

Purdue University School of Nursing
West Lafayette Campus
Last Semester Second Degree Student Health Record
Upload to your CastleBranch myCB account

Last Name First Middle Gender Birth Date (dd/mm/yyyy)

Home Address City State Zip Code

Do you now have or have you ever had:

	No	Yes		No	Yes
Allergies/Asthma			Gastrointestinal Disorder		
Behavior Disorder			Hepatitis/Jaundice/Gallbladder		
Cancer			High Blood Pressure		
Cardiovascular Disease			Kidney/Urinary Disorder		
Diabetes			Musculoskeletal Disorder		
Drug/Alcohol Abuse			Psychiatric/Mental Health Disorder		
Eye/Ear/Nose/Throat Disorder			Pulmonary/Lung Disease		
Endocrine Disorder			Skin Problems/Disease		
Epilepsy/Seizures			Other		

If answer is yes, please elaborate on details: _____

Surgeries (with dates): _____

Previous hospitalizations (with dates): _____

Current medications: _____

I attest that the information shown above is true and accurate to the best of my knowledge and that I am in general good health.

Student's Signature: _____

Printed Name: _____ Date: _____

Name: _____

IMMUNIZATION RECORD

Required Immunizations

PPD - also known as Mantoux Tuberculin Skin Test (TST) Only one step test needed this year. Cannot be administered before May 1. ----- If positive, chest X-ray or Interferon Gamma Release Assay Blood Test required with appropriate follow-up	Attach verified test results from healthcare provider: PPD indicating mm reading or X-ray results or Assay results.
Influenza (annual – within 30 days of when vaccine becomes available in the fall)	Submit verified proof of vaccine from healthcare provider when new vaccine is available in the fall.

Required and recommended vaccinations may be modified annually based on the Centers for Disease Control and Prevention recommendations and clinical agency requirement.