



NURSING PROGRAM

HEALTH, CPR, BACKGROUND CHECK & DRUG TESTING REQUIREMENTS INFORMATION AND CHECKLIST

THIS FORM IS INTENDED FOR USE BY THE STUDENT TO HELP WITH ORGANIZATION AND UNDERSTANDING THE RATIONALE WHY THESE REQUIREMENTS ARE NEEDED PRIOR TO STARTING CLINICAL. THIS FORM IS NOT INTENDED FOR USE OR DOCUMENTATION BY YOUR PROVIDER.

Note: Health Requirements are subject to change based on current medical advice and recommendations.

Date When Completed	Requirement	What	Why	Additional Information
_____	Personal Health History	Personal Health History form to be completed by YOU!	To provide health care provider with an overview of your medical history.	Complete and take with you for your physical examination.
_____	Physical Examination Report	A summary of the physical exam performed by your primary care provider (i.e. MD, DO, NP) using the form provided.	To assure that you are healthy and can participate in all school and clinical activities.	Equal to a school or sports physical; must be done within 90 days of beginning freshman or sophomore year of the nursing program or any returning student at any semester.
_____	Essential Functional Abilities of the Nursing Student	Assesses your mobility, motor skills, hearing, visual, communication, and critical thinking.	Provides documentation that you can perform the expectations of a student nurse in class, laboratory and clinical settings.	This form is required to be signed by your provider annually and following any changes in your health status.
_____ _____ _____	Rubeola Titer (Red Measles) Mumps Titer Rubella Titer (German) Varicella Titer (Chicken Pox)	Blood draw to demonstrate your immune status to identified communicable diseases. To indicate immunity, the blood draw must demonstrate that you are positive for immunity.	To assure your ability to "fight" communicable disease and/or prevent the spread of it at clinical. This is a clinical agreement requirement.	<p>If Rubeola, Rubella, Mumps or Varicella titers are NEGATIVE or EQUIVOCAL the student must receive the appropriate vaccine(s).</p> <p>If non-immune to Rubeola and/or mumps: Need 2 doses of MMR vaccine. One dose followed by a second at least 4 weeks (28 days) later.</p> <p>*Both of these vaccines must be completed prior to the student's first clinical experience (per agency/clinical requirements).</p> <p>If non-immune to Rubella: Need 1 dose of MMR.</p> <p>*This vaccine must be completed prior to the student's first clinical experience (per agency/clinical requirements)</p> <p>If non-immune to Varicella: Need 2 doses of Varicella vaccine at least 4 weeks (28 days) apart.</p> <p>*Both of these vaccines must be completed prior to the student's first clinical experience (per agency / clinical requirements).</p> <p>***MMR and Varicella vaccines are contraindicated during pregnancy.</p>

Date When Completed	Requirement	What	Why	Additional Information
_____	Two-step TB skin test (TST) or one QuantiFERON-TB Gold test (QFT-G)	<p>A series of two intradermal injections; takes approximately 10 days to complete the 2 injections and reading of them.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1) Administer (place) TST. 2) Read the skin reaction 48-72 hours later. If student will need to be evaluated by their provider, have a chest x-ray (2 views) and possibly a QFT-G blood test, and a symptom screen to rule out TB. 3) If the first TST is negative, the second TST should be placed 1-3 weeks after the first TST was read. 4) Read the second TST 48-72 hours after placed. 5) Measure only induration. Record reaction (results) in millimeters. 	Proof that you are free of Tuberculosis. This is a clinical agreement requirement.	<p>If TST is positive, a chest x-ray or a QuantiFERON-TB Gold test (QFT-G) is required. If QFT-G is negative no chest x-ray is needed.</p> <p>Note: Chest x-ray (2 views) only needed if TST or a QFT-G is positive. Chest x-ray must be within 90 days of the positive TST/QFT-G. If a student is a current healthcare worker and can provide documentation of their last TB testing they may only need one or no testing. This will depend on the proof of dates provided. Students who have a history of receiving the bacilli Calmette-Guèrin (BCG) tuberculosis vaccine: the TST to detect possible TB infection are not contraindicated for persons who have been vaccinated with BCG. If a student has had a BCG vaccine and has a history of a prior positive TST, the blood test QFT-G should be completed as these results are not affected by prior BCG vaccination and are less likely to give a false-positive result.</p>
_____	Hepatitis B Vaccination	Series of 3 vaccines administered over a 6 month time period or longer to develop an immune status to Hepatitis B.	Gain immunity to Hepatitis B. This is a clinical agreement requirement.	If you choose to not participate or will not complete the series prior to clinical beginning, you must complete the Hepatitis B Declination form. This form must be completed each year of the nursing program. If you cannot provide authentic documentation of the dates you received the series of 3 Hepatitis vaccines, your provider can order a titer to assess for immunity. This titer should be done at least 1-2 months after your 3 rd dose of Hepatitis B vaccine. If the titer determines you to be non-immune, you will need to sign the Hepatitis B waiver.
_____	Diphtheria, Tetanus, and Pertussis - Tdap vaccination	Vaccination is given and covers three diseases.	Gain immunity to Diphtheria, Tetanus, and Pertussis. This is a clinical agreement requirement.	Current Medical Advice indicates that this is a necessary vaccination to protect students entering a health care facility from noted disease. Must have received one Tdap since 2005.

Date When Completed	Requirement	What	Why	Additional Information
_____	Drug Test	A urine test for presence of identified drugs. The drug test must be a 10 panel. Must include the following drugs: Amphetamines Barbiturates Benzodiazepines Cannabinoids Cocaine Opiates Phencyclidine Methaqualone Methadone Propoxyphene	Proof of being drug free. This is a clinical agreement requirement.	Must be completed between May 1 st and July 31 st each year. All students must use the designated Lab for the Drug Test.
_____	Flu Vaccine	Vaccine given annually.	Minimize risks of acquiring the flu. This is a clinical agreement requirement.	All eligible students are to receive the annual influenza vaccine and provide documentation to the nursing department by November 1st each year. Any student who declines an annual influenza vaccine due to medical reasons will need to bring signed documentation from their provider explaining the medical contraindication. If a student has a religious reason why they cannot receive an influenza vaccine they will need to bring in a notarized letter (on the religious organization's letterhead) from their minister that documents their religious belief against receiving the annual influenza vaccine.
_____	CPR BLS	Basic Life Support (BLS), Cardio Pulmonary Resuscitation (CPR).	Medical personnel may be required to perform CPR in the course of their duties. This is a clinical agreement requirement.	Students must maintain BLS CPR "Health Care Provider" through the American Heart Association.
_____	Background Check	The criminal background check is used to search federal, state, and county criminal databases for infractions and to check for registered sex offenders.	Healthcare professionals are subject to both criminal and federal record checks. This is a clinical agreement requirement.	Freshman Students: background check will be performed by the school in May during registration. The student is responsible for the cost.

References:

- Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings (2005). <http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>. Retrieved 4/4/16.
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- Hepatitis B facts: Testing and vaccination (2013). www.cdc.gov. <http://www.immunize.org/catg.d/p2110.pdf>. Retrieved 4/4/16.
- Healthcare personnel vaccination recommendations (2009). <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/healthcare-rec.pdf>. Retrieved 4/4/16.
- Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP). (Nov. 25, 2011) / 60(RR07); 1-45. <http://www.cdc.gov/mmwr/PDF/rr/rr6007.pdf>. Retrieved 4/4/16.