

**The George Washington University
Physical Examination/Documentation of Health Requirements**

Health Sciences and Nursing Students in Clinical Practice

Student Name:	Program of Study (please check program)	
	Clinical Lab Sciences	Physician Assistant
	BSN	Physical Therapy
	Sonography	
GWid Number:	Semester and Year of Entry: (Vs. New or Returning)	

Age: _____ **Date of Birth:** ____/____/____ **Height:** _____ **Weight:** _____

Pulse: _____ **Blood Pressure:** ____/____ **Temp:** _____

Vision: Uncorrected: R____/____ L____/____ Both____/____

Corrected: R____/____ L____/____ Both____/____

Immunizations:

Tetanus/Diphtheria ____/____/____ (Booster in the last 7 years. Tdap recommended)

Meningococcal Vaccine ____/____/____ (In the last 5 years)

-Or-

Attached Meningitis Waiver Found at: <http://gwired.gwu.edu/shs/ImmunizationRequirement/ImmunizationForm>

Please attach *laboratory proof of immunity (lab report)* for the following (required at admission):

Varicella

Hepatitis B

Measles, Mumps and Rubella

Tuberculin Skin Test (Mantoux): (Required annually)

Date Placed: _____ Date Read: _____ Result (in mm): _____

(If positive ONLY) Result of Chest X-Ray: _____ Date of Chest X-ray _____

Physical Exam (Required Annually for Health Sciences students engaging in clinical practice)

Normal	Region	Abnormal Findings
	Eyes	
	Ears, Nose, Throat	
	Mouth, Teeth	
	Neck	
	Cardiovascular	

	Chest, Lungs	
	Abdomen	
	Skin	
	Genitalia	
	Musculoskeletal	
	Neuromuscular	

Remarkable Medical / Surgical History _____

Remarkable Family / Social History _____

Allergies _____

Medications _____

I certify this student:

- Has received a physical examination;
- Is current on all required immunizations as required or recommended by JCAHO, CDC, OSHA and DCRA for students and health care workers;
- Is free of communicable diseases;
- Is found to be in good health and able to participate in classroom and clinical education components necessary to his/her program of study at the George Washington University.

Health Care Provider:	Print/Title:	Signature
Date:	Address:	Phone:

DO NOT SUBSTITUTE THIS FORM

Please submit this completed form and serology reports of required immunity to:

The George Washington University
 Student Health Service
 ATTN: Health Sciences Student Compliance Program
 2141 K Street, NW, Suite 501
 Washington, DC 20052
 Phone: 202-994-6827 Fax: 202-973-1572

GWU Student Health Services department will house all physical and immunization information. Upon receipt of this completed form, GWU Student Health Services will initiate a tracking sheet to be stored in student's file with program director or clinical coordinator of program of study.