UNIVERSITY OF SOUTH CAROLINA BEAUFORT
NURSING PROGRAM
One University Blvd.
Bluffton, S.C. 29909
Student Health Form

Semester of Entry____________________________________

Date of Birth_____________________________________

Student Name____

Sex__________

Address____

City_______________________________________ **State**_______________ **Zip Code**_________

Phone (Home) _______________________________________ **(Work)** ____

Person to Notify in Case of Emergency ____

(Relationship) ___________________ **Phone (home)** __________________________ **(work)** ____________________________

ESSENTIAL ABILITIES STANDARDS

The USCB Department of Nursing requires all applicants and continuing students to meet the following standards based on the Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN) Core Performance Standards.

Standard 1. Critical Thinking and Related Mental Abilities: Must have critical thinking ability sufficient for clinical judgment. Examples of necessary functional abilities associated with this standard include (not an all inclusive list): Has the ability to interpret, investigate, communicate, and comprehend complex situations; identify cause and effect relative to clinical situations under varying degrees of stress; must be able to read and comprehend detailed charts, reports, journal articles, books, etc; and capable of performing all arithmetic functions (addition, subtraction, multiplication, division, ratios, and simple algebraic equations).

Standard 2. Communication and Interpersonal Abilities: Must be able to read, write, speak, and comprehend English with sufficient skill to communicate effectively verbally and non-verbally. Must have interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Examples of necessary functional abilities associated with this standard include (not all inclusive): Has the ability to establish rapport with clients and their families, peers, agency personnel, and faculty; explain treatment procedures, initiate health teaching; and document and interpret Nursing actions and client responses.

Standard 3. Physical Activities: Must have physical abilities sufficient to move from room to room and maneuver in small spaces with gross and fine motor abilities sufficient to provide safe and effective nursing care. Examples of necessary functional abilities associated with this standard include (not all inclusive): Able to move around a client's room, work spaces, treatment areas and administer CPR; calibrate and use equipment; position and transfer clients; capable of pushing up to 200 pounds independently; capable of reaching 18 inches above head without the use of mechanical devises to elevate themselves; capable of sitting, standing, walking for extended periods of time; experience no limitations when bending, stooping, sitting, standing, walking (i.e., uses no mechanical devices to assist themselves, which would impede the safety of a client), ability to move to and respond to an emergency situation in a timely manner, and able to document in a clear, legible manner.

Standard 4. Hearing: Auditory ability sufficient to monitor and assess health needs. Examples of necessary functional abilities associated with this standard include (not all inclusive): Able to hear auscultatory sounds, monitor alarms and emergency signals; able to tolerate loud noises for extended periods of time. Assistive devices must correct hearing to this degree and must be worn at all times during practicums.

Standard 5. Visual: Must have the visual ability sufficient for observation, assessment, and intervention necessary for nursing care. Examples of necessary functional abilities associated with this standard include (not all inclusive): Observe client response, accurately read equipment, gauges, and monitors, vision correctable to 20/40, normal depth perception, and ability to distinguish colors and ability to tolerate offensive visual situations.

Standard 6. Smell: Smelling ability sufficient to monitor and assess health needs. Examples of necessary functional abilities associated with this standard include (not all inclusive): Having ability to differentiate between various types of smells, and ability to tolerate offensive odors.

I have read the above "Essential Ability Requirements" and will have no problem meeting the requirements. I need no additional assistance. **_______agree ________disagree**

If you need assistance, please contact the Office of Disability Services for verification and appropriate accommodations.

Print Name____Date__________________

Student Signature____ Date____________________

Physician/Nurse Practitioner_________________________________Date____________________

Students to sign this form prior to beginning first clinical course.

Name_______________________________________

This page must be completed by STUDENT prior to being examined by health care provider

	YES	NO
Have you had chicken pox (varicella)?		
Have you had hepatitis?		
Have you received the hepatitis B vaccine?		
Did you complete the hepatitis B series?		
Have you ever had tuberculosis?		
Have you ever had a positive tuberculosis skin test (PPD)?	If yes, give date	
Have you ever taken antituberculosis drugs?	If yes, give date	

INFECTIOUS DISEASE AND VACCINE HISTORY

To the best of my knowledge all information given is true and accurate. I understand that if any information provided in this document is found to be false, automatic termination from the program may result.

Student Signature____ Date____________________________

Nursing students are required to complete a Physical Up-Date form yearly.

Policy notification regarding health status change for all students:
Any student experiencing a change in health status while enrolled will be required to submit a Change in Health Status form from his/her physician or nurse practitioner as to his/her ability to perform all expected functions fully, safely and without jeopardizing the health and/or well-being of the student or others..

