

**CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM  
(CT-CCNP)**

*Capital Community College, Gateway Community College,  
Naugatuck Valley Community College, Northwestern Connecticut Community College,  
Norwalk Community College, Three Rivers Community College*

*Norwalk Community College  
188 Richards Avenue  
Norwalk, CT 06854*

**HEALTH ASSESSMENT FORM  
for  
Students participating in  
Clinical Activities**

**COMPLETED HEALTH ASSESSMENT IS DUE ON OR BEFORE:**

**July 1, 2021 for all students**

**All requirements are to be  
submitted through**

***Castle Branch, Inc. using the Link below:***

<https://portal.castlebranch.com/NG68/>

Please select Nursing - Tracker- NG71c2023

**Connecticut Community College Nursing Program (CT-CCNP) Health Assessment Form~  
Norwalk Community College: Academic Year 2021-2022**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**To the Examining Physician/Health Care Provider (HCP)**

Based on my health assessment and physical exam:

1. Student **DENIES** latex allergy:  Student **CONFIRMS** latex allergy:
2. Based on the Physical Examination date below, the student is cleared to participate in clinical course  
**WITH NO RESTRICTIONS:** Yes  \* No

\* If no, please explain the nature of the restrictions/limitations related to the delivery of patient care.

Documentation of **Evidence of Vaccine Administration** must be provided for all vaccines below:

<p>3. <b>MMR</b> Measles (Rubeola), Mumps &amp; Rubella (German Measles) Record of Immunizations on or after 1<sup>st</sup> birthday: Dose 1 ___/___/___ Dose 2 ___/___/___ (4 weeks after Dose 1)</p>	<b>OR</b>	<p>Titer Results <b>with lab report attached:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/></p>
<p>4. <b>Hepatitis B Antibody<sup>^</sup></b> (Quantitative Titer is required following vaccination series) Vaccination with Heplisav-B (2 dose) OR Engerix-B or Recombivax HB (3 dose), followed by a titer  Dose 1: ___/___/___ Dose 2: ___/___/___ (one month after dose 1) Dose 3: ___/___/___ (5 months after dose 2)</p>	<b>AND</b>	<p>Titer Results (at least 1-2 months after final dose). <b>Attach required lab report:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/>  <b><sup>^</sup>Students determined to be non-responders need documentation from their HCP</b></p>
<p>5. <b>Varicella</b> (Chicken Pox) Dose 1: ___/___/___  Dose 2: ___/___/___ (at least 28 days apart)</p>	<b>OR</b>	<p>Titer Results <b>with lab report attached:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/></p>
<p>6. <b>TETNUS/DIPHTHERIA/PERTUSSUS</b> (Tdap)  Tdap dose: ___/___/___ (&lt; 10 years)</p>	<b>OR</b>	<p>Td Booster <input type="checkbox"/> <b>OR</b> Tdap Booster <input type="checkbox"/>  Date Given ___/___/___  <b>(if Tdap was &gt;10 years ago)</b></p>

Continued on page 2

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**7. Initial TB Skin Test (TST) must be a two-step test:**

Test #1 date given: \_\_/\_\_/\_\_

Date read: \_\_/\_\_/\_\_ Result: \_\_\_\_\_

Test #2 date given: \_\_/\_\_/\_\_

Date Read: \_\_/\_\_/\_\_ Result: \_\_\_\_\_

**OR**

**TB Blood Test (IGRA, i.e. Quantiferon):**

Date of blood draw \_\_/\_\_/\_\_

Result:  Positive  Negative

**If either test is positive, a Chest X-ray is required w/lab report:**

Date of X-Ray: \_\_/\_\_/\_\_ Result:

Normal  Abnormal

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**8. Influenza (Flu) Vaccination:** Required every fall. Seasonal date window to be determined

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Healthcare Provider (Please Print)

Credentials

DEA Number

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Healthcare Provider (Signature)

Date of Physical Exam

Date of Form Completion

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

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Student Statement of Responsibility

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if my health status should change in a way that would impact my ability to perform in the nursing program, I must notify the Director/Administrator of the program immediately. The need for additional clearance will be determined at that time.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date