NURSING HEALTH REQUIREMENTS Physical Form

★ **Important:** NURSING Health Requirements differ from the college health requirements. Nursing students must submit this completed Nursing Health Requirements Physical form separately and in addition to the college health form.

★ **When: New Fall students must submit completed checklist and all required documents in person by July 25, 2012, *Spring 2013 students due date is December 22, 2012.***

★ **Where: ACADEMIC BUILDING Room 159**, MVCC UTICA CAMPUS, **Summer Hours** *June 18-19, July 9-10, July 23-24-25 during office hours 9:30-12:30 1:30-3:30.*

★ ***Second year nursing students only*** *may submit updates to their physical forms by mail. All mailed health document submissions must include* ***1.*** *A stamped self addressed envelope* ***2****. Your (Pink Sheet) Data Collection Form from the previous year. Second year students without completed health documents are not allowed to attend clinical and may be issued a clinical jeopardy.*

Students take this Nursing Health Physical Form to your Health Care Provider

✓ **Note; This CHECKLIST to assure your submission is complete Partial submissions will not be accepted.**

☐ **1. Physical obtained after May 15 of the year the student starts NU101.** Physicals are due by July 15 for fall NU101 students. December for those entering NU 102, 103 or NU 201. A complete physical is required every year.

☐ **2. Documentation of Tuberculin Test (also referred to as Mantoux or PPD)** This test is required every year results must be documented by a Healthcare provider and or include a copy of the report.

What if my results are positive? a chest x-ray is required to rule out tuberculosis. A copy of the chest x-ray report needs to be submitted with this physical form. This x-ray is valid for two years.

☐ **3. Submit a copy of the Lab reports for the four titers listed below. Healthcare Provider to provide a script for a blood test at a lab for the titers below.**

☐ ***1) Rubella titer* Lab results must be positive***

☐ ***2)Rubeola titer* Lab results must be positive***

☐ ***3) Mumps titer * Lab results must be positive***

☐ ***4) Varicella titer * Lab results must be positive***

What if my lab results are equivocal or negative? *If results are **negative** booster shots are required and follow up titers must be scheduled with your healthcare provider.

☐ **4. Documentation on the form of Tetanus toxoid** immunization within 10 years.

☐ **5. Optional Seasonal flu vaccine, recommended (not required)**

☐ **6. Documentation on the form of Hepatitis B immunization sequence:** may be documented by the Healthcare provider. Recommended or after reading pg. 4 &5 students may opt to sign the waiver on page 2.

☐ **7. Student must provide a COPY of a American Heart Association CPR for the Healthcare Provider.** It must be American Heart Association Healthcare Provider CPR. This course is valid for 2 years and cannot expire before all your nursing courses are complete.

8. When complete, *submit this entire packet to ACADEMIC BUILDING AB 159.*

STUDENTS ARE STRONGLY ADVISED TO MAKE COPIES OF ALL SUBMITTED HEALTH DOCUMENTS FOR THEIR RECORDS.
MVCC cannot make copies of any health documents for students a copy machine is available in the library to copy any documents (.50 per copy).

HEALTHCARE PROVIDER PLEASE FILL OUT THIS PAGE

Mohawk Valley Community College **Nursing Student Physical Health Form**

Name _____ M#_____

Address_____City_____State/ZIP_____

Date of Birth_____ M_____ F_____

Home Phone #_____ Cell Phone#_____

Health Care Provider please note The following items are required for nursing students to attend clinical:

1. ***Required: Tuberculin Test*** *(Mantoux/PPD)/ required*

   Date_____ Result_____ **(must be repeated every year)**

   If positive: Date of CXR _____ Result_____ (chest x-ray Must be repeated every 2 years)

2. ***Required: The following 4 titers Results must be positive.*** *Students must submit a copy of the lab report -* *Healthcare Provider note: if results are negative or equivocal appropriate booster shots must be administered and a follow up titer appointment scheduled .

1) Rubella Results _____ Date of booster shot: _____
2) Rubeola Results _____ Date of booster shot: _____
3) Mumps Results _____ Date of booster shot: _____
4) Varicella Results _____ Date of booster shot: _____

3. ***Recommended: Hepatitis B*** **shots, titer or signed waiver*** (Requirement: 3 doses of vaccine or positive Hepatitis surface antigen antibody) Immunization

   Shots Dose #1_____ Dose #2_____ Dose #3_____

   Or Titer Date_____ Result_____

   Or*Waiver: 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_____

4. ***Required: Tetanus toxoid*** **within 10 years** / required/ date_____

5. ***Optional:*** *Seasonal flu* vaccine 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 and Title: _____

Health Care Provider's Signature: _____

Date: _____ Address_____ Phone (____)_____

Please note: A complete physical is required every year. **This form is mandatory in addition to the MVCC College Health Form**

MVCC Nursing Program 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 appropiate (1st or 2nd year) Coordinator 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.

Students: Bring this form with the required nursing physical health form. When you turn in your required documents to AB 159, the person receiving the documents will sign and date this form. The form is your verification that you have met all of the nursing health requirements and are cleared to attend your clinical practicum instruction.

- **NOTE: After submissions are initialed at MVCC students will keep this form.** Your clinical instructor will ask for this form the first day of your clinical practicum each semester. Note required 2nd year updates , ALWAYS bring this form when submitting updates or additions to health documents

Student Name_____ Student ID #_____

	Date of Physical	Name or initials of person receiving MVCC
*1. Annual **physical** is required*	1st year _____	_____
	2nd year _____	_____
*2. **Tuberculin Test** (Mantoux/PPD)* Positive or Negative *Required every year)*	1st year _____	_____
***Tuberculin Test** (Mantoux/PPD)* Positive or Negative	2nd year _____	_____

Copy of lab report to PH 348
Required every year

If PPD is Positive a chest x-ray report Date taken_____
Must be on file within last 2 years
(chest x-ray is required every 2 years)

3. *Positive* Titers are required *1 time only
*If results are **negative** appropriate booster shots must be administered.

	Must be positive		Date
Rubella Results	_____	Booster _____	_____
Rubeola Results	_____	Booster_____	_____
Mumps Results	_____	Booster_____	_____
Varicella Results	_____	Booster _____	_____

4. Tetanus toxoid (within 10 years) (required) date _____ _____

5. Recommended (optional) Seasonal flu vaccine date: _____ _____

6. Recommended Hepatitis _____ _____
Vaccination(s), titer (recommended) or signed waiver

7. Student must Provide a **COPY** of your current
American Heart Association
Health Care Provider CPR Card
Expiration date: _____ _____

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

HEPATITIS B VACCINE

W H A T Y O U N E E D T O K N O W

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, 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**.

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
www.cdc.gov/vaccines
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