



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

Student Name _____

Primary Provider Health Examination Clearance

_____ I believe that this student is capable of safely lifting 50 pounds.

_____ I have found no infectious disease at this time, or any condition that appears to prevent her/him from performing the duties of a student in the nursing program.

_____ I have found no condition which might represent a possible hazard to the health of the student, patients, other students, or employees of any agency.

Comments _____

Provider signature _____ Date _____

Provider printed name _____

Provider address _____ Phone _____

Any change in the student's health status after this date must be reported to the nursing program.

Student name: _____

TB testing results and Immunizations

TB Testing			
Baseline PPD (2-Step) or IGRA blood test	PPD #1 Date & Result:	PPD # 2 Date & Result:	
	IGRA Blood test date & result:		
Immunizations			
Tdap (Every 10 years) date:			
MMR #1 Date:	MMR #2 Date:	MMR Titer date & result:	
**Varicella#1 Date:	Varicella #2 Date:	Varicella titer date & result:	
Influenza immunization Date:	***COVID-19 vaccine <i>(also please indicate the vaccine product name or manufacturer)</i>	1 st Dose: Clinic location:	Product name:
		2 nd Dose: Clinic location:	Product name:
		3 rd Dose: Clinic location:	Product name:
		Other: Clinic location:	Product name:
Hepatitis B #1 Date:	Hepatitis B #2 Date:	Hepatitis B #3 Date:	
Hepatitis B Titer result:	Date:	Hepatitis B vaccine waived	Date

If a student is not fully immunized for a disease, a titer must be provided – **no exceptions**.

**If a student reports a history of varicella, it is not sufficient proof of immunity – vaccination must be provided or a titer must be drawn.

*** Starting September 30, 2021, All UNM-G students are required to be vaccinated against COVID-19 (two initial doses + booster). Please review details of this policy at <https://bringbackthepack.unm.edu/vaccine/vaccine-requirement.html>