



Northern Arizona Healthcare

Flagstaff Medical Center • Verde Valley Medical Center

STUDENT HEALTH FORM

PLEASE USE BLUE OR BLACK PEN

Are You A Returning Student To NAH? Yes ___ No ___

Are You An NAH Employee or Volunteer? Yes ___ No ___

Where is your rotation location: FMC ___ VVMC ___

Name: _____

Last 6 Digits SSN: ___ - ___ - ___

Birth Date: _____

Start Date: _____

End Date: _____

Home Address _____

City: _____ State: _____ Zip code: _____

Home Phone _____ Cell Phone _____

Email _____

Type of Student:

Nurse CNA Pre-Hospital Other: _____

School: _____ School Instructor Name: _____

TO BE COMPLETED BY OFFICE STAFF ONLY

Education:

Contract in Place Student Module AccuChek MIS Parking Permit

Lawson ID # _____ Education Dept Signature _____

TB/PPD TST: _____ MM Induration Neg. Pos. (Within school year & current during clinical rotation)

Positive Hx: _____

Chest X-Ray: _____ Pass Fail

Positive Signs/Symptoms Checklist Completed: _____ Neg. Pos.

MUMPS/RUBELLA/RUBEOLA (MMR) STATUS

MMR 1: _____ MMR 2: _____

Mumps titer: _____ Rubella titer: _____

Rubeola titer: _____

VARICELLA (CHICKENPOX) STATUS

Varicella Immunization History: Vaccine 1: _____ Vaccine 2: _____

Varicella titer: _____ Positive Negative

TDAP TDAP Record 1: _____ **FLU** FLU Record 1: _____ (Flu Season October-April)

EH Nurse initials: _____

Expiration date of Badge: _____