



COLLEGE OF NURSING
THE UNIVERSITY OF TOLEDO

Health Statement Form
College of Nursing

Note: This form or its equivalent must be submitted as a statement of fitness for duty. It is required for student affiliates scheduled for clinical experience and/or preceptorships. A new signed statement must be filed annually.

Type or Print *Last Name*

Type or Print *First Name*

I find the above named individual fit for duty and free from communicable disease.

MD/DO/NP/PA *Signature*

Date

PPD #1 ____/____/____ placed	Have this test read 48-72 hours later DATE READ: ____/____/____	RESULT (check one) [] 0 mm induration Or [] _ mm induration
Read by: 		

Typed or Printed *Name and Title*

Faculty Name and Address Printed or Stamped

Form should be emailed to: _____