Policy notification regarding the health status of pregnant students:
Any pregnant student must submit a Change in Health Status form from her physician/nurse practitioner/nurse midwife before registering each semester as to her ability to perform all expected functions fully, safely and without jeopardizing the health and well-being of the student and fetus. In order to resume her activities before the usual six weeks period after delivery, the student must bring a Change in Health Status form from her physician/nurse practitioner/nurse midwife. Student must submit these documents to the USCB Department of Nursing prior to continuing her clinical experience.

Notification of health clearance failure:
If a student fails any health clearance requirements the student will not be eligible to participate in a clinical setting and therefore will be withdrawn from the nursing program.

Name____________________________________

Tuberculosis
ALL Items Must be Completed by Physician/Nurse Practitioner

All students must provide documentation of a Two Step TB Skin test (PPD)

Students with a history of a positive TB Skin test must provide documentation of medical clearance including a negative chest x-ray ***(Attach results)***

STEP ONE:

Date: __________ PPD Administered ____

Date: __________ PPD Read

________________ results with _______ mm induration
(+/-)

Read by __________________________

STEP TWO: (Must be completed within 14 days of STEP ONE)

Date: __________ PPD Administered ____

Date: __________ PPD Read

________________ results with _______ mm induration
(+/-)

Read by __________________________

HEALTH EXAM
All Items Must be Completed by Physician/Nurse Practitioner

Student's Name ____ Date of Exam __________________

Height_____________________ Weight_____________________________

Blood Pressure____________________ Pulse____________________ Resp__________________________

Please complete the following table by placing a checkmark in the appropriate box.
Provide an explanation of any atypical findings.

Area Examined	Typical Findings	Atypical Findings	Explanation of Atypical Findings
Skin			
Head			
Eyes/Vision Screen			
Ears			
Nose			
Mouth/Larynx			
Neck			
Lungs			
Heart/Vascular System			
Abdomen			
Musculoskeletal System			
Neurological System			
Mental Status			

Name____________________________________

All Items Must be Completed by Physician/Nurse Practitioner

IMMUNIZATIONS: Dates must be furnished.

Immunizations	Date	Condition
Tetanus-Diphtheria Booster		Within ten years
MMRs/Booster		**If Non-immune**
Varicella		
Influenza Vaccine		
Hepatitis B 1st injection		
2nd injection		
3rd injection		

☐ **Student chooses not to begin hepatitis B series at this time and must sign attached waiver at University of South Carolina Beaufort. Waiver must be signed if hepatitis series is in progress.**

TITERS: Dates must be furnished.

Titer - *If titer is negative, vaccine booster is **REQUIRED***	Result	Date
Rubella		
Rubeola		
Mumps		
Varicella		
Hepatitis - *After completion of series*		

Physician/Nurse Practitioner Recommendations

1. I have this day given____
(Student name)
a careful physical examination and reviewed the student's health history.

2. I find and consider the applicant mentally and physically able to participate in the USCB Nursing Program.

□ Yes □ No

3. Date_________________________

Name (Print)____

Address____

Signature____

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Hepatitis Waiver Form

Semester of Entry ____________________________________ **Date of Birth**__________________

Student Name____ **Sex**______________

Hepatitis Vaccination Series Requirement

In compliance with OSHA Regulation: 29CFR BLOODBORNE PATHOGENS STANDARD 1910.1030: the student is advised that OSHA recommends persons at substantial risk for HBV (hepatitis B) should be vaccinated. Individuals are often at highest risk during the professional training period. For this reason, when possible, vaccination should be completed prior to the training period. Three injections must be received in order to complete the series. Should the student choose not to receive the vaccine, the student must complete the waiver below.

HIGH RISK STUDENT HEPATITIS B VACCINE REFUSAL

☐**I understand that I am considered to be a student at high risk for acquiring Hepatitis B, as my clinical experience places me in a position to be exposed to a significant degree of blood and body fluids.**

☐ I acknowledge that University of South Carolina Beaufort has advised me of the OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD 1910.1030.

☐ By signing this form, I acknowledge that I have been advised of the advantages of receiving the vaccine and realize the OSHA Regulations indicate that students are often at highest risk during the professional training period.

☐**I hereby release University of South Carolina Beaufort and any and all clinical sites I may rotate through during my educational experience from any and all damages, compensation, and responsibility should I contract hepatitis B.**

____
Student Name (Print)

____
Student Signature

____
Date

AUTHORITY FOR RELEASE OF INFORMATION

I authorize a representative of the University of South Carolina Beaufort to release my health information, background check, and/or drug screen via fax, email, and/or mail courier, to any clinical facilities used during the program.

(In accordance with the FAMILY EDUCATIONAL and PRIVACY ACT of 1974, the individual may or may not waive the right of access to information submitted.)

PLEASE PRINT OR TYPE INFORMATION REQUESTED

NAME: LAST		FIRST	MIDDLE
OTHER NAMES USED:		SOCIAL SECURITY NUMBER:	
ADDRESS:	STATE	ZIP CODE	TELEPHONE NUMBER
SIGNATURE		**DATE**	