

**Admission Health Forms
for
MSN Program
Georgia Southern University**

The following forms are to be completed.

Mail or FAX (912-478-1679) complete forms to the Graduate Nursing Office.

**GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING GRADUATE PROGRAM**

**Course Requirements for Health, CPR Certification,
Professional Liability Insurance, and Licensure**

A. Newly Admitted Graduate Students

All graduate students must meet requirements for health, CPR certification, and professional liability insurance. Students must also provide evidence of current Georgia RN licensure. Health requirements include completion of the required immunizations (Rubella, Hepatitis B, and MMR), as outlined on the immunization form, tests (annual PPD and initial hemoglobin, hematocrit, and urinalysis), and completion of the Health History and Physical Examination forms. Requirements also include evidence of current CPR certification and coverage by professional liability insurance. Professional liability insurance is purchased by the graduate student. If the insurance company chosen has an option for nurse practitioner student coverage then you must choose this level of coverage. Otherwise, generic RN coverage is needed. Insurance coverage should be at the 1 million/3 million level.

B. Returning Graduate Students

Students must submit an Annual Health History and a Health Renewal form showing evidence of annual tuberculosis testing (PPD) as outlined under two (2) below, a copy of CPR certification card at Level C by the American Heart Association, and evidence of professional liability insurance coverage as outlined under C.6 below.

Clinical Course Requirements

C. PPD, CPR, Liability

Requirements for health, PPD, CPR certification, and professional liability insurance must be current through the last day of clinical for the semester enrolled. If the expiration date occurs during the semester, then the student must provide evidence of update prior to the first day of clinical class. (See Renewal of Clinical Course Requirements for Health, CPR, and Liability Insurance.) All students must show evidence of or submit the following in order to be admitted.

1. **A completed health history form and a physical examination by a physician, nurse practitioner, or physicians assistant that includes hemoglobin, hematocrit and urinalysis.** The health history form must be updated for returning students. (Any condition that is deemed by the faculty to jeopardize the quality of nursing care or the safety of clients will be discussed with the student by the School Chair or Program Director and appropriate action will be taken. Key problems will be identified and appropriate faculty notified.)

Clinical course requirements continued:

2. **A negative tuberculin skin test (PPD) or a negative chest X-ray (if the PPD is positive).** Evidence of PPD must be dated, contain identifying information on the agency administering the test, and signature of a health official. Evidence of a negative tuberculin skin test must be provided annually.
3. **Immunity to measles and rubella.***

4. **Hepatitis B Immunization or positive antibody titer.***
5. **Current CPR certification** (American Heart Association, Level C is required for CPR recertification) which extends through the last day of clinical for the semester enrolled. A photocopy of the card showing date, month, and year of expiration must be provided.
6. **Current professional liability insurance** which extends through the last day of clinical for the semester enrolled.
 - a. Graduate students are required to purchase professional liability insurance and to furnish a copy of the front page of the policy or letter of confirmation from the insurance agent with effective dates and amount of coverage.
 - b. Generic RN liability is required unless the company has a level of coverage for nurse practitioner student, then you must purchase this level of coverage.
 - c. Coverage of 1 million/3 million is encouraged since some clinical agencies require this minimum level of coverage.
7. **Name, current address and current Georgia RN license number** for verification on the GA Board of Nursing Web Page.

*Immunity may be demonstrated by:

Rubella:	A positive antibody titer. Evidence of a follow-up dose of rubella vaccine if titer is negative.
Measles:	Compliance with University admissions requirements including 2 doses of vaccine if born after 1957, one at 12 months of age or later and a second dose at least 30 days after the first.
Hepatitis B:	Evidence of a positive antibody titer or a completed series of three injections of vaccine or a signed refusal form or waiver form.

Rev/ 5/05

R:\Work\MSN\FORMS\MSNapplpckt\Healthdocreq.doc

GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING GRADUATE PROGRAM

Form 1

(Please sign and return this form to the MSN Office)

Documentation of Requirements for Health, CPR, and Liability Insurance

- A. Each student is responsible for keeping up with the expiration dates for CPR, PPD, and RN license. Students are required to furnish a yearly updated Health History, a Clinical Course Renewal Form including an annual PPD test result, a current CPR card, and evidence of current professional liability insurance (see C.6) in order to continue coursework.

