

William Paterson University

Health Record: Re-physical form for clinical clearance

To be filled out by student

Name: _____ DOB: ____ / ____ / ____

Student ID#: 855_____ Program: Nursing, Grad Nursing,
Accelerated, Communication Disorders

Since your initial clearance:

1. Have you had any changes in your general health? NO YES

If yes, explain: _____

2. Have you been diagnosed with an illness? NO YES

If yes, please explain: _____

3. Have you had any injuries? NO YES

If yes, please explain: _____

4. Have you started any medications (prescribed or OTC)? NO YES

If yes, please list medication, dosage, frequency & reason for use:

5. Have you had any known exposure to any communicable diseases? NO YES

If yes, please explain: _____

6. **PPD**- You need an updated mantoux test **annually** to complete your clearance.

Please attach documentation of results. Available at The Health Center for \$5 per test w/appointment.

7. **Tetanus**- You need proof of a **Tetanus** booster **within** the last 10 years.

Please attach documentation. Available at The Health Center for \$20 per vaccine w/appointment.

To the best of my knowledge, the above information is accurate.

Student's Signature

DOB

Date

Reviewed by WPU H&WC RN (Sign and print name)

Date

Revised 4/29/09