

**Onsite Employee Health and Wellness
Nurse Charting Sheet**

This document should be scanned into the patient's chart IMMEDIATELY.

Patient's Name: _____ Patient's Date of Birth: _____
 Date of Visit: _____ Time of Visit: _____
 Ordering Provider Name _____
 with credentials: _____ Nurse's Printed Name: _____

Rapid Testing Results

Please circle the result for the following tests. If not performed, circle N/A:

Strep Test	Positive		Negative	N/A
Flu Test	Positive A	Positive B	Negative	N/A
Mono Test	Positive		Negative	N/A
Urine Pregnancy Test	Positive		Negative	N/A
RSV	Positive		Negative	N/A

Please enter the below information for Urinalysis Results:

****Circle here if Urinalysis not performed**

Color: _____
 Characteristics: _____
 Leukocytes: _____
 Nitrites: _____
 Urobilinogen: _____
 Protein: _____
 pH: _____
 Blood: _____
 Specific Gravity: _____
 Ketones: _____
 Bilirubin: _____
 Glucose: _____

Please enter the value for the following:
****Circle here if Blood Glucose was not checked**
 Blood Glucose _____ mg/dL

Injections Administered: ****Circle here if no Injections were administered**

Did the patient sign the Injection Consent? Yes No

Name and Dosage of Injection	Site Administered	Route	Manufacturer & Lot Number	Expiration Date	Reaction
1)					
2)					
3)					
4)					
5)					

If immunizations, were VIS sheets given to patient? Yes No

Ear Lavage:

Was Ear Lavage Performed? Yes No
 If yes, did Patient Tolerate well? Yes No N/A

Nurse's Signature: _____ **Date:** _____