

Georgetown University School of Nursing & Health Studies

Returning CRNA Student Nurse Health Screening Form 2009 Academic Year

Office Use Only:

- This form must be returned to Amanda Brandon by the first day of class.
- A registration block and \$100 fee may result if all requirements are not met by the first day of class.
- Students must meet these requirements to participate in the clinical setting.

Return to:

School of Nursing & Health Studies
Amanda Brandon
420D St. Mary's Hall
3700 Reservoir Road, NW
Washington, DC 20057
Phone: (202) 687-3912
Fax: (202) 687-2323
E-mail: amb257@georgetown.edu
Website: <http://nhs.georgetown.edu/students/NursingHealthClearances.html>

DEMOGRAPHIC INFORMATION | Completed by student. Please print.

_____	_____	_____	_____	_____	_____
Last Name	First	MI	Age	Date of Birth	Country of Birth
_____	_____	_____	_____	_____	_____
GUID Number	Phone Number	City	State	Zip Code	

DRUG SCREEN | Completed by health care provider.

The urine drug screen results for the patient _____ are negative.
The urine drug screen tested for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, ethyl alcohol, methadone, opiates, phencyclidine, propoxyphene, and tricyclic antidepressants.

Signature: _____
Health Care Provider Date

PHYSICAL | Completed by the health care provider.

I have examined this patient, _____, and he/she is in good health, adequate for participation in the clinical student nursing setting.

Signature: _____
Health Care Provider Date

TB TEST | Completed by health care provider.

PPD Placed: _____
Mo/Day/Yr
PPD Read: _____ Negative / Positive
Mo/Day/Yr

OR

If PPD is positive, or student has previous history of a positive tuberculin skin test, a normal chest X-ray is required within 12 months, unless history of INH therapy is documented.
Date of INH treatment: _____.

X-ray date: _____ Negative / Positive
Mo/Day/Yr

Signature: _____
Health Care Provider Date