

**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 and Immunizations

Tuberculosis Testing (no history of positive result)* – Baseline 2 step Tuberculosis Skin Test or IGRA Blood Test; Individuals with history of BCG vaccine are encouraged to have an IGRA blood test.

Option 1	Two (2) TST placements and reads separated by at least 1 to 3 weeks, and must be done within 6 months of the start of the program
Option 2	IGRA blood test (QuantiFERON TB Gold [QFT] or T- Spot.TB) within 6 months before start of program

**Individuals with prior positive TB test history will need documentation of their positive test, a recent chest x-ray, and record for treatment of Latent TB Infection (LTBI) or Active TB Infection, if treatment completed. An annual symptom screen will be required for individuals who have not completed treatment for LTBI. https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w*

The student will upload the HealthCare facility's TB testing results form to Complio (<http://unmcompliance.com>). UNM-Gallup Physical exam TB form won't be accepted starting Jan 19, 2026.

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.

Please make sure that your name and date of birth are on all pages of the immunization documentation.