



FAULKNER

PHYSICIAN ASSISTANT STUDIES

Incoming PA Student Immunization and Physical Exam Forms

Student Name: Blake Schanen Date of Birth: 12/19/1989

Matriculation Semester: Fall _____

This Form **must** be completed by a licensed physician, physician assistant or nurse practitioner. Please be sure to complete this form in its entirety. Failure to do so may cause a delay in matriculation or may render a student unable to participate in clinical experiences.

Physical Examination Findings

Please Check one of the boxes below to indicate your recommendation related to your history and physical examination findings. Your signature certifies that you have taken a history and performed a comprehensive examination as described in the attached "Instructions for Healthcare Provider"

☒ This student is free of any physical or mental impairment(s) which may pose a potential risk to him/herself or to patients or which may interfere with the performance of clinical responsibilities

- This student can perform clinical responsibilities safely, subject to the following accomodation(s):

- This student cannot be cleared to practice in a clinical environment at this time.

Office Phone Number: (334) 244-3281

Office Address: 7401 East Dr. Montgomery, AL 36117

Student, please return a physical copy of this complete form to:

Faulkner University Department of Physician Assistant Studies

Attn: Michaela Kinney

5445 Atlanta Hwy

Montgomery, AL 36109

Email: mkkinney@faulkner.edu

Incoming PA Student Immunization and Physical Exam Forms

Healthcare Provider Name: Lindsey Barton, CNP Signature: [Signature]



FAULKNER

PHYSICIAN ASSISTANT STUDIES

Student Name: Blake Schanen Date of Birth: 12/19/1989

Dear Healthcare Provider: All students are required to undergo screening for immunity to Hepatitis B, Varicella, Rubella (Measles), Mumps, Rubella (German measles) and are required to meet CDC recommendations related to vaccinations for healthcare providers (for more information, please visit www.cdc.gov) Immune titers must not be older than 3 years. **Non-Immune results require further action.** Please complete this form carefully. **Non-compliance may result in student dismissal from a clinical site.**

	Titer	Non-Immune: *	Re-titer	Non-Immune:*	Re-titer
Hep B	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Booster Date: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Hep B dose 1: _____ Lot #: _____ Exp Date: _____ Hep B dose 2: _____ Lot #: _____ Exp Date: _____ Hep B dose 3: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)

* If the student is non-immune at first titer and has documentation of previous 3 dose Hepatitis B Vaccination series: Healthcare provider may opt to provide a single dose of Hepatitis B vaccine; re-titer in 4 to 8 weeks. If the student remains non-immune, 3 dose series is required

* If the student is non-immune and the is lacking documentation of previous Hep B 3 dose series, or if the student remains non-immune following a single vaccine dose, full 3 dose series is required. Re-titer at 4 to 8 weeks.

In the event that the student is not able to achieve immunity, Please Explain:

	Titer	Non-Immune: *	Re-titer	Non-Immune:*	Re-titer
Varicella	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Booster Date: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Varicella dose 1: _____ Lot #: _____ Exp Date: _____ Varicella dose 2: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)

* If the student is non-immune at first titer and has documentation of previous 2 dose Varicella Vaccination series: Healthcare provider may opt to provide a single dose of varicella booster; re-titer in 4 to 8 weeks. If the student remains non-immune, 2 dose series is required.

* If the student is non-immune and the is lacking documentation of previous Varicella 2 dose series, or if the student remains non-immune following a single vaccine dose, full 2 dose series is required. Re-titer at 4 to 8 weeks.

In the event that the student is not able to achieve immunity, Please Explain:

	Titer		Re-titer		Re-titer
--	-------	--	----------	--	----------

Healthcare Provider Name:

Lindsey T. Barton, PA-C Signature: L. Barton, PA-C



FAULKNER

PHYSICIAN ASSISTANT STUDIES

		Non-Immune: *		Non-Immune:*	
Rubeola (Measles)	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Booster Date: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	MMR dose 1: _____ Lot #: _____ Exp Date: _____ MMR dose 2: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)
Mumps	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)
Rubella (German measles)	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)

* Record of 2 previous doses of MMR available, administer single dose of MMR and Re-titer

* No record of 2 previous doses of MMR available, administer 2 doses of MMR and Re-titer

In the event that the student is not able to achieve immunity, Please Explain:

Tuberculin Skin Test PPD	PPD 1 Date: <u>11/28/22</u> Lot #: <u>C5805AA</u>	Site: <u>Upper forearm</u> PPD 1 Induration <u>0</u> mm	PPD 1 Interpretation: • Positive • <u>Negative</u>
--------------------------	--	--	--

Healthcare Provider Name:

Lindsey T. Barton, CNP Signature: L. Barton, CNP



FAULKNER

PHYSICIAN ASSISTANT STUDIES

	Exp Date: _____		
*If the student does not have a documented negative PPD within the previous 12 months a two step is required.	PPD 2 Date: _____ Lot #: _____ Exp Date: _____	Site: _____ PPD 2 Induration _____ mm	PPD 2 Interpretation: • Positive • Negative
Quantiferon TB Gold (Attach Lab Report)	• Negative • Positive • Undetermined		

In the event of a positive or indeterminate test a chest x-ray is required. Please describe any treatment started:

Diphtheria/ Pertussis/ Tetanus (Tdap): Document vaccination performed within the previous ten years	Date of Immunization: _____	If student is in need of Immunization and it is administered: Lot #: _____ Exp Date: _____
--	-----------------------------	--

****Please include immunization records (if available) and all titers drawn.****

Medical Clearance- Final Recommendation

I have examined the above named students, reviewed their immunization history, and screened them for tuberculosis. I find this student meets the immunization requirements as described above and is free from contagious disease. In my judgment this student is physically and mentally fit to begin working in a clinical environment.

Address of Office: 7401 East Dr. Suite 102 Montgomery, AL 36117
Phone Number of Office: (334) 244-3281

** Recommend MMR Booster for low titer.**

Healthcare Provider Name: Lindsey T. Burton, CNP

Signature: J. Burton, CNP