**STUDENT HEALTH SCREEN REQUIREMENTS FOR CLINICAL PLACEMENT**

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**Student Name - PRINT**

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**Student Signature**

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| --- |
| **TB Skin Test:** One TB blood test.  |
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| Documentation of a negative T-spot or QuantiFERON-TB GOLD test within the last 3 months.  |
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| **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   |
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| **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 |   |   |   |   |   |   |   |
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| **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 |   |   |
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| **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. **Please do not get your flu shot before September**. |
|  |
| a. Official GHC 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 to the Physical tab in ACEMAPP.

**Student Name Print 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:**

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

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

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**Physician/Nurse Practitioner Signature Date**