

DAEMEN CLINICAL HEALTH FORM (AMHERST CAMPUS)

SUBMISSION OPTIONS: Online (preferred): daemen.edu/healthupload
Fax: 716-839-8230 | Mail: 4380 Main St. Box #104 Amherst, NY 14226



PART 1 – STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	PREFERRED PHONE (WITH AREA CODE)
<input type="checkbox"/> AT <input type="checkbox"/> PA <input type="checkbox"/> PT <input type="checkbox"/> NUR	<input type="checkbox"/> SU <input type="checkbox"/> FA <input type="checkbox"/> SP	<input type="checkbox"/> year I (PA)		
ACADEMIC PROGRAM	CLINICAL SEMESTER(S)			ANTICIPATED GRADUATION YEAR

PART 2 – RECORD OF IMMUNIZATIONS FOR VERIFICATION

Students may take this form to their medical provider to complete, sign or stamp. Alternatively, students may submit immunization and health records from a previous school, medical provider or government agency. All health records must be submitted in English.

Measles, Mumps, Rubella (MMR)

As required by NYS Public Health Law 2165 students submit proof of immunity upon admission to the college. Please contact the Daemen College Health Services at health@daemen.edu or 716-839-7380 to obtain copies to submit to clinical sites.

Hepatitis B (Choose one of three options below)

- 3 Vaccinations: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____
- Hepatitis B – Positive Titer (attach lab report with date of titer, reading and interpretation of the result)
- Complete Hepatitis B declination form (only permitted for clinical programs that accept declinations)

Varicella (Chicken Pox) (Choose one of three options below)

- 2 Vaccinations: ____ / ____ / ____ ____ / ____ / ____
- Disease Date: ____ / ____ / ____
- Varicella – Positive Titer (attach lab report with date of titer, reading and interpretation of the result)

Tdap/TD – MUST BE COMPLETED WITHIN 10 YEARS OF CLINICAL EXPERIENCE START DATE (Choose one of two options below)

- Tdap (tetanus, diphtheria, and pertussis) vaccination: ____ / ____ / ____
- TD (tetanus and diphtheria) vaccination (if applicable): ____ / ____ / ____

Tuberculosis Screening – MUST BE COMPLETED WITHIN 1 YEAR OF CLINICAL EXPERIENCE START DATE (Choose one of three options below)

- Mantoux Tuberculin Skin Test: Test Date: ____ / ____ / ____ Read Date: ____ / ____ / ____ Result: _____
2-step PPD: encouraged for PA students
- QuantiferON TB Gold Blood Test: Test Date: ____ / ____ / ____ Result: _____ (Attach lab report)
- T-Spot Blood Test: Test Date: ____ / ____ / ____ Result: _____ (Attach lab report)

Positive result for any of the aforementioned tests – Chest X-Ray Required (attach lab report)

Date of X-Ray: ____ / ____ / ____ Result: _____

Positive chest x-ray: will/did the student complete treatment? Y: ____ N: ____

(Attach documentation as follows: Y: treatment plan and restrictions; N: care plan to monitor condition)

Flu Shot – MUST BE COMPLETED EACH FLU SEASON (Choose one of two options below)

- Vaccination date: ____ / ____ / ____
- Complete a flu declination form & wear a mask during clinical(s); visit daemen.edu/clinical to download a flu declination form.

PART 3 – PHYSICAL EVALUATION

MUST BE COMPLETED WITHIN 1 YEAR OF CLINICAL EXPERIENCE START DATE

Student is encouraged to complete a medical history form from their provider's office prior to having an examination completed.

- Date of physical examination: ____ / ____ / ____
- Clinical Experience Physical Evaluation (please attach documentation regarding concern(s) for participation, if applicable)
 - Is this person free from communicable diseases that could jeopardize the health of others? Y: ____ N: ____
 - Are there any restrictions of physical activity indicated by your examination? Y: ____ N: ____

Provider Name (print or stamp)

Provider Signature

Provider Address & Phone Number

Date