RN CLEARANCE PACKET

Student Name: ______________________________ **G#:** ____________________

Contact Number: _________________________

OFFICE USE ONLY

Pkg Drop Off at SHC: Date:______________________Reviewed by: ________________

☐ Immunization Card Included ☐ No Immunization Card ☐ Prior TB Test

Called Student for Pkg Pickup:

Date:___________________ ☐ Confirmed Pickup ☐ No Answer / Left Voicemail ☐ Other

Date:___________________ ☐ Confirmed Pickup ☐ No Answer / Left Voicemail ☐ Other

Date:___________________ ☐ Confirmed Pickup ☐ No Answer / Left Voicemail ☐ Other

Physical Appointment: ☐ Required ☐ Not Required Date: ____________ Time:____________

Notes:

Immunizations:

- ☐ PPD Step-1
- ☐ PPD Step-2
- ☐ Hep B
- ☐ T-Dap
- ☐ MMR
- ☐ Influenza (Flu shot)
- ☐ Varicella

Lab Test:

- ☐ MMR Titer
- ☐ Varicella Titer
- ☐ Hepatitis B Titer
- ☐ Quantiferon TB-Gold

Radiology:

- ☐ Chest x-ray

Document:

- ☐ Signs & symptoms form

Notes:

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