

University of Pittsburgh at Greensburg - School of Nursing

Annual Health Form – Junior Students – Due July 31, 2023

THE INFORMATION CAN BE ENTERED BY THE STUDENT. ALL INFORMATION MUST BE IN ENGLISH. THIS FORM REQUIRES A HEALTH CARE PROVIDER (PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT) SIGNATURE on Page 3.

PART I: STUDENT INFORMATION - (ALL FIELDS MUST BE COMPLETED)

STUDENT IDENTIFICATION NUMBER: _____

NAME: _____ / _____ / _____
 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

ADDRESS _____ / _____
 (STREET) (CITY/STATE/ZIP)

DRIVER'S LICENSE INFORMATION: _____ / _____
 (STATE OF ISSUANCE) (DRIVER LICENSE NUMBER)

TELEPHONE: _____ E-MAIL: _____

Health Insurance (must be completed by student):

I verify that I carry, and will carry for the entire duration of my program health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

 STUDENT SIGNATURE

 (MONTH/DAY/YEAR)

PART II: Required BLS and Clearance

<p>Basic Life Support for Health Care Certification</p> <p>Proof of <u>current</u> BLS Provider certification.</p> <p>Verify that your BLS certification will not expire prior to April 2024. If necessary, please complete a new BLS training.</p>	<p>The American Heart Association (AHA) – Basic Life Support (BLS) for Healthcare Providers certification must be completed before beginning clinical rotations.</p> <p>An on-line course will not be accepted!</p> <p>To find a training center near you, visit the following:</p> <p>http://ahainstructornetwork.americanheart.org/AHA/ECC/classConnector.jsp?pid=ahaecc.classconnector.home</p> <p>http://centerem.org/cpr-training/</p>
<p>Clearances</p> <p>Proof of Act 34 clearance. To be completed yearly.</p>	<p>Act 34 – PA Criminal Record Check Clearance</p> <p><u>See page 4 of document for instructions on how to apply for your clearances.</u></p>

NAME: _____ / _____ / _____
 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

PART III: Annual Health Requirements

(Health Care Provider to Complete)

<p>TETANUS-DIPHTHERIA Primary Series (Tdap) (received in childhood)</p> <p>IF tetanus-diphtheria primary series or booster is over 10 years, you are required to obtain a Tdap booster. Note date of booster.</p>	<p>Primary series completed? ____ Yes ____ No</p> <p>Date primary series completed: ____ / ____ / ____</p> <p>(Primary series completed within past 10 years or tetanus booster within past 10 years)</p> <p>Date of tetanus booster: ____ / ____ / ____</p>
<p>Tuberculosis (TB) Test (required to complete one of two options for this test)</p> <p>Option 1: TWO-STEP TB SKIN TEST</p> <p>Obtain 2 (two) TB skin tests. Note date of readings of both TB skin tests. Second PPD placement must be placed no less than 7 days after first placement</p> <p>IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and results of chest x-ray.</p> <p>OR</p> <p>Option 2: TB QUANTIFERON GOLD BLOOD TEST</p> <p>IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and result of chest x-ray.</p>	<p>Date of reading of TB test #1: ____ / ____ / ____</p> <p>Result of TB test #1: ____ Negative ____ Positive</p> <p>Date of reading of TB test #2: ____ / ____ / ____</p> <p>Result of TB test #2: ____ Negative ____ Positive</p> <p>Date of chest x-ray (if required): ____ / ____ / ____</p> <p>Result of chest x-ray: ____ Negative ____ Positive</p> <p>OR</p> <p>Date of reading TB Quantiferon gold blood test 1: ____ / ____ / ____</p> <p>Date of chest x-ray (if required): ____ / ____ / ____</p> <p>Result of chest x-ray: ____ Negative ____ Positive</p>

NAME: _____/_____/_____
(LAST NAME) (FIRST NAME) (Middle Initial)

PART III: EXAM EVALUATION AND VERIFICATION/ PROVIDER INFORMATION

(Health Care Provider to Complete)

I have obtained a health history, performed a physical examination, and reviewed the student's immunization status and required laboratory tests. In my opinion, this student is able to fully participate in the School of Nursing program:

If this student is NOT fully able to participate, please comment on activity limitations:

Name: _____

Physician's Signature: _____

Date ____/____/____

Phone: _____

Note: ALL SECTIONS ON THIS FORM MUST BE COMPLETED BEFORE ITS SUBMISSION!

All paperwork must be completed and uploaded into Project Concert by 5:00pm on Monday, July 31, 2023.

How to obtain my clearances:

New clearance ACT 34 MUST be submitted prior to the start of junior year.

<https://www.nursing.pitt.edu/admissions/clearances>

- ACT 34: Pennsylvania Criminal Record Check is processed online at: <https://epatch.state.pa.us/Home.jsp>.
 - It is recommended to apply as Employee
 - A link to the results comes back immediately (in most cases).
 - Click on the case number link to obtain the certificate. Save the certificate to your computer and print a copy.