

**HOWARD UNIVERSITY STUDENT HEALTH CENTER
HEALTH CLEARANCE CHECKLIST
For All Health Science Students***

***Allied Health (Clinical Lab, Nutrition, Occupational Therapy, Physical Therapy, Physician Assistant, and Radiation Therapy) Dental, Nursing, Nurse Practitioner, Medical, and Pharmacy Students**

PRINT Name: Last, First Student ID#

School/Program: _____
For Clinical Rotations Beginning: (Month/Day/Year)

Annual Health Clearance Requirements (Check box to indicate completion of requirement):

- Physical Examination Form (Prior to start of clinical rotation and annually) Date of Examination: (Submit copy of SHC PE form)**
- PPD Test (Prior to start of clinical rotation and annually) Date of Test:**
- CXR if history of reactive/positive PPD (Prior to start of clinical rotation and annually) Date of CXR report: Must submit copy of CXR report.**
- Stool cultures for Nutrition** **Nasal Cultures for Pediatric Rotation**

Health Clearance Requirements: Submit one time only prior to initially starting clinical rotation. (Check box to indicate completion of requirement):

- Tdap Vaccination (Required if Td was given more than two years prior to start of clinical rotation) Date of Tdap Vaccination: Date of Td Vaccination:**
- Immune IgG quantitative antibody titers for MMR (Prior to start of clinical rotation and must submit copy of results) Date of titers: Date of Vaccinations**
- Immune IgG quantitative antibody titers for Hepatitis B (surface antibody) (Prior to start of clinical rotation and must submit copy of results). Date of titers: Date of Vaccinations:**
- Immune IgG quantitative antibody titers for Varicella (Prior to start of clinical rotation and must submit copy of results) Date of Titer: Date of Vaccinations:**
- VDRL/RPR Test (Prior to start of clinical rotation and must submit copy of results) Date of Test:**