

VILLANOVA UNIVERSITY
COLLEGE OF NURSING
PRE-CLINICAL HISTORY AND PHYSICAL

Name of Student _____ Date of Examination _____

Titers *Attach a copy of titers* indicating immunity to Rubella, Rubeola, Mumps, Chicken Pox (Varicella)

Rubella _____

Rubeola _____

Mumps _____

Varicella _____

Vaccinations

1. **TDAP** _____ Date of last vaccination (must be within 10 years)

2. **Hepatitis B**
_____ Documentation of dates of three shot series:

#1 _____ #2 _____ #3 _____

3. **Flu/Influenza** _____ (October – March of current year)

Tuberculosis

_____ Date of ppd (must be within one year)

_____ Result of test

_____ Chest Xray/Quantiferon Gold if applicable.

Comments _____

The above student has been examined by me and is free of communicable disease. In addition, the above student is free of any physical or psychological conditions which would impair his or her ability to perform the function required of a nurse in the RN/BSN program at Villanova University.

Signature of Examiner _____

Printed Name Of Examiner _____

Address of Examiner _____

Phone Number of Examiner _____