

# DAEMEN CLINICAL HEALTH FORM (AMHERST CAMPUS)

SUBMISSION OPTIONS: Online (preferred): <https://daemen.medicalconnect.com/>

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"/> PT <input type="checkbox"/> NUR		<input type="checkbox"/> SU <input type="checkbox"/> FA <input type="checkbox"/> SP		
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 [chip@daemen.edu](mailto:chip@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](http://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