

**Mansfield University
Department of Health Sciences**

**Pre-admission Health Examination Form
Nursing Program**

Student Name: _____

Home Address: _____

The Pennsylvania State Board of Nursing requires that all nursing students in Pennsylvania have a pre-entrance and periodic physical examinations by a licensed physician or nurse practitioner. The items below are required **in addition** to those on the Mansfield University Pre-admission Health Examination Report Form. (Attach copy of laboratory reports)

1. **Complete Blood Count (CBC):** Within normal limits _____ Abnormal (please comment) _____

2. **Urinalysis:** Within normal limits _____ Abnormal (please comment) _____

3. **Clearance Statement**

I have reviewed the diagnostic test results and immunization status for _____. Based on this review:

_____ There is no reason that his/her presence in a nursing care setting would pose a significant health risk to either the student or to clients with whom he/she may come in contact.

_____ There is reason to restrict his/her assignment to a nursing care setting and/or contact with clients. Please use the space provided below to identify any areas of concern and the plan proposed to address any health problems

Physician/Nurse Practitioner Signature: _____ **Date:** _____

Return form to: Barbara Nichols
106 Elliott Hall
Mansfield University
Mansfield, PA 16933