

Purdue University School of Nursing
 West Lafayette Campus
2nd 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: _____

IMMUNIZATION RECORD

Read each immunization requirement carefully. As a nursing student, many of the required immunizations are more extensive than those required by the university of the general student body. All vaccinations and required serological evidence of immunity listed below must be completed. Nothing may be omitted.

Required Immunizations

Measles (Rubeola), Mumps and Rubella (MMR) Must have 2 doses at least 4 weeks apart ----- OR Born prior to 1957 and one dose of MMR ----- Or Serological evidence of immunity, date of positive titer	Upload verification from healthcare provider with date(s)
Varicella (chickenpox) Must have 2 doses at least 28 days apart ----- Or Serological evidence of immunity, date of positive titer Date of disease is NOT sufficient – must have vaccination or positive titer	Upload verification of vaccine dates or titer results from healthcare provider. Date of disease is NOT sufficient – must have vaccination or positive titer
Tetanus/Diphtheria/Acellular Pertusis (Tdap) Must have been vaccinated within the past 10 years.	Upload verification from healthcare provider with date(s)
Polio (Series of three plus booster; oral or injectable)	Upload verification from healthcare provider with date(s)
Hepatitis B Serologic evidence of immunity in the form of a positive Hepatitis B Surface Antibody titer at least 1-2 months after final vaccine dose. If titer is negative, consult with PUSON Student Services.	Upload verified POSITIVE titer results from healthcare provider
PPD - also known as Mantoux Tuberculin Skin Test (TST) Two-step tuberculosis test (baseline PPD followed 1 – 3 weeks later by 2nd PPD which is then “read” to identify mm of induration) ----- If positive, chest X-ray or Interferon Gamma Release Assay Blood Test required with appropriate follow-up	Upload verified test results from healthcare provider: Two PPD tests 1 – 3 weeks apart indicating mm reading or X-ray results or Assay results.
Influenza (annual – within 30 days of when vaccine becomes available in the fall)	Upload verified proof of vaccine from healthcare provider when new vaccine is available in the fall.
Recommended, not Required Immunizations	
Meningococcal	Upload verification from healthcare provider with date(s)
Hepatitis A	Upload verification from healthcare provider with date(s)

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