CPR and tuberculosis testing must be current through the last day of clinical for the Semester. If the expiration date occurs during the semester, then the student must obtain CPR recertification or PPD testing and submit the appropriate form before the first day of class. Annual Health History Appraisal forms are due one year from the date of first form providing immunization status upon admission to the graduate program.

- B. **STUDENTS, WHO DO NOT PROVIDE THE REQUIRED DOCUMENTATION, WILL NOT BE ABLE TO MEET THE COURSE REQUIREMENTS AND WILL BE ASKED TO OBTAIN THE NECESSARY TEST OR EVIDENCE. ANY STUDENT WHO DOES NOT CORRECT THE DEFICIENCY BY THE SECOND DAY OF CLASS WILL BE ADMINISTRATIVELY DROPPED FROM THE COURSE FOR THE SEMESTER. READMISSION WILL NOT BE AUTOMATIC.**
- C. I have read and understood the deadlines for compliance with clinical requirements. I understand that I will be removed from the clinical course and not allowed to return if documentation is not current and that documentation must be current until the last class day. I will have two class days to correct any deficiency and if I do not do so in this time period I will be administratively dropped from the course.

Student Name (Printed) _____

Date: _____ Student Signature _____

Rev: 5/05

R:\Work\MSN\FORMS\MSNApp|pckt\Healthdocreq.doc

**GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING GRADUATE PROGRAM**

Immunizations Form 2

Note: This must information must remain current to remain in the program and attend clinical sites.

Directions: Return completed form to the Graduate Office for admission application.

Name	Date of Birth	Age
------	---------------	-----

School of Nursing Required Immunizations or Tests:

1. **Tuberculin Skin Test (PPD)** Date: _____ Result: _____
Chest x-ray, required if PPD Date: _____ Result: _____
is positive*
*Attach summary from health care provider regarding follow-up of any positive PPD.

2. **Rubella titer (all students)*** Date: _____ Result: _____
*If the titer shows no evidence of immunity to rubella, then a follow-up dose of rubella vaccine must be given.
Follow-up rubella vaccine Date: _____

3. **Hepatitis B**
Dose #1 Date: _____ Dose #2 Date: _____ Dose #3 Date: _____

or Immune titer Date: _____ Result _____
or Vaccine refusal Date: _____ (Attach Form)
Waiver form for incomplete series Date: _____ (Attach Form)

4. **MMR (Measles, Mumps, Rubella) Booster**, if born after 1957 or laboratory evidence of immunity to measles:

Dose 1 - immunized at 12 months of age or later Date: _____
and Dose 2 - immunized at least 30 days after Dose 1 Date: _____

Print or type name and address of health care provider verifying above information:

Name	Address	Title
City or Town	State	Zip

Immunization status above is certified by:

Signature of Health Care Provider	Date Signed
-----------------------------------	-------------

Reviewed by Graduate Faculty: _____	Signature of Faculty Member	Date Approved as Complete
-------------------------------------	-----------------------------	---------------------------

GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING GRADUATE PROGRAM

Health History and Physical Examination—Form 3

Directions: Return completed form to the MSN Office for admission.

Last Name First Name Middle
Date of Birth: _____ Age: _____ Sex: M F Marital Status: S M D Sep

Health History

Please answer the following questions and provide an explanation in the space below for any yes answers.

Have you had:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Eye or vision problems:	___	___	Hepatitis:	___	___
Ear or hearing trouble:	___	___	Tuberculosis:	___	___
Severe headaches:	___	___	Bone/joint problems:	___	___
Epilepsy/convulsions:	___	___	Anemia:	___	___
Asthma:	___	___	Diabetes:	___	___
High blood pressure:	___	___	Other health problems:	___	___
Heart problems:	___	___			

Explanation of YES answers (or attach health care provider summary):

1. Hospitalizations, injuries, or operations: _____

2. Physical handicaps or disabilities: _____

3. Medications taken regularly: Reason taken: Health provider ordering

4. Allergies to medications, insect bites, foods, or other (give details):

Student Signature

Date

GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING GRADUATE PROGRAM

Physical Examination—Form 4

Last Name: _____ First Name: _____ MI: _____

Systems	Normal or Abnormal	Comments on Abnormal Finding
Skin		
EENT		
Mouth		
Neck/Thyroid		
Chest		
Breasts		
Heart		
Lungs		
Abdomen		
Musculoskeletal		
Extremities		
Neurologic		
Genitalia		
Vision		
Hearing		

