West Virginia Nursing Academy
Health Assessment and Immunization Form

A Collaborative Effort of the West Virginia Center for Nursing and

Student Name: _____

Date of Birth:_____ **Height:**_____ **Weight:**_____

BMI:_____ (*Referral Y or N*)_____ **Scoliosis Screen:**_____ (*Referral Y or N*)_____

Blood Pressure:_____ (*Referral Y or N*)_____

Health Assessment

	Normal	Abnormal	Needs Follow-Up	Not Examined
Lead Level				
Vision – Right				
Vision – Left				
Hearing – Right				
Hearing – Left				
Skin and scalp				
Nutrition				
Neurological and Muscular				
Spine and Extremities				
Eyes				
Ears				
Nose, Throat, and Mouth				
Glands (including Thyroid)				
Chest, Breasts				
Abdomen				
Genitalia				

Chronic illness that may require medication or special accommodations? (Y or N):_____

If yes, please explain:

_____

_____

_____

_____

_____

Does student require medication to be taken during Nursing Academy hours? (Y or N):_____

If yes, provide a written order with this completed form.

☐ I confirm that the above-named patient has been determined to be in good health and may participate in the West Virginia Nursing Academy without restrictions.

Provider name (printed): _____

Provider Signature: _____ Date: _____

Immunizations

Because we are dedicated to protecting the health and well-being of Academy students, staff and patients at FACILITY NAME, we require that students be current with all required immunizations. Students must also have a negative tuberculin skin test (ppd) within the past year.

An up to date immunization record & negative PPD record MUST be presented prior to the beginning of the Academy.

Parents, if you do not have your child's current shot record see below:

The West Virginia Statewide Immunization Information System (WVSIIS) helps ensure that all West Virginia children, adolescents and adults have current immunizations. State law requires all providers to report all shots they administer to children under age 18 to WVSIIS within two weeks. Those who need a current shot record may simply ask their provider or local health department to print them a copy during their next office visit.

If you continue to have difficulty finding the record, check with the school that your child is attending.

Records required for participation in the Academy:

• Varicella (chicken pox):

history of disease or varicella vaccine -2doses

• Measles/mumps/rubella vaccine (MMR) - 2 doses

• Hepatitis B -3 doses

• Tetanus –booster dose

• Negative PPD (TB skin test)