



3737 Southern Blvd.  
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**PROOF of PHYSICAL EXAMINATION and IMMUNIZATION**  
**Division of Nursing**

**Directions:**

- All Sections must be completed and signed by the individual’s Healthcare Provider where indicated.
- Upload this completed form to your **CastleBranch Medical Document Manager Account**.
- Follow CastleBranch program instructions and attach this document to each section for approval.
- If the documentation is rejected, read the rationale provided by CastleBranch and call their support team as needed. 1-888-666-7788

**ALL REQUIREMENT DUE DATES WILL BE PROVIDED UPON ADMISSION**

Any requirement questions can be sent to the individual Program Clinical Coordinator

- Nursing - Mary Harden, at [Mary.Harden@kc.edu](mailto:Mary.Harden@kc.edu) or (937) 395-8619

**Personal Information**

**Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Address:** \_\_\_\_\_  
Street City State Zip

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Cell Phone Number:** \_\_\_\_\_  
Month/day/year

**Physical Examination**

Exam must be performed by a medical professional **within 12 months** of program entry.

**Statement of Clearance to Perform Clinical Experiences:**

This individual **IS** or **IS NOT** (circle one) medically cleared to participate in clinical education

experiences in the \_\_\_\_\_ program according to the Kettering College technical standards and abilities. (see attached technical standards)

Date \_\_\_\_\_ Printed Name of Health Care Provider \_\_\_\_\_

**Healthcare Professional signature** \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## **KETTERING COLLEGE TECHNICAL STANDARDS AND ABILITIES**

Completion of the degree at Kettering College signifies the graduate is prepared for practice in his or her prospective field by meeting the technical standard requirements. Technical standards, as distinguished from academic standards, refer to the physical, cognitive, and behavioral abilities required for satisfactory completion of the curriculum. The essential required abilities include motor, sensory, communicative, intellectual, behavioral, and social aspects.

Several standards are common to all programs. These are listed below, followed by specific requirements of each program. The student must have the ability to:

1. Think critically, with sound judgment, emotional stability, maturity, empathy, and physical and mental stamina.
2. Learn and function in a wide variety of didactic and clinical settings.
3. Communicate effectively, both verbally and in writing, using appropriate grammar, spelling, and vocabulary.
4. Immediately comprehend and respond to auditory instructions or requests.
5. Think clearly and act calmly in stressful situations.
6. Perform up to a 12-hour clinical experience in a single 24-hour period.
7. Work cooperatively, preserving relationships with other members of the health care team.
8. Perform fine and gross motor skills with both hands.
9. Apply adequate pressure to stop bleeding.
10. Perform CPR.

In addition to the above criteria, nursing students must have the ability to:

1. Take an accurate health history and perform physical assessments using necessary sensory, auditory, and visual acuity.
2. Process and professionally communicate information with accuracy in a timely manner.
3. Understand and apply ethical standards for health care.
4. Demonstrate cognitive abilities necessary to master relevant content in arts, sciences and clinical courses at a level deemed appropriate by the faculty.
5. Demonstrate emotional stability at a level necessary to deliver professional, safe, competent care in all settings.
6. Assist in accomplishing safe transfer of patients from bed to chair or stretcher and return to bed.

**This side of page does not need to be uploaded to CastleBranch. For healthcare provider reference only!**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## Immunizations

### Hepatitis B Vaccine – attach lab report of antibody titer

Series of three doses **or** Series of two doses

**\*Complete only ONE: A or B**

#### **A. Engerix B, Recombivax HB Vaccine**

Dose #1 \_\_\_/\_\_\_/\_\_\_

Dose #2 \_\_\_/\_\_\_/\_\_\_ (a minimum of 1 month after #1)

Dose #3 \_\_\_/\_\_\_/\_\_\_ (a minimum of 5 months after #2)

