

# HEALTH REQUIREMENTS CHECK LIST FOR NURSING STUDENTS

entering NURSING 101, testing, or transferring into NU102, NU103, NU201, NU202



Why do I need this health form in addition to the college health form? This Health form is needed to comply with the nursing clinical site requirements which are different than the college health form requirements.

- **Please review this checklist. You must submit copies to PH 348 of all the documents listed below in order to comply.** You may use the copier in the library if needed .50 per copy.
- **Take the Health Services Department Health Physical Form (Page 2) to your Health Care Provider to be completely filled out,** it is best to do this in the summer (a complete physical is required every 2 years).
- **From your health care provider you will require a yearly Tuberculin Test (also referred to as Mantoux or PPD) submit a \*COPY of the report** which will show a negative reading; a zero (which means negative) or a zero with a line drawn through it which means negative. A Tuberculin test is required every year. (students entering their second year will need to bring in a \*COPY of the report.
  - If the Mantoux states positive, a chest x-ray is required to rule out tuberculosis. A copy of the chest x-ray report needs to be on file. ) This x-ray is good for two years.
- **Through your health care provider obtain a script for a blood draw at a lab for a Rubella Titer Submit a \*COPY of lab results with your health form to Payne Hall 348** stating positive results. If results are negative additional MMR shots will be required.
- **From your health care provider, it is recommended but not required, that you have the Hepatitis B (see pg. 5 & 6) immunization sequence: Submit a \*COPY of Immunization, titer, or if you do not have them you may sign the waiver on page 2 of the Health Form.**
- **From the American Heart Association or other CPR instructor you will need to take and pass Healthcare Provider CPR. Submit a \*COPY of the card.** The required Healthcare Provider CPR course is valid for 2 years.
- **Above documents need to be turned into office secretary in \*Payne Hall 348 (PH 348)in JULY for NU 101 fall students . OFFICE will be open and accepting health documents Tuesday, Wednesday or Thursdays (other days by chance) during office hours 9:30-12:30&1:30-3:30.**
- **Bring the pink Data Collection Form (Page 4) with you.**
- **Please do not come in to submit until you have the required documents and \*copies (where noted) with you.** You may use the copier in the library if needed .50 per copy.

**White MVCC Health Information Form (required for new students only) is a separate form submitted to the COLLEGE HEALTH CENTER** located in Alumni College Center 104. New students have to meet the College Health Center requirements see the link on the mvcc.edu web site if you need this form.

Name \_\_\_\_\_ M# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_

Home Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**The following is to be completed by the Health Care Provider:**

***Tuberculin Test (Mantoux/PPD) is required***

Date \_\_\_\_\_ Result \_\_\_\_\_ ( must be repeated every year, **2<sup>nd</sup> year a copy of the report is required**)

If positive: Date of CXR \_\_\_\_\_ Result \_\_\_\_\_ (chest x-ray Must be repeated every 2 years)

***Rubella Titer (A positive titer is required; can not just provide proof of immunization) a copy of lab report is required one time***

Date \_\_\_\_\_ Result \_\_\_\_\_

If negative or equivocal

Date of booster vaccine: \_\_\_\_\_

Date of titer re-draw \_\_\_\_\_ Result \_\_\_\_\_

***Hepatitis B (Requirement: 3 doses of vaccine or positive Hepatitis surface antigen antibody or signed waiver)***

Immunization

Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_ Dose #3 \_\_\_\_\_

Titer

Date \_\_\_\_\_ Result \_\_\_\_\_

Declination

I have read, or have had explained to me the information regarding Hepatitis B disease (see attached). I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This student has had a complete physical, **can complete the Essential Functions**, and is in satisfactory physical condition to care for infant, child, and adult patients in an actual hospital/clinical setting.

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Please note: A complete physical is required every 2 years. Submit this completed form to Payne Hall 348. This form is mandatory in addition to the MVCC College Health Form**

## **MVCC Health Department Essential Functions**

MVCC seeks to provide equal access to its program, services, and activities, for people with disabilities. Therefore, to the extent practicable, the college will endeavor to make reasonable academic adjustment for an applicant with a disability, who is otherwise qualified.

These are the Essential Functions of the MVCC ADN Nursing Program. If there are any reasons why you may not be able to perform these functions, with or without reasonable accommodations, you must notify the Department Head and your Clinical and/or Lecture Instructor immediately.

