Lunder CareForce Institute
Hebrew SeniorLife

Health Programs
Physical Exam for Clinical Placement

Student Information

Last name	First	Middle
Date of birth	Email	Telephone number
Name of person to be notified in case of emergency		Telephone number

Physical Examination

Physical examination to be completed by a physician, nurse practitioner or physician assistant

The information is solely for the use of the Lunder CareForce staff and will not be released without the student's permission. Clinical sites will be notified that the student has met all the medical and immunization requirements. **Physical exam must be within 12 months of program start date, indicating that student is cleared for program participation.**

Date of physical exam: _____

Required Testing and Immunities for Health Career Students

Diphtheria and Tetanus

Td or TDdap	Date of last dose	Within last 10 years
Type:		**Yes or No**

Hepatitis B

	Vaccine # 1	Vaccine # 2	Vaccine # 3	Or titer result/date
Hepatitis B				

Tuberculosis Screening

Two-step TB is done once and then single TB annually. (Two-step must have been administered at least 1 week apart and less than a year apart and within 6 months of program entry)

	Date Implanted	Date Read	Result	Over 12 Months
#1 Implanted				
#2 Implanted				
Annual TB				
QuantiFERON®-TB Gold or T-SPOT Testing	**Date of test:**		**Result:**	
CHEST X-RAY (if positive PPD-within 12 months of school entry)	**Date:**		**Result:**	

Disease Immunity

Documented proof of immunity is required for the **ALL** communicable diseases listed in the table below. Documentation of vaccination or titer is acceptable for measles (rubeola), mumps, rubella, and varicella.

Measles, Mumps and Rubella Vaccine	**# 1 Date:**	**#2 Date:**
Or measles titer	**Date:**	**Result:**
Varicella vaccine	**#1 Date:**	**#2 Date:**
Or varicella titer	**Date:**	**Result:**

Influenza Vaccine

	Date	**Or declination on file**
Influenza vaccine		

COVID-19 Vaccine

	Date	**Or declination on file**
COVID-19 Vaccine		

MD, PA, NP signature: _____ Date:_____

Print name: _____