



**UNIVERSITY OF NEW MEXICO-GALLUP**  
**NURSING STUDENT HEALTH/PHYSICAL EXAMINATION FORM**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Primary Provider Health/Physical Examination Clearance**

Dear Provider: Please select Yes or No for each statement related to the student's current health status. For any **No** response, please provide a comment or rationale.

<input type="checkbox"/> Yes	I believe that this student is capable of safely lifting 50 pounds.
<input type="checkbox"/> No	If No, please write your comments below:
<input type="checkbox"/> Yes	I have found no infectious disease at this time, or any condition that appears to prevent them from performing the duties of a student in the nursing program.
<input type="checkbox"/> No	If No, please write your comments below:
<input type="checkbox"/> Yes	I have found no condition that might represent a possible hazard to the health of the student, patients, other students, or employees of any agency.
<input type="checkbox"/> No	If No, please write your comments below:

Additional comments that are not covered above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider signature (MD/PA/APRN/RN) \_\_\_\_\_ Date \_\_\_\_\_

Provider printed name \_\_\_\_\_

Provider address \_\_\_\_\_ Phone \_\_\_\_\_

*A physical exam must be done once annually, starting from admission to the program. A physical exam is also required after any significant health changes regardless of when the previous exam was done. The nursing program must be informed of any substantial change in the student's health status after this date.*

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## TB testing results

TB Testing (2-step PPD or IGRA blood test)		
Baseline PPD (2-Step)	PPD #1 Date & Result*:	PPD # 2 Date & Result*:
<b>OR</b> IGRA blood test	IGRA Blood test date & result:	

\*If the first TB skin test result is negative, a second TB skin test should be done 1 to 3 weeks later (CDC, 2025)  
(<https://www.cdc.gov/tb/hcp/testing-diagnosis/tuberculin-skin-test.html>).

Provider signature (MD/PA/APRN/RN) \_\_\_\_\_ Date \_\_\_\_\_

Provider printed name \_\_\_\_\_

Provider address \_\_\_\_\_ Phone \_\_\_\_\_

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## Immunizations

*All Nursing students are required to upload documents to Complio (<http://unmcompliance.com>) to verify immunization information. Acceptable documentation includes official vaccine records such as:*

- World Health Organization Certificate of Vaccination
- Childhood vaccine cards
- Medical Records
- State Registry printout
- Employee Records
- School records
- Civil Surgeon records

*If you do not currently have records of your past Immunizations, you may want to check the following:*

- Your High School
- State Department of Health, such as the [NM Health Vaxview](#)
- Pediatrician and/or current Primary Care Provider's office
- Immunization History records from the pharmacy, such as Walgreens or Walmart.