

# DAEMEN CLINICAL HEALTH FORM (AMHERST CAMPUS)

## PART 1 – STUDENT INFORMATION



LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	ANTICIPATED GRADUATION YEAR
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## 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), Meningococcal

As required by NYS Public Health Laws 2165/2157 students submit proof of immunity (or meningococcal declination) upon admission to the university. Please contact the Daemen University Health Services at [health@daemen.edu](mailto: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 (note: clinical sites may require vaccination)

### 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 8 WEEKS 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** Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Read Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_
- 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.

### COVID- 19 (Dates of initial series and additional boosters)

Vaccination dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

## PART 3 – PHYSICAL EVALUATION Must be completed within 1 year of starting clinical experiences and remain current (<1-year-old) for the duration of clinical experiences.

- 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