

**MERCER COUNTY COMMUNITY COLLEGE  
DIVISION OF SCIENCE & HEALTH PROFESSIONS  
Nursing Program Requirements Checklist**

<u>Name</u>					<u>Starting Semester</u>
<b>Physician's Examination Form (PE)</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>Drug screen test</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>The Mantoux test (PPD) (tuberculosis)</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>Flu vaccine</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>CPR certification</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>Accident/Health insurance</b>					
Dates 1.	2.	3.	4.		
Received/Approved					
<b>Liability Insurance</b>					
Dates 1.	2.	3.	4.		
Received/Approved					