

**SCHOOL OF NURSING CLINICAL REQUIREMENT**  
**ON FILE IN HEALTH SERVICES K250**

*\*NOTE: On entrance to MSOE, students are **required** to submit the MSOE Health Record along with documentation of all required immunizations (as noted in Section C. and D. of the Health Record) to the Health Services Office. (K-250, 1245 N. Broadway, Milwaukee, WI 53202)*

[HTTP://WWW.MSOE.EDU/LIFE\\_AT\\_MSOE/CURRENT\\_STUDENT\\_RESOURCES/STUDENT\\_RESOURCES/HEALTH\\_SERVICES/HEALTH\\_FORMS.SHTML](http://www.msoe.edu/life_at_msoe/current_student_resources/student_resources/health_services/health_forms.shtml)

All **Physical Exams** are also to be submitted to the Health Services Office, K250 by July 31, prior to the beginning of the student's first clinical. **Please keep a copy of ALL forms for your own personal records; this page is a guide only and not the health record.** All information is confidential. Failure to complete all records will prevent entrance to clinical.

Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_  Don't Have  
(Print legibly \*Please Notify Health Services if your last name changes)

MSOE ID#: \_\_\_\_\_

**HEALTH SERVICES/K250 REQUIREMENTS SECTION**

Health Record submitted to Health Services, K250  
1245 N Broadway, Milwaukee, WI 53202 414-277-7590

**Date:** \_\_\_\_\_ **Person submitted to:** \_\_\_\_\_ **Via Mail:** \_\_\_\_\_

1. **M.M.R (MEASLES, MUMPS, RUBELLA)** Record dates Section C1. Health Record Form  
 Completed Series  
 Surface Antibodies  
 Declined – must complete declination form from School of Nursing
2. **TDAP (TETANUS, DIPHTHERIA, PERTUSSIS OR WHOOPING COUGH)** – Must have had within last 10 years to be compliant. (Record date Section C2. Health Record form)
3. **VARICELLA (CHICKEN POX) Vaccine** (2 doses are required – Record dates Section C3. Health Record form)  
**OR Disease?** \_\_\_\_\_ **Age or Year**  
**OR Titer?** \_\_\_\_\_
4. **HEPATITIS B SERIES (Record dates Section D. Health Record form)**  
 Completed Series  Surface Antibody  
 Declined – must complete declination form from School of Nursing
5. **PHYSICAL EXAM (FORM IN HEALTH RECORD) DATE:** \_\_\_\_\_ **PERSON SUBMITTED TO:** \_\_\_\_\_  
 Completed  Appointment Scheduled on: \_\_\_\_\_ with \_\_\_\_\_
  - Must be within the Academic Year that your first clinical starts (1 x only unless change in health status)
  - Students are expected to provide updates to Health Services if changes in health status
  - Physical Exams available through Health Services; call 414-277-7590 to schedule

*I give permission to the School of Nursing and Health Services to release any information to MSOE Faculty/Staff that may be necessary to progress through my education.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_