

# Georgetown University School of Nursing & Health Studies

## Returning Graduate Student Nurse Health Screening Form 2009 Academic Year

Office Use Only:

- This form must be returned to Sarah Crosley 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:

Georgetown University  
School of Nursing & Health Studies  
Sarah Crosley  
264 St. Mary's Hall  
3700 Reservoir Road NW  
Washington, DC 20057  
Phone: (202) 687-8164  
Fax: (202) 687-5553  
E-mail: [sfc28@georgetown.edu](mailto:sfc28@georgetown.edu)  
Web: <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		
MSN Program (circle one):	ACNP	CCNS	ACNP/CCNS	FNP	NED	CNM

### 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

### 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