



PHYSICAL AND PPD RECORD
College of Nursing

Health Science Campus MS1026, Collier Building 4424, 3000 Arlington Avenue, Toledo, OH 43614-2598

419.383.5859

Mail or deliver to above address. Make a personal copy before providing to the program office.

Program: AASN BSN RN-BSN Faculty

NAME: _____ R or P #: _____

To be completed by health care provider.

Tuberculosis 2 Step first year, then 1 Step yearly.

Step 1 PPD 0.1 ml intermediate strength inject intradermally in left arm. READ IN 48 HRS.	Step 2 (2nd test one to twelve or more weeks later) PPD 0.1 ml intermediate strength inject intradermally in right arm. READ IN 48 HRS.
Date Administered: _____	Date Administered: _____
Date Read: _____	Date Read: _____
Results: _____	Results: _____
Chest X-ray required if Mantoux is positive , yearly for two years after first converting to positive.	
Date of x-ray: _____	Absence of active disease: <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Examination

Blood Pressure	Pulse
Temperature	Respiration
Eyes (include Snellen)	
General appearance	
Skin	
HEENT	
Hearing	(R) (L)
Respiratory	
Cardiovascular	
Neurological	
Musculo-Skeletal	
Abdomen	
Is this individual physically fit for duty and free from communicable disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this individual physically fit to care for young children (ODHS1296) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this individual physically fit to care for older adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this individual have any finding that may interfere with functioning as a nurse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, explain:	

MD / DO / NP / PA Signature _____ **Date** _____

I understand that The University of Toledo College of Nursing will share health and immunization information with appropriate clinical agencies or in the event of medical emergency.

Signature: _____ **Date:** _____

Notify for an emergency _____ Phone _____