

Student Name: _____

University of West Georgia
Department of Nursing
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HEALTH & PROFESSIONAL REQUIREMENTS CHECKLIST

Proof of all the health and professional requirements listed must be on file in the UWG Department of Nursing prior to participation in any clinical activity. These records are required by our clinical agencies with which the University of West Georgia has binding contracts. YOU WILL NOT BE ALLOWED INTO THE CLINICAL SITES WITHOUT THIS DOCUMENTATION. Student files will be reviewed each semester for currency of the documents. Failure to provide this documentation by the deadline dates will result in the student being dropped from all clinical and co-requisite courses. Also, a registration hold will be placed on the student's record. If completed documents are then received by the first day of classes, the hold will be removed and the student may then register for classes.

1. **ANNUAL PHYSICAL ABILITY FORM** – This verifies the student’s physical ability to perform clinical activities. This physical form must be renewed every year while enrolled in clinical courses and must not expire during the clinical experience. A Physical Ability Form can be accessed on the Department of Nursing's website at www.westga.edu/~nurs. This document must be signed by a nurse practitioner, physician assistant, or a medical doctor. All students who have paid their student activity fees may have the physical ability form completed in the University Health Center.

2. **TUBERCULOSIS TEST (PPD)** - Proof of a negative TB skin test must be obtained every year and must not expire during the clinical experience. This document must be signed by a nurse practitioner, physician assistant, medical doctor, or health department for the date of testing, date of reading, and results, whether negative or positive. Students with positive TB skin tests must receive follow-up assessment and treatment as recommended by the Centers for Disease Control and Prevention (CDC). Documentation of current and/or past treatment from a nurse practitioner, physician assistant, or medical doctor is required for all students who have a positive PPD before the student will be allowed to participate in clinical activities.

3. **MMR (MEASLES, MUMPS, & RUBELLA)** -
 - **For students born "before" 1957**, proof of a positive Rubella Titer is required, as in #4 below.
 - **For all other students born 1957 or "after"**, proof of two MMR's is required as in number 1 , or provide evidence of measles, mumps and rubella immunity (titer) as in #2, #3 and #4 below.
 1. MMR (Measles, Mumps, Rubella) *Note: Date must be after 1970*
 1. Dose 1 - immunized at 12 months of age or later, and
 2. Dose 2 - immunized at least 30 days after Dose 1
 2. MEASLES *Note: Date must be after March 4, 1963*
 1. Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
 2. Born before 1957 and therefore considered immune.
 3. Has laboratory proof of immune titer (documentation must specify date of titer)
 4. Immunized with live measles vaccine at 12 mos. of age or later.
 5. Immunized with second dose of live measles vaccine at least 30 days after first dose

3. **MUMPS Note: Date must be after April 22, 1971**

1. Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
2. Born before 1957 and therefore considered immune.
3. Has laboratory proof of immune titer (documentation must specify date of titer)

4. **RUBELLA Note: Date must be after June 9, 1969**

1. Has laboratory proof of immune titer (documentation must specify date of titer)
2. Immunized with vaccine at 12 mos. of age or later.

4. **HEPATITIS B** - students must have **one** of the following:

Hepatitis B (three-shot series) - is required by the University of West Georgia if born on or after January 1, 1987 (as recommended for ALL healthcare providers by the CDC.) **However**, the Department of Nursing's contracted clinical agencies are requiring all students receive the Hepatitis B (three shot) Series or show immunity from a positive titer (blood test) which must be signed by a nurse practitioner, physician assistant, medical doctor, or health department.

The series of three shots should be received in this order: 1st shot prior to beginning nursing course work, 2nd shot should be received one month after 1st shot, and 3rd shot should be received 4 months after 2nd shot. The series must be completed 6 months after the first shot in order to continue in clinical activities. Signed documentation is required from a nurse practitioner, physician assistant, medical doctor, or health department with the date of injections.

5. **VARICELLA (CHICKEN POX)** - students must have **one** of the following:

- A. Varicella Vaccination date - documentation is required from a nurse practitioner, physician assistant, medical doctor, or health department with the date of injection.
- B. Positive titer and date of varicella stated as "immune" signed by a nurse practitioner, physician assistant, medical doctor or health department.
- C. A signed verification and date of varicella disease - documentation is required from a nurse practitioner, physician assistant, medical doctor, or health department with the date of injection.

6. **TETANUS (Td)** - Proof of Tetanus immunization received within the past 10 years. If immunization is not within past ten years, one is required by the clinical agencies. (Student should have immunization every ten years and signed verification of tetanus should be by a nurse practitioner, physician assistant, medical doctor, or health department).

7. **HEALTH INSURANCE** – proof of personal medical health insurance coverage. A copy (front and back) of a current medical health insurance card is acceptable. If the student cannot provide proof of health insurance, the student must sign a waiver. This waiver can be found on the Department of Nursing's website at www.westga.edu/~nurs.

8. **PROFESSIONAL LIABILITY INSURANCE** - Proof of current professional liability insurance in the minimum amount of \$1,000,000/3,000,000. Documentation must be a certificate of insurance that includes the amount and dates of coverage. One such organization that liability insurance can be purchased from is "Nurses Service Organization" (NSO), but students may purchase from other sources as long as coverage limits are met. You can access this information at www.nso.com, or call them at 1-800-247-1500. The cost is usually around \$30.00 a year for generic students, but cost for licensed Registered Nurses may be higher.

9. **CPR (CARDIOPULMONARY RESUSCITATION)** - Proof of current certification in "Basic Life Support (BLS) for healthcare providers" by the **American Heart Association**. No other CPR course or certification association will be accepted. A copy of your signed CPR card, front and back is required. Check with the Department of Nursing for dates of CPR classes. If the Department of Nursing is not able to offer a CPR class before you enter your first semester of classes, you must attain CPR certification from a certified American Heart Association trainer. One such trainer is CPR Training Academy, Troy Gray, and his access information is office number: 770-218-0411, or web address: www.cprtrainingacademy.com. You can also contact the American Heart Association at: www.americanheart.org to obtain CPR classes in your area.
10. **LICENSURE** –Any student who is currently licensed by any board in the State of Georgia must provide the official name under which he/she is licensed and area of licensure. (For example: LPN, RN, Respiratory Therapy, etc.)
NAME:_____ Licensure type:_____
11. **CONFIDENTIALITY POLICY FORM** - This form can be found in your BSN Student Handbook on pages 49 and 50. Please read the confidentiality policy in its entirety, then sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand all confidentiality rules and policies on the Confidentiality Policy form.
12. **HANDBOOK STATEMENT FORM** - This form can be found in your student handbook on page 51. Please read this form, and then sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand the policies and procedures contained in your BSN Student Handbook.

Individual contracting clinical agencies may impose additional health and professional requirements that the student must meet before participating in clinical activities in that clinical agency. These requirements may include a criminal background check and random drug screening. The student's clinical instructor will inform the student if additional requirements are needed and will provide instructions on how to complete requirements. The absence of any required document may prevent the student from progressing in the nursing program and may result in student losing his/her placement in the program.

I have attached completed documentation to this checklist. By signing your name, you are stating that you have all of the documentation attached that is listed on this checklist in its entirety.

Student Signature

Date