Nursing Department

P: 603-271-6484

Dear Healthcare Provider,

We are sending this letter with our immunization form, as there has been confusion in the past regarding what we require to clear NHTI students to attend clinical rotations.

In particular, these three things are required:

- Hepatitis B surface antibody titer (even if the student has had the full hepatitis B series)
- Varicella shots or titer, even if the student had the disease
- Either a 2-step TB test or TB blood work (T-spot or Interferon Gold) administered this year

Please be sure to read the immunization form and let us know if you have questions.

Thank you!

Kelley Taylor, MS, RN
Department Chair, Nursing
NHTI - Concord's Community College

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Physical Exam Form

Student name _____ DOB _____

Date of exam _____ (within 12 months of admission)

Height _____

Weight _____

BP _____

Eyes

- Glasses/contacts _____
- Last eye exam _____
- Visual acuity L (OS) _____ R (OD) _____ OU _____

Ears _____

- Hearing - right _____
- Hearing - left _____

Menses (female only)

- Frequency _____
- Duration _____
- Issues _____

Throat/mouth _____

Thyroid _____

Skin _____

Heart _____

Lungs _____

Abdomen _____

Orthopaedic _____

Spine _____

Feet _____

Joints _____

Extremities _____

If student is under a healthcare provider's continuing care for any reason, including mental health, a summary from the healthcare provider regarding her/his treatment and medications **must be included**.

By signing this page, I acknowledge that I have examined the student and they may participate in all normal college activities including intercollegiate sports and clinical rotations, and may live independently on campus unless otherwise noted.

Healthcare provider signature _____

Healthcare provider print name _____

Address _____ Date _____ Phone _____

_____

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Allied Health Immunization Requirements

All immunizations are required unless stated otherwise. Please read and fill form out completely. Write vaccination dates (mm/dd/yyyy) in the space provided.

Student name: _____ DOB: _____

MMR (both given after 1980)

MMR 1 _____

MMR 2 _____

OR

MMR Titers

Measles titer _____ Positive or Negative

Mumps titer _____ Positive or Negative

Rubella titer _____ Positive or Negative

Hepatitis B Series (titer required)

Hepatitis B 1 _____

Hepatitis B 2 _____

Hepatitis B 3 _____

Hepatitis B titer _____ Positive or Negative

2nd Hepatitis B Series (only required if titer is negative

Hepatitis B 4 _____

Hepatitis B 5 _____

Hepatitis B 6 _____

Hepatitis B titer _____ Positive or Negative

Tuberculin Skin Test (TST)

TB Test 1

Given _____

Read _____

Read in mms _____

TB Test 2

Given _____

Read _____

Read in mms _____

*If TST test is positive, a blood test is required.

OR

T-Spot or Interferon Gold

IGRA _____ Positive or Negative

*Attach treatment plan, if applicable.

Tetanus (history of TDAP required)

TDAP _____

Tetanus (required is date is more recent than TDAP)

TD _____

 Provider initials _____

NHTI – Concord's Community College
31 College Drive, Concord, New Hampshire 03301
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Varicella OR **Varicella Titer**

Varicella 1 _____ Varicella titer _____ Positive or Negative

Varicella 2 _____

COVID-19

COVID Vaccine 1	Brand	_____	Date administered	_____
COVID Vaccine 2	Brand	_____	Date administered	_____
Booster (if applicable)	Brand	_____	Date administered	_____
Booster (if applicable)	Brand	_____	Date administered	_____

Name of provider completing form _____

 Provider initials _____