**OR**

#### **Heplisav-B® (HepB-CpG) Vaccine**

Dose #1 \_\_\_/\_\_\_/\_\_\_

Dose #2 \_\_\_/\_\_\_/\_\_\_ (a minimum of 1 month after #1)

#### **B. Hepatitis B surface antibody titer**

**HBsAB titer Date**

\_\_\_/\_\_\_/\_\_\_

**If not immune, Booster Vaccination Required**

Immune \_\_\_

**OR**

Not Immune \_\_\_

**Booster date** \_\_\_/\_\_\_/\_\_\_

**Healthcare professional signature** \_\_\_\_\_

### Varicella (Chicken Pox) – attach lab report of antibody titer

Series of two doses

**\*CHOOSE ONE: A, B, or C**

#### **A. 2 Varicella vaccines from any time**

Dose #1 \_\_\_/\_\_\_/\_\_\_

Dose #2 \_\_\_/\_\_\_/\_\_\_ (a minimum of 1 month after #1)

#### **B. Varicella antibody (IgG) titer**

**If not immune, Booster Vaccination Required**

Date of Titer \_\_\_/\_\_\_/\_\_\_

Immune \_\_\_

**OR**

Not Immune \_\_\_

**Booster date**

\_\_\_/\_\_\_/\_\_\_

**C. History of disease:** Date of occurrence \_\_\_/\_\_\_/\_\_\_

**Healthcare professional signature** \_\_\_\_\_

### MMR (Measles, Mumps, Rubella) – attach lab report of antibody titer

Series of two doses

**\*CHOOSE ONE: A or B**

#### **A. 2 MMR vaccines from any time**

Dose #1 \_\_\_/\_\_\_/\_\_\_

Dose #2 \_\_\_/\_\_\_/\_\_\_ (a minimum of 1 month after #1)

#### **B. MMR antibody (IgG) titer**

Date of titer

\_\_\_/\_\_\_/\_\_\_

**If not immune, Booster Vaccination Required**

Immune \_\_\_

**OR**

Not Immune \_\_\_

**Booster date** \_\_\_/\_\_\_/\_\_\_

**Healthcare professional signature** \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## Immunizations

### Tetanus, Diphtheria, Pertussis (TDaP)

Provide documentation of a TDaP booster within the past 10 years.

Booster date \_\_\_/\_\_\_/\_\_\_ (Renewal date will be set for 10 years from the administration date of the booster.)

**A TD booster alone is not acceptable and will be rejected.**

Healthcare professional signature \_\_\_\_\_

### Influenza Vaccine

Upload proof of the *current flu season* year vaccination administered between August 1 – October 15.  
Proof of annual vaccination is required.

Contact Mary Harden at [Mary.Harden@kc.edu](mailto:Mary.Harden@kc.edu) for any exceptions.

### Tuberculosis Screening (TB)

Initial Two-step TB skin test (Must be between 1-3 weeks apart)

\*CHOOSE ONE A or B

#### A. 2 Step TB Skin Test

Dose #1 \_\_\_/\_\_\_/\_\_\_ Date Read \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_  
Dose #2 \_\_\_/\_\_\_/\_\_\_ Date Read \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

#### B. BAMT/TB Blood Test (IGRA)

Single Blood Assay (BAMT)

date \_\_\_/\_\_\_/\_\_\_

**\*Must be within the last 12 months**

Negative \_\_\_\_\_

**OR**

Positive \_\_\_\_\_

**If TB skin test results are positive or there is history of positive TB skin test, must provide chest x-ray results reflecting no active tuberculosis dated after positive skin test results.**

Renewal date for TB skin test will be set for one year after initial two-step screening.

Healthcare professional signature \_\_\_\_\_

#### Reference Information:

Centers for Disease Control (CDC), National Immunization Program (NIP), Immunization Action Coalition (IAC): Internet web-sites;  
NIP: <http://www.cdc.gov/nip>; CDC: <http://www.cdc.gov>; IAC: <http://www.immunize.org>