

**KINGSBOROUGH COMMUNITY COLLEGE
2001 ORIENTAL BOULEVARD
BROOKLYN, NEW YORK 11235**

Health Center

HEALTH REQUIREMENTS FOR RETURNING CLINICAL NURSING

PLEASE MAKE (3) COPIES OF ALL INFORMATION SUBMITTED

Students in the clinical phase of these Programs must complete ALL of the following requirements as indicated.

DEADLINE DATE: _____

Student's Name: _____ S.S. #: _____

- _____ **1. Complete physical done by a private physician required annually**
- _____ **2. Urinalysis and drug screen – lab reports required**
- _____ **3. Tuberculin Test – required annually**
Mantoux Skin Test – Date: _____ Result: _____
Chest X-Ray (only if positive skin test) – Date: _____ Result: _____
- _____ **4. Complete blood count (w/differential) - lab report required**

Physician's Signature: _____ **Physician's Stamp:**

Date: _____