Student Name: __________________________

Tanner Health System School of Nursing

HEALTH & PROFESSIONAL REQUIREMENTS CHECKLIST

Proof of all health and professional requirements listed must be on file, in the UWG Tanner Health System School of Nursing, prior to participation in any clinical/practicum activity. These records are required by clinical agencies that the University of West Georgia has binding contracts. You will not be allowed into the clinical sites without this documentation. The School of Nursing will not make copies of any record for students.

Document Deadline: July 15th

Student files will be reviewed prior to the beginning of each semester for currency of clinical documents. If any clinical documents (i.e., Physical Ability Form, TB, CPR, or personal Liability Insurance) are due to expire during a semester (regardless if done within the year), the student is required to update it before 5:00p.m. on the first day of that semester. Failure to provide updated documentation by 5:00 pm on the first day of the semester will result in the student being dropped from all clinical and co-requisite courses. This is a preventative measure to ensure that the School of Nursing is in compliance with all clinical contracts. It is the student’s responsibility to ensure their clinical file is complete and current for each semester of enrollment in a clinical course.

☐ 1. SIGNED COPY OF THIS CHECKLIST
   Read this document thoroughly. Sign and date the last page and turn in this document with your complete clinical document packet.

☐ 2. 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 printed from the Tanner Health System School of Nursing’s website at www.westga.edu/~nurs under the Current Students page. This document must be signed by a nurse practitioner, physician assistant, or a medical doctor. All students who have paid their health service fees may have the physical ability form completed in the University Health Center for no charge.

☐ 3. TUBERCULOSIS TEST (PPD):
   A Two Step Skin Test must be obtained by all students for their initial documentation*. Each year after, a traditional TB test is all that is required. Proof of a negative TB skin test must be obtained EVERY YEAR and must not expire during the clinical experience. Students with positive TB skin tests must receive follow-up assessment and treatment as recommended by the Centers for Disease Control and Prevention (CDC). Initial documentation for students with a positive PPD must include: Most recent positive PPD, most recent chest x-ray summary, current and/or past treatment record, as well as a letter from a nurse practitioner, physician assistant, or medical doctor stating that the student is able to participate in clinical activities. A doctor’s note must be obtained each year for students with a positive PPD record. All students who have paid their health service fees may have the TB skin test completed in the University Health Center for no charge. However, if other tests are done, such as
blood tests, there will be a charge. TB tests will only be given on Monday, Tuesdays and Wednesdays due to the reading within 48-72 hours from the date of injection.

*The 2-Step Skin Test Process and Timeline Explained*
2 TB Tests required: timeline of how your physicians’ visits will go:

1. **First Visit:** 1\textsuperscript{st} TB test performed
2. **Second Visit:** In 2 to 3 days (48 to 72 hours) after visit #1 you must return to get the TB Test read and receive results – which will determine whether the 1st test is positive or negative. This should be written in millimeters (mm) on the TB Test Form.
3. **Third Visit:** 7 to 14 days after 1st TB test, you must return to receive your 2nd TB test.
4. **Fourth (Final) Visit:** In 2 to 3 days (48 to 72 hours) after visit #3 you must return to get the 2nd TB test read and receive results – which will determine whether the 2nd TB test is positive or negative. This reading should also be written in millimeters on the same form as TB test #1.

**Note of Caution:** A normal TB Test has 2 components - TB test and TB Reading in millimeters (mm), and this does not fulfill the 2-step TB Test requirement. You must actually have 2 separate TB Tests and have them read and documented in millimeters on the TB test form.

4. **MMR (MEASLES, MUMPS, & RUBELLA):** Recommend Copy of Immunization Record;
   1. **For students born “before” 1957,** proof of a positive Rubella Titer is **REQUIRED,** as in #4 below.
   2. **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.
   3. MMR (Measles, Mumps, Rubella) **Note:** Date must be after 1970
      - Dose 1 – immunized at 12 months of age or later, and
      - Dose 2 – immunized at least 30 days after Dose 1
   4. **MEASLES Note:** Date must be after March 4, 1963
      - Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
      - Born before 1957 and therefore considered immune.
      - Has laboratory proof of immune titer (documentation must specify date of titer)
      - Immunized with second dose of live measles vaccine at least 30 days after first dose.
   5. **MUMPS Note:** Date must be after April 22, 1971
      - Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
      - Born before 1957 and therefore considered immune.
      - Has laboratory proof of immune titer (documentation must specify date of titer)
   6. **RUBELLA Note:** Date must be June 9, 1969
      - Has laboratory proof of immune titer (documentation must specify date of titer)
      - Immunized with vaccine at 12 months of age or later.

