



NORTHWESTERN STATE UNIVERSITY
College of Nursing and School of Allied Health

Health Information Record for Clinical Admission (Revised June 2021)

***This form must be completed prior to admission to first clinical rotation.
Students must keep a copy of this completed record for their own files.***

Section A: Student Completes

Name: _____
(Last) (First) (Middle)

DOB: _____ Age: _____ Gender: _____ Last 4 # SSN _____

Student ID Number: _____ University E-mail: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Current Mailing Address: _____
Street/P.O. Box

City: _____ State: _____ Zip Code: _____

Permanent Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Insurance Company: _____ Policy Number: _____

Policy Holder: _____ Relationship: _____

Program(circle): RAD-SCI ASN BSN LPN/PARA-ASN LPN-BSN BS-BSN MSN/PMC

Student Name: _____

Student ID: _____

Section B: Health Care Provider completes (MD, NP, or PA)

Physical Exam

Height:	Weight:	Blood Pressure:		Pulse:
Hearing:	Normal	Abnormal	Corrected	Comments:
Vision:	Normal	Abnormal	Corrected	Comments:
	Normal		Abnormal	Comments
Head, face, scalp				
Eyes				
Ears				
Nose, sinuses				
Oral Cavity				
Neck, lymph nodes, thyroid				
Breasts				
Respiratory				
Cardiovascular				
Abdomen & Inguinal Area				
Musculoskeletal				
Neurologic				
Reflexes				
Other:				

*Signature below verifies the above physical exam was performed and is accurate to the best of your knowledge

Date: _____ Provider Signature: _____

Provider Name: _____

Facility Address: _____

Phone: _____ Fax: _____

This information will be used in instances where the data would affect clinical assignments. The student will maintain full responsibility for the care and follow-up of any diseases, conditions, or needed treatments. Please submit only pages 1-2 and keep the remaining pages for your leisure to review as needed.

Clinical Healthcare Requirements

This page is a guide and can serve as a checklist to help you complete each requirement. Please attach supporting documentation for each requirement and submit with your clinical health form.

MMR (Measles/Rubeola, Mumps and Rubella)

1. MMR vaccination dates: #1 _____ #2 _____

OR

2. Dates & results of **Positive** IgG titers:

Measles: _____ Mumps: _____ Rubella: _____

Varicella (Chickenpox)

1. Varicella vaccination dates: #1 _____ #2 _____

OR

2. Date & result of **Positive** Varicella IgG titer:

Date: _____ Result: _____

Hepatitis B

1. Hepatitis B vaccination dates: #1 _____ #2 _____ #3 _____ or 2-dose #1 _____ #2 _____

And

Hepatitis B Surface Antibody Titer Date: _____ Result: _____

(If titer is Negative, initiate Hepatitis B booster with repeat titer in 1 month)

OR

2. If no proof of vaccination or acute Hepatitis B disease, initiate Hepatitis B 3-dose or 2-dose series now.

Dates: #1 _____ #2 _____ #3 _____ or #1 _____ #2 _____

Tetanus Booster (within 10 years) *Tdap recommended vs. TD if no previous documented receipt.

1. Date: _____

Tuberculosis (Annual Requirement)

1. 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

TB Skin Test Date: _____ Date Read: _____ Results: Negative or Positive

OR

2. Negative blood test (Either QuantiFERON or T-Spot)

QuantiFERON Date: _____ or T-Spot Date: _____

Flu Vaccine (Seasonal Requirement) *due October 1st.

1. Date: _____ *For Spring semester students, it will be due when your health form is due.

CPR Card (AHA Healthcare Provider Level) *With date of issue and expiration date.

Urine Drug Screen (10 panel) *Rad-Sci only

Optional Disclosure of COVID Vaccination

Alexandria Undergraduate Nursing,
submit to: Designated Coordinator
fax: 318.487.5953
mail: 1410 Neel Kearby Blvd. • Alexandria, LA •
71303

Alexandria Undergraduate Radscl,
submit to: Designated Coordinator
fax: 318.769.7683
mail: 211 4th Street • P.O. Box
30165 • Alexandria, LA 71301

Shreveport Undergraduate
submit to: Shreveport Health Services
fax: 318.677.3191
drop box: Shreveport Health Services, room 104
mail: 1800 Line Ave. LC 104 • Shreveport, LA 71101

Natchitoches Undergraduate
submit to: Designated Coordinator
fax: 318.357.6373
mail: NSU- CONSAH • Natchitoches, LA 71497

Leesville Undergraduate
submit to: Campus Coordinator
fax: 337.392.3183
mail: 3329 University Parkway • Leesville, LA
71446

HEALTH AND SAFETY REQUIREMENTS

A. MMR (Measles/Rubeola, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps, and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires **two** doses. If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are **POSITIVE**, showing immunity to each disease, attach a copy of the lab results. If you have never received the MMR series, you will need to initiate vaccination for the above diseases.

Options to meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.
- OR
2. Lab documentation of **POSITIVE** titer results for each disease (measles, mumps, and rubella).

