



# BLESSING-RIEMAN

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## College of Nursing & Health Sciences

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

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

City, State, Zip: \_\_\_\_\_ Local Phone: \_\_\_\_\_

**To be completed by all students!** At Blessing-Rieman College of Nursing, we request the following information to ensure that your health will not interfere with your ability to perform as a nurse.

**Please complete the following assessment and upload it into your CastleBranch account.**

To be completed by Student: Have you had, or do you now have, the following?  
Please answer "yes" or "no" by placing a check mark in the appropriate box.

<u>Indications</u>	<u>Yes</u>	<u>No</u>	<u>Indicators</u>	<u>Yes</u>	<u>No</u>
Tuberculosis			Back Conditions:		
Hepatitis			Pain		
Heart Disease			Sciatica		
Headache, Fainting, Dizziness			Other		
Convulsions, Epilepsy, Seizure			Allergies:		
Diabetes			Food		
Rheumatic Fever			Medications		
Three day Measles			Latex		
Rubella (German Measles)			Other		
Rubeola (Reg. Measles)			Mumps		
Chickenpox			Pertussis (Whooping)		

1. Please list any and all allergies that you have.
2. Do you have any conditions, illnesses, or diseases that may interfere with your ability to fulfill clinical experience activities?
3. Are you taking any medications that may interfere with your ability to fulfill clinical experience activities?

If your answer to any of the above Questions is “yes” please give an explanation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student/CAMs ID # \_\_\_\_\_