

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2018 15:50
NAME : AU STUDENT HEALTH
FAX : 3342443396
TEL : 3342443281
SER.# : BROBJ254642

DATE, TIME : 09/19 15:48
FAX NO./NAME : 92938929
DURATION : 00:01:43
PAGE(S) : 01
RESULT : OK
MODE : STANDARD

Melissa Monroe

M. Monroe

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NOTE: The use of "white-out" or other correction fluid is not acceptable on this form.

VERIFICATION OF ANNUAL PHYSICAL EXAMINATION

I certify that of this date, _____, I have examined
_____ and found this person to be free of
communicable diseases and physically able to carry out nursing functions in a clinical
setting. "Tuberculin skin test within last 12 months 01/24/18
(date)

Results: 0.00 mm negative dry M RN-BC

"If TB skin test results were positive, a chest x-ray will be required at the time of admission to clinical nursing courses, and every two years thereafter. If TB skin test results were positive, another TB skin test is not required.

Chest x-ray date: _____

Current Health Problems: _____

Signature

Name of Physician or Qualified RN (i.e., Certified Nurse
Practitioner or Employee Health Nurse)

PLEASE AFFIX OFFICIAL SEAL OR STAMP

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