



12/11/2011 10:56:56 AM

KINGSBOROUGH COMMUNITY COLLEGE
OF
THE CITY UNIVERSITY OF NEW YORK
2001 ORIENTAL BOULEVARD
BROOKLYN, NEW YORK 12235

DEPARTMENT OF NURSING FACULTY HEALTH RECORD

Faculty in the Department of Nursing is required to have a Physical Examination and Tuberculin Skin Test or Serum Quantiferon Gold every year.

Faculty Name: _____ EMPLID _____

Address: _____ Date of Birth: _____

Home Telephone: _____

3. TUBERCULIN TESTING
 a. Serum Quantiferon Gold
 or
 b. PPD

The following results were obtained from tuberculin testing:

Positive _____ Negative _____

Date of testing: _____

POSITIVE TUBERCULIN TEST REQUIRES CHEST X

Chest x-ray results: _____

Date of x-ray: _____

4. RUBEOLO (measles) TITRE LEVEL (attach copy of report)
 The resulting levels were:

Positive _____ Negative _____

**Immunization required: Date of Immunization

5. RUBELLA TITRE LEVEL (attach copy of report)
 The resulting levels were:

Positive _____ Negative _____

**Immunization required: Date of Immunization

6. MUMPS TITRE LEVEL (attach copy of report)
 The resulting levels were:

Positive _____ Negative _____

**Immunization required: Date of Immunization

7. VARICELLA TITRE LEVEL (attach copy of report)
 The resulting levels were:

Positive _____ Negative _____

**Immunization required: Date of Immunization

8. HEPATITIS B
 Dates of Hepatitis B Vaccine: #1 _____ #2 _____ #3 _____
 or
 Declination Statement _____

9. HEPATITIS C TITER LEVEL

The resulting levels were:

Positive _____ Negative _____

Pursuant to Section 405.3 (b) of the New York State Hospital Codes, I hereby certify Statement of Physical Examination is required:

Based on my physical examination and the patient's medical history, I believe that the above-