1. Demonstrate the ability to perform essential functions for a maximum of a 10 hour shift.
2. Demonstrate the ability to protect a client when the client is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers.
3. Demonstrate the ability to safely move a client over 100 pounds from one surface to another using the appropriate level of help.
4. Demonstrate safe body mechanics in the process of all client treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
5. Demonstrate the ability to manipulate dials on equipment.
6. Demonstrate the ability to coordinate simultaneous motions.
7. Demonstrate the ability to perform occasional overhead extension.
8. Demonstrate the ability to hear blood pressure, heart and lungs sounds with or without corrective devices.
9. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
10. Demonstrate the ability to perform nursing interventions such as sterile procedures, dressing changes and administer medications (including dosage calculations when necessary) following infection control procedures.
11. Display adaptability to change,
12. Establish effective relationships with others.
13. Communicate effectively, safely and efficiently in English by:
  - a. Explaining procedures
  - b. Receiving information from others
  - c. Receiving information from written documents
  - d. Exhibiting appropriate interpersonal skill (refer to ANA Code of Ethics for Nurses)
  - e. Analyzing and documenting assessment findings and interventions.
14. Distinguish color changes.
15. Detect an unsafe environment and carry out appropriate emergency procedures including:
  - a. Detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
  - b. Detect high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.

If there are any reasons why you may not be able to perform these functions with or without reasonable accommodations, you must notify the Department Head and your Clinical and/or Lecture Instructor immediately.

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**Data Collection Form**

Bring this form with the required copies of the documents listed below to PH 348:

- When you turn in your required documents to Payne Hall 348, the person receiving the documents will sign and date this form. This form will serve as verification that you have met the health requirements of the Nursing Department
- Keep this form you are required to show it to your college/clinical practicum instructor on the first day of college/clinical practicum instruction each semester. Your instructor will sign the form, after verifying you have met all of the health requirements needed to attend clinical practicum instruction.

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

	Date	Name or initials of person receiving material
1 <sup>st</sup> Year - Positive    Negative <i>Tuberculin Test (Mantoux/PPD)</i>	_____	_____
2 <sup>nd</sup> Year - Positive    Negative <i>Tuberculin Test (Mantoux/PPD)</i> (copy of lab report to PH 348)	_____	_____
If PPD Negative if Positive chest x-ray on file within last 2 years (copy of report to PH 348) Date taken _____	_____	_____
Rubella Titer positive    negative (copy of lab report to PH 348)	_____	_____
Hepatitis vaccination, titer or signed waiver	_____	_____
Completed Nursing Health Information Form handed in to Nursing Department PH 348 (Tuesdays, Wednesday or Thursday) <i>A physical is required every 2 years</i> Date of Physical _____	_____	_____
Copy of Health Care Provider CPR Expiration date _____	_____	_____

	Date	Initials
NU 101 Instructor	_____	_____
NU 102 Instructor	_____	_____
NU 103 Instructor	_____	_____
NU 201 Instructor	_____	_____
NU 202 Instructor	_____	_____

# HEPATITIS B VACCINE

## WHAT YOU NEED TO KNOW

### 1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

**Acute (short-term) illness.** This can lead to:

- loss of appetite • diarrhea and vomiting
- tiredness • jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults.

Children who become infected usually do not have acute illness.

**Chronic (long-term) infection.** Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis) • liver cancer • death
- Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.
- In 2005, about 51,000 people became infected with hepatitis B.
  - About 1.25 million people in the United States have chronic HBV infection.
  - Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

### 2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and

the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as **a series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

### 3 Who should get hepatitis B vaccine and when?

#### Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

#### Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,
  - people who travel to countries where hepatitis B is common,
  - people with HIV infection.
- Anyone else who wants to be protected from HBV infection may be vaccinated.

## 4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
  - Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
  - Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine. Your provider can give you more information about these precautions.
- Pregnant women who need protection from HBV infection may be vaccinated.

## 5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

**Severe problems** are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

## 6 What if there is a moderate or severe reaction?

### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

## 7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

## 8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC websites at:  
[www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis)  
[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)  
[www.cdc.gov/travel](http://www.cdc.gov/travel)

Department Of Health And Human Services  
Centers for Disease Control and Prevention  
Vaccine Information Statement (Interim)  
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26