



## STUDENT HEALTH ASSESSMENT

School:				Date:				
Last Name:		First Name:		M.I. (required)				
Address:			City:		State:	Zip:		
Date of birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F						
Allergies:					Latex allergy: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>IMMUNIZATION &amp; VACCINATION HISTORY (you may attach a copy of your immunization records)</b>								
Please provide all dates (or photocopies) of your past immunizations, including those received as an infant or child.								
<b>Influenza Vaccine</b>								
Seasonal flu shots are required for any student that comes into St. Anthony Regional Hospital and Nursing Home during flu season; from October 1st through March 31st.								
Date:								
<b>Measles Mumps Rubella (*MMR)</b>								
A total of two MMR's <u>or</u> a blood test (titer) showing positive immunity is required.								
	Date of Immunization		Date of Booster		or	Date of Positive Titer		
Measles*								
Mumps*								
Rubella*								
<b>Hepatitis B</b>								
Hepatitis B is not a requirement, but recommended for anyone at risk for exposure to blood and/or blood products. A declination must be completed, if applicable.								
	Date of 1st injection		Date of 2nd Injection		Date of 3rd Injection		Date of Positive Titer	
Hepatitis B								
<b>Varicella (Chicken Pox)</b>								
Stated history of Chicken Pox, two Varicella vaccinations <u>or</u> a positive titer will be accepted.								
	Date/Age of Disease		Date(s) of Immunization			Date of Positive Titer		
Chicken Pox/Varicella								
<b>Tuberculosis (Please provide official TB skin test results)</b>								
<b>Skin test</b>	<b>Date Given</b>	<b>Site (L or R)</b>	<b>Lot #</b>	<b>Initials</b>	<b>Date Read</b>	<b>mm induration</b>	<b>Initials of reader</b>	
TB								
2-Step								
<ol style="list-style-type: none"> <li>1) Students scheduled <b>less than 5 hours per week</b> are required to have one TB skin test within the last 12 months.</li> <li>2) Students consistently scheduled for <b>5 or more hours per week</b>, are required to have the 2-step TB skin test. At least one step (skin test) must be completed within the 12 months prior to working at St. Anthony.</li> <li>3) If needed, students may obtain a TB skin test from the St. Anthony Employee Health Nurse for a fee of \$25.</li> </ol>								

Office use only

Date Rcv'd \_\_\_\_\_

Approved \_\_\_\_\_

# TUBERCULOSIS SCREENING – ANSWER EACH QUESTION

List each hospital (s) where you have worked within the last 12 months.  
If none, state *NONE*.

Have you had any of these signs/symptoms in the last year? If yes, please comment in space below.		
	Yes	No
1. Do you have tuberculosis?		
2. Weight Loss- unexplained beyond normal fluctuations		
3. Anorexia or loss of appetite for more than 2 months		
4. Fatigue-interferes with daily living		
5. Cough-persistent over last 2 months		
6. Fever-persistent elevations over past few months		
7. Hemoptysis-blood streaked sputum		
8. Exposure to TB-within last 2 years		
9. Abnormal Chest X-ray		
10. A positive Tuberculin Skin Test		
If you answered yes to any of these questions, please explain:		

**I certify that all of the statements provided here are true and correct to the best of my knowledge.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Any questions concerning student health requirements should be directed to the  
Education Services Office: 712-794-5243

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Please return the completed form to St. Anthony Education Services Office for approval, prior to first clinical date  
311 South Clark St., PO Box 628; Carroll, IA 51401

Email: [education@stanthonyhospital.org](mailto:education@stanthonyhospital.org) Phone: 712-794-5243 Fax: 712-794-5541.

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Date Rcv'd _____
Approved _____