5. **HEPATITIS B TITER:**
   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 School of Nursing’s contracted clinical agencies are requiring all students receive the Hepatitis B (three shot) series and 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: 1\textsuperscript{st} shot prior to beginning nursing course work, 2\textsuperscript{nd} shot should be received one month after the 1\textsuperscript{st} shot, and the 3\textsuperscript{rd} shot should be received 5 months after the 2\textsuperscript{nd} shot. The series must be completed 6 months after the first shot in order to continue in clinical activities. You must also obtain a titer 1 – 2 months after dose #3 to show immunity to Hepatitis B. Signed documentation is required from a nurse practitioner, physician assistant, medical doctor, or health department with the date of injections.

If you test negative for immunity, it is the decision of your physician to proceed accordingly. Please turn in all supporting documentation to the Tanner Health System School of Nursing regarding this immunization.

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\item[6.] **VARICELLA (CHICKEN POX):** If you have a history of Varicella, your physician may not choose to vaccinate, therefore you must have titer drawn showing immunity to the disease. Students may provide ONE of the following:
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\item Documentation of two doses of Varicella vaccine, four (4) weeks apart.
\begin{itemize}
\item Dose 1 – Need date of immunization
\item Dose 2 – Need date of immunization
\end{itemize}
\item Date of positive titer (blood test) and results stating “immune,” signed by a nurse practitioner, physician assistant, medical doctor or health department.
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\item[7.] **TETANUS (Td):** Proof of Tetanus immunization received within the past 10 years, and also a onetime dose of Tdap to all with direct patient contact. If immunization is not within the 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.
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\item[8.] **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 Tanner Health System School of Nursing’s website at [www.westga.edu/~nurs](http://www.westga.edu/~nurs).
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\item[9.] **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](http://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 by higher.
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\item[10.] **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 Tanner Health System School of Nursing for dates of CPR classes. If the Tanner Health System School 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. [www.americanheart.org](http://www.americanheart.org)
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\item[11.] **COLOR BLIND TEST:** You must go this website to take a “FREE” color blind test [http://colorblindselftest.com/test.php](http://colorblindselftest.com/test.php). Please print a copy of your results. IT DOES NOT HAVE TO BE A
12. CRIMINAL BACKGROUND CHECK & DRUG SCREENS:

PLEASE DO NOT TURN IN ANY DOCUMENTATION REGARDING YOUR BACKGROUND CHECK OR DRUG SCREEN RESULTS.

A Criminal Background Check/Drug screen is required of all students prior to enrollment in the first nursing course and yearly until the student successfully graduates from the nursing program. This requirement is based on: 1) recommendations from the Georgia Hospital Association, 2) concern by the clinical agencies regarding the safety of patients and the liability risk if a student harms a patient in a clinical setting, and 3) nursing students being denied initial licensure or delayed licensure by the Board of Nursing because of offenses that have occurred during nursing school. All students are responsible for ordering and payment of the criminal background check and drug screen. Students who cannot meet the clinical requirement component of a nursing course due to issues in the background check or drug screen will receive a failing grade for the course. The Tanner Health System School of Nursing cannot be responsible for any information in a student's criminal background check or drug screen due to legal constraints by the University System of Georgia and the limitations of involvement with obtaining and evaluating the background checks. Faculty members and staff are not allowed to view student criminal background checks or drug screen information, except to be informed of its completion.

Students enrolled in all levels at the Tanner Health System School of Nursing must complete the background check and drug screen through Advantage Student. The instructions for this process can be found on the Tanner Health System School of Nursing website on the current student page, listed as “Background Check & Drug Screen Instructions.”

13. 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: ____________________________

14. CONFIDENTIALITY POLICY FORM: This form can be found in your BSN/MSN Student Handbook. 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 and procedures contained in your BSN/MSN Student Handbook.

15. HANDBOOK STATEMENT FORM: This form can be found in your BSN/MSN student handbook. Please read this form, 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/MSN 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. 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 the student losing his/her placement in the program.
BY SIGNING YOUR NAME, YOU ARE STATING THAT YOU HAVE ALL OF THE DOCUMENTATION THAT IS LISTED ON THIS CHECKLIST ATTACHED, IN ITS ENTIRETY.

Student’s Signature

Date

Revised 11/12/2013