B/P _____ P _____ Height _____ Weight _____ Hgb/Hct _____ / _____
U/A _____

Recommendations or comments on findings:

Print Examiner's Name _____

Examiner's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Faculty Review Signature _____ Date _____

GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING

Hepatitis B Vaccine Policy

It is mandatory that all students and faculty working in direct contact with patients will be either immunized for Hepatitis B using the current CDC protocol or prove an immune titer. The nursing profession is at high risk for infection from Hepatitis B due to exposure to needle-sticks and splashed blood/body fluids. Hepatitis B, which is a potentially fatal disease, is preventable by immunization. In addition, exposure to Hepatitis B can be minimized through the consistent use of UNIVERSAL PRECAUTIONS. Universal precautions must be followed by students and faculty in the clinical settings. The elements of Universal Precautions can be reviewed in a video [AA Universal Precautions: AIDS and Hepatitis Prevention for Health Care Workers](#) in the Jimmy Crockett Learning Resource Center in the School of Nursing.

Students and faculty are required to have in their file evidence of Hepatitis B immunization or a signed Hepatitis B Declaration form. Students are required to provide the dates of immunization affirmed by a health care provider. An immune response titer post vaccination is not necessary.

Students who sign that they will not take the immunization due to a medical condition which precludes immunization will be exempt from the policy upon signature of a health care provider. Students who show evidence of an immune response will be exempt from the vaccine series.

Rev/5/05

F:\WORK\MSN\FORMS\MSNapplpckt\Hepatitis Policy.doc

GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING

Graduate Program **Form 5**

*One of the following sections **MUST** be signed and returned to the Graduate Office if you*
a) have not completed the Hepatitis Vaccine Series or
b) refuse to have the Hepatitis Vaccine Series.

A. HEPATITIS VACCINE REFUSAL

I understand that as a part of my clinical experiences as a nursing student, I may be exposed to blood or other potentially infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life threatening illness and that taking the series of three vaccinations would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I elect not to take the required series of vaccinations and assume responsibility for all arrangements, costs, and complications arising from not taking the hepatitis B vaccine series. I also understand that if the hospital or clinical agency where I have been assigned for my clinical requires students to be immunized for Hepatitis B, the School of Nursing assumes no responsibility for reassigning me to another clinical agency and therefore I will not be able to take the required course.

Student Name Printed _____

Student Signature _____ Date _____

B. WAIVER FORM FOR INCOMPLETE HEPATITIS B VACCINE SERIES

I have started, but not completed the Hepatitis B Vaccine Series. I understand that as a part of my clinical experiences as a student in the Georgia Southern University School of Nursing, I may be exposed to blood or other potentially infectious materials and therefore may be at risk of being infected by the Hepatitis B virus. I understand that this waiver is valid only until the date that my series is complete. **I agree to provide the School of Nursing with immunization verification immediately upon completion of the series.**

I have received the following doses of the Hepatitis B vaccine:

Dose 1: Date _____ Dose 2: Date: _____

Student Name Printed _____

Student Signature _____ Date: _____

Georgia Southern University School of Nursing
Graduate Nursing Program
Varicella (Chicken Pox) History—Form 6

Last Name _____ First _____ Middle _____

Chicken pox (varicella) is now a vaccine-preventable disease. Chicken pox can be a serious and even life threatening illness in certain individuals. Several hospitals and clinical agencies with whom the School of Nursing is affiliated for clinical experiences now require that we furnish documentation of a history of chicken pox (varicella) immunity. Varicella vaccination is now recommended for health care workers who have not had the chicken pox or who are susceptible to getting the chicken pox (unless there is a medical contraindication).¹ For these reasons we are now asking our nursing students to furnish us this information and recommending that those students who have a negative or uncertain history of chicken pox receive testing and vaccination if needed.

Please check one of the following:

___ I have had the chicken pox. Approximate date: _____

___ I have not had the chicken pox or am uncertain as to whether I have had the chicken pox.²

___ I have been immunized against chicken pox. Dates: _____

I certify that the above information is correct.

Print Name _____ Date _____

Signature _____

1. Centers for Disease Control (CDC) (1997, May 16). Morbidity and Mortality Weekly Report, 46, 409-412.
2. For adults with a negative or uncertain history of chicken pox, a blood test to determine susceptibility to chicken pox is suggested, followed by vaccination of those who are susceptible (CDC).