

**Stony Brook University School of Nursing
Health Sciences Center**

STUDENT ANNUAL PHYSICAL EXAMINATION

Son Program Code: _____

(Official use only)

Student Name: _____ SBID: _____

Address: _____

Date of Birth: _____ Telephone _____

Health Sciences Center students who receive education in clinical settings must obtain an annual physical examination following the requirements of Stony Brook Medicine and other clinical affiliates. Students must be examined by a licensed healthcare provider.

To Be Completed by Healthcare Provider:

Height: _____ Weight _____ BP ____/____ Pulse _____

Yes	No	PLEASE ATTACH ANY NECESSARY COMMENTS
		1. Has there been any significant medical illness or injury in the last 12 months? Describe
		2. Is the student receiving medication on a continuing basis and/or under an MD/NP/PA care for continuing medical problem(s)? Describe
		3. Is the student allergic to any medications? Or materials? (i.e. latex) Describe
		4. PPD or QuantiFERON Blood Test (required annually) Date: Neg. Pos. Size of Induration: If positive PPD, chest x-ray required (x-ray must be dated within 2 years) Date: Place: Results: NOTE: If positive chest x-ray, attach report. Students with positive PPD and/or positive chest x-ray may be referred to Student Health Services for follow up as appropriate.
		5. Tetanus or TD (within 10 years) Date of Immunization:
		6. To the best of your knowledge, is this person free from physical or mental impairments including alcohol and/or drug dependency?
		7. Are there any restrictions of physical activity indicated by your examination? Comment:
		8. Is the student now under treatment for any medical or emotional condition? Comment:
		9. Do you have any recommendations regarding the care of this student? Comment:
		10. Public health regulations require that hospitals ensure their personnel are "free from a health impairment that is a potential risk to the patient or that may interfere with the performance of their duties 10 NYCRR 4053(b) (10). Student meets this requirement?

How long and in what capacity have you known this student? _____

Practitioner Signature _____ Date _____

Print Name/Address/Telephone _____