B. Varicella (Chickenpox)

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the varicella vaccine. Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria: a). Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks or b). Laboratory evidence of immunity or laboratory confirmation of disease. If you have not had the varicella vaccine or if you do not have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

Options to meet this requirement:

1. Documentation of **two** varicella vaccines, separated by at least 4 weeks.
- OR
2. Submit a copy of proof of a **POSITIVE** IgG titer for Varicella.

C. Hepatitis B

Clinical students may be exposed to potentially infectious materials which can increase their risk of acquiring the Hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease and lead to a serious, lifelong illness. Northwestern State University CONSAH requires all students to receive the Hepatitis B 3-dose or 2-dose vaccine series administered over the recommended time frame, if not previously received. If you have already received the Hepatitis B series, see option 1. If not, obtain the first vaccination; the second injection is given 4 weeks after the first dose and the third injection is given 16 weeks after the first dose (CDC minimal schedule). Note, if you are receiving the 2-dose series, you will only need two vaccine doses separated by 4 weeks. Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HepBSab antibodies in the blood. This titer is required 1 month after successful completion of the Hepatitis B series. If you have never received the Hepatitis B series, activation of the Hepatitis B series is required. All clinical students will be required to obtain a Hepatitis B Antibody titer for immunity verification.

Options to meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer.
If negative

2. Receive a booster followed by a repeat titer in 1 month. If the titer is negative, repeat the Hepatitis B series. You must remain on schedule for the remaining immunizations and provide the additional documentation. One month after your last immunization, you will be required to have an HbsAb titer drawn to recheck your immunity status. Failure to respond to 2 rounds of Hepatitis B vaccination, will result in you being identified as a non-responder and a clinical waiver will be required. The CDC recommends that all non-responders talk to their pcp regarding the need for a complete Hepatitis B serologic testing panel.

D. Tetanus/Diphtheria/Pertussis (Tdap):

Tetanus, diphtheria, and pertussis are serious bacterial illnesses which can lead to illness and death. Tdap vaccination can protect against these diseases and is recommended for healthcare personnel with direct patient contact who have not previously received Tdap. Tdap vaccination can protect healthcare personnel against pertussis and help prevent them from spreading it to their patients. The Td vaccine protects against tetanus and diphtheria, but not pertussis. Following administration of Tdap, a Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap can be administered regardless of interval since the previous Td dose.

To meet this requirement: You must provide proof of a one-time Tdap vaccination or Td booster if **10 years** or more has elapsed since Tdap vaccination.

E. Tuberculosis (TB)

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* which usually infects the lungs but can attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria develops tuberculosis. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal. All students entering a clinical program are required to submit documentation showing TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous six (6) months. The TBST or negative blood test must remain current throughout clinical enrollment. This is required annually. Most recent skin testing or blood test must have been completed within the previous six (6) months. If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray. You will also need to complete a TB Symptom Screening Questionnaire annually.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider.

OR

2. Submit documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last 6 months.

3. **POSITIVE RESULTS:** If you have a positive TBST, provide documentation of a negative chest X-ray or negative blood test and a completed Tuberculosis Screening Questionnaire.

F. Influenza (Flu Vaccine)

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications which may lead to hospitalization or death. The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because: 1). the body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection; 2). because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses.

The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season. Students are required to be vaccinated every flu season and submit documentation proving annual vaccinations. Flu Season begins every October and usually goes through March. Flu documentation will be due by October 1st every year. For all incoming Spring semester students, the flu vaccine will be due when your health form packet is due, then subsequently October 1st for the start of each flu season.

To meet this requirement:

Submit a copy of proof of flu vaccine proving seasonal vaccination.

G. CPR (Basic Life Support) Certification

CPR is a procedure performed on persons in cardiac arrest to maintain blood circulation and to preserve brain function. Northwestern State University CONSAH students are required to learn CPR by completing an acceptable Basic Life Support course accredited by the **American Heart Association**. CPR certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component. CPR courses are offered at numerous locations throughout Louisiana. CPR training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR certification throughout enrollment in their clinical program. Certifications are usually good for 2 years.

To meet this requirement:

Submit a copy of the signed CPR card (front and back) or CPR certificate.

H. Drug Screen (10 panel)

Random drug screens are performed throughout the clinical experience. Radiologic Sciences students are required to submit proof of a 10- panel drug test prior to start of clinical. This is to be turned in with the clinical health form. Nursing students are not required to undergo drug testing prior to start of clinical.

I. Optional disclosure of COVID vaccination

At this time, the COVID vaccine **is not** required by any of our clinical agencies. However, this can change at their discretion or once the vaccine has been fully approved, by the FDA. Students are encouraged to get vaccinated against the COVID-19 virus. Disclosure of vaccination is optional and is not required at this time.

IMPORTANT:

- Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in the inability to continue clinical experiences and may result in withdrawal from your respective program.
- Health and safety requirements are subject to change depending on clinical agency requirements.
- Immunizations and schedules are based upon the Centers for Disease Control and Prevention guidelines and recommendations for health care providers (CDC) 2020.