

STUDENT HEALTH SCREEN REQUIREMENTS & OSHA RESPIRATOR MEDICAL EVALUATION
QUESTIONNAIRE FOR CLINICAL PLACEMENT

John Doe
Student Name - PRINT

[Signature]
Student Signature

TB Skin Test:

Must have documentation of two Tb skin tests **OR** one TB blood test.

a. Documentation of two Tb skin tests. One PPD skin test within the past year and one PPD skin test in the previous year. If proof is not available, must be skin tested immediately, and then receive another skin test 1-3 weeks later. *If skin test positive student must have a negative T-Spot or QuantiFERON-TB GOLD test, and have no symptoms suggestive of TB.*

OR

b. Documentation of a negative T-spot or QuantiFERON-TB GOLD test within the last 3 months.

M.M.R. (Measles, Mumps, Rubella) Regardless of Date of Birth

Must have documentation of two doses of MMR **OR** positive titers to Measles/Rubeola, Mumps, Rubella

a. Documentation of two MMR vaccinations at least 1 month apart started after the first birthday

OR

b. Positive rubella titer **AND** Positive measles/rubeola titer **AND** Positive mumps titer

Varicella (Chicken-pox)

Must have documentation of two doses of Varicella vaccine or one positive Varicella titer regardless if you had the disease. *History of disease will not be accepted.*

a. Positive Varicella titer

OR

b. Two Varicella Vaccines

Hepatitis B Vaccine: *Please note if you are in the process of the vaccine series a titer will be required upon completion.*

a. Documentation of starting vaccination series and is on schedule (Start Day, 1 month, 5 months)

AND

b. Documentation of a positive/reactive Hep B Surface Antibody titer

Tetanus/Diphtheria/Pertussis (must be within the last ten years)

- a. Documentation of Tdap required. If Tdap is older than 10 years documentation of expired Tdap and current (within the last 10 years) Td booster will be required.
-

Annual Influenza Vaccination

Students are required to obtain the influenza vaccination prior to beginning his/her Educational Experience at the clinical facilities during Influenza Season. Flu season is determined by the state public health office of epidemiology and varies from year to year.

- a. Official CHC form documenting Flu vaccine at time of Flu season
-

The following record is required by the Nursing Program and should be completed by a physician or nurse practitioner.

Upload this page and the OSHA Questionnaire to the Physical tab in ACEMAPP.

John Doe
Student Name Print

1/1/00
Student Date of Birth

Please indicate if applicant has any limitations in the following areas:

Limitations	No Limitations	
	✓	Has the visual acuity (with corrective lenses if necessary) needed to identify cyanosis; identify absence of respiratory movement in patients; read very fine, small print on medication containers, physician orders, and monitors; and perform equipment calibrations.
	✓	Has the hearing ability (with auditory aids if necessary) needed to understand the normal speaking voice without viewing the speaker's face; hear monitor alarm, emergency signals, call bells from patients, and telephone orders; and take/hear blood pressure, heart, lungs, vascular and abdominal sounds with a stethoscope.
	✓	Has the physical ability needed to stand for prolonged periods of time, perform Cardiopulmonary resuscitation, lift patients/objects of 35 lbs. or more, and move from room to room or maneuver in limited spaces.
	✓	Has the ability to communicate effectively in verbal and written form by speaking clearly and succinctly in order to explain treatment procedures, describe patient conditions, and implement health teaching. Has the ability to write legibly and correctly in patient's chart for legal documentation.
	✓	Has the manual dexterity needed to use sterile technique when inserting catheters, withdrawing blood, and preparing medications (IV, PO, IM).
	✓	Has the ability to function safely under stressful situations with the ability to adapt to ever changing environment inherent in clinical situations involving patient care.

If applicant has any physical limitations, please list and comment on status of problem:

None

If applicant has any chronic disease (i.e. diabetes, epilepsy, etc.) please list and comment on status of problem:

None

Please make a statement regarding the applicant's general physical and emotional health:

Patient is in overall good health.

[Signature]
Physician/Nurse Practitioner Signature

7/1/23
Date