE OF PHYSICAL EXAMINATION _____

RELEVANT MEDICAL HISTORY:

Hypertension _____
Rheumatic Fever _____
Heart Disease _____
Operations _____
Injuries _____
Tuberculosis _____
Mental Disorders _____
Asthma _____
Cancer _____
Diabetes _____
Physical Impairments: Congenital _____ Acquired _____
Habits: Smoking _____ Amount _____
Alcohol _____ Amount _____
Allergies _____
List medications taken on a regular basis (prescription and non-prescription)

PHYSICAL EXAMINATION:

Height _____
Weight _____
BP _____
Hearing: Right ear: Normal _____ Impaired _____
Left ear: Normal _____ Impaired _____
Vision: Without glasses: Right eye _____ Left eye _____ Both _____
With glasses: Right eye _____ Left eye _____ Both _____
Date of most recent chest x-ray and results: _____

Please note any abnormal findings or findings of concern from the physical examination:

BECAUSE OF OUR PROFESSIONAL PRACTICE WITHIN HEALTH CARE INSTITUTIONS, THE FOLLOWING INFORMATION RELATED TO CONTAGIOUS DISEASES IS REQUIRED:

TB: PPD test within past year: _____
Mantoux test annually after PPD: _____
Chest x-rays yearly if PPD or Mantoux positive _____
Clearance to wear a mist, fume and dust respirator if necessary _____

MEASLES	Positive titer: _____	Immunization: _____
MUMPS	Positive titer: _____	Immunization: _____
RUBELLA	Positive titer: _____	Immunization: _____
VARICELLA	Positive titer: _____	Immunization: _____

HEPATITIS B VACCINE STATUS:

Vaccinations completed: _____
Positive Hepatitis Surface Antibody: _____
Decline vaccinations and sign the attached waiver: _____

Physician's Signature _____
Address: _____
City, State, Zip _____
Phone: _____
ID#: _____