

Armstrong Atlantic State University
Graduate Program in Nursing
 Application for Admission

Student Health Appraisal Form

Name _____ SS# _____
 Last First MI

Date of Birth _____ Race _____ Sex _____

List any serious illness _____

List any surgeries (include date, operation and physician) _____

Did any of these illnesses or surgeries cause permanent damage? [] Yes [] No

If "yes", explain _____

Disabilities _____

Physical Aids (Crutches, Braces, Prosthesis) _____

List any medications you take regularly		
Medication	Reason Taken	Physician Ordering

Family Health History (List any serious illnesses in your family)

Student Signature _____

Date _____

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Student Health Appraisal Form

Physical Examination (To be completed by a physician or nurse practitioner)

Tests

Blood Pressure _____	Pulse _____	Height _____
Hgb/Hct _____ / _____	U/A _____	Weight _____

Comments: _____

Comments: _____

Examiner's Signature _____ Date _____

Armstrong Atlantic State University
School of Health Professions
Application for Admission

Hepatitis B Declaration Form

Name: _____ SS#: _____
(please print)

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B virus. Therefore, I agree to take the prescribed series of inoculations and follow-up titre to assess antibody level, and a second series if necessary. I assume responsibility for all arrangements, costs, and complications arising from this vaccination procedure.

Signature

Date

I understand that Hepatitis B is a severe and potentially life threatening illness. Hepatitis B vaccination significantly decreases my risk of being infected by the Hepatitis B virus. I understand also that not taking the vaccination significantly increases my risk of being infected by the Hepatitis B virus. Nevertheless, I elect not to take the prescribed vaccination procedure, and assume responsibility for all arrangements, costs, and complications arising from not taking those vaccinations.

Signature

Date

I have already received the Hepatitis B vaccination.

Signature

Date

Please return this form to the Graduate Studies Program-Division of Nursing. If you have questions please contact the Graduate Program in Nursing at (912) 921-5721