

Western Carolina University
School of Nursing

Student Health Form

Purpose: The NC Board of Nursing requires that nursing students be assessed for “physical and emotional health . . . indicative of the applicant’s ability to provide safe nursing care to the public” (*Approval of nursing programs and clinical facilities: Process and standards*, NCAC 36.0320, 2006). The School of Nursing must be able to verify to the Board of Nursing and to the clinical agencies we use as learning sites that we have evidence of such physical and emotional health.

You will not be permitted to enter any clinical agency as a nursing student providing care to the public until this form is complete and in your department file. This document is in addition to and does not substitute for the WCU Health Services form. This document must be completed within 3 months of your first clinical course and is considered current for two calendar years; if it takes you longer to complete your clinical course work, you must submit a new form.

You must repeat your tuberculosis screening each year and keep all immunizations up to date while you are in clinical courses.

Student Data and Consent for Release of Information

I authorize the release of the information on this form to the School of Nursing, Western Carolina University, to be kept in my individual departmental file.

Printed Name _____ Student ID _____ Date of birth: _____

Signature: _____ Date: _____

Immunization Record

This information must be confirmed by a physician, nurse practitioner, physician’s assistant, or other practitioner qualified to review your status. You may have to present written records to this person to obtain her/his signature.

Confirmed by _____

Tetanus/Diphtheria (TD) booster date (must be within 10 years): _____

Tuberculosis skin test (use 2-step process once as a baseline for regular testing)

Date: _____ Reaction: _____ (required yearly) _____

Date: _____ Reaction: _____

OR (if skin test positive) chest X-ray - Date: _____ Result: _____

Tuberculosis skin test must be valid through May of each year!

Measles/Mumps/Rubella year(s) of original immunization(s): _____

AND year of second dose (MMR) if born in 1957 or later: _____

OR serologic proof of immunity to measles, rubella _____

Chicken pox (varicella) vaccination date: _____

OR positive serum titer showing immunity, date: _____

Influenza vaccine is required annually in the fall. Clinical Faculty will inform students of vaccine availability and the deadline for receiving the vaccine at least two weeks prior to the deadline, which is usually early November. Students are responsible for the cost of vaccination (usually \$30-\$50) and submitting proof of vaccination (receipt, consent, or other documentation from provider of vaccine) by the annual deadline. * Failure to receive the annual influenza vaccine may result in suspension from clinical and failure to progress in the nursing major.

*Students who have a known allergy to any required vaccine, which prohibits them from receiving it, are responsible for notifying the School of Nursing and providing documentation of such by an appropriately licensed health care provider (MD or NP) prior to enrollment in clinical courses. Students who have had previous allergic reactions to vaccines should NOT receive further vaccinations until approved by health care provider.

Hepatitis B (HBV) vaccination dates: 1) _____ 2) _____ 3) _____
(must have at least the first dose by August 1 and second dose by September 1; see Student Handbook for Nursing Majors).

A copy of the vaccination record for Hepatitis B must be attached to this form. If vaccination is not completed, turn in record after the series have been completed.

Health Examination

To the physician, nurse practitioner, or physician's assistant:

Please perform a complete health history and physical/emotional evaluation. Keep whatever records of your findings that are appropriate to your practice; these records should be available to the student later on request. Summarize your findings below, using additional pages as necessary:

I examined this student, _____, on _____ and found her/him to be in good physical and emotional health, able to provide safe nursing care to the public.

OR

I examined this student, _____, on _____ and found the following physical or emotional conditions that might interfere with her/his ability to provide safe nursing care to the public:

The following suggested therapies or devices may compensate for these conditions:

Signature/title: _____ Date: _____

Address: _____