



PHYSICIAN CLEARANCE: PHYSICAL EXAMINATION FOR MS-CPD STUDENTS

Health care provider

I have examined _____ on _____ and find that they are in good health and free of any communicable disease as can be ascertained by my examination.

Comments or recommendations

Health care provider name _____

Address _____

City _____ State _____ Zip code _____

Health care provider's signature  _____

Student

Complete the TB test information below and provide a printed report. Upload this form, your TB results and the vaccinations/lab tests listed below to eValue (instructions provided by program faculty).

Tuberculin skin test

Date performed _____ Result _____ (also attach printed report)

Health care provider's signature *confirming results*  _____

If chest x-ray is indicated, please attach a separate report with findings.



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Vaccinations/laboratory tests

Acceptable documentation is either:

- Official documented proof of all required vaccinations, with dates (either a health department file or one provided by your physician with dates of vaccinations), or...
- If documented proof of vaccinations is not available, you must obtain titers and provide those results (lab tests showing immunity).

Upload the appropriate documentation for all required vaccinations to eValue including **MMR (rubeola, mumps, rubella), DtaP (diphtheria, tetanus, pertussis), seasonal Influenza***, varicella zoster and **hepatitis B**. **The seasonal influenza vaccine may not be available prior to the start of the program as below, but you must receive the vaccination as soon as it is readily available to the public and upload the documentation to eValue.*

Important: This form and all lab results/proof of vaccination are due **one week** before the first day of classes in the first semester of the program. If not received by this time, the student will not be allowed to participate in supervised practice activities.