

University of Pittsburgh at Greensburg - School of Nursing

Annual Health Form – Senior 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)

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 Clearances and BLS

<p>Basic Life Support for Health Care Certification</p> <p>Proof of current BLS 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>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>Requirement of the SON: Prior to the start of your senior year; renewal and upload of Act 33, Act 34, Act 73, and Act 168 clearance.</p>	<p>Act 33: PA Child Abuse History Clearance Act 34: PA Criminal Record Check Clearance Act 73: FBI Fingerprint Clearance Act 168: PA Sexual Misconduct/Abuse Disclosure Release</p> <p>See page 4 of document for instructions on how to apply for your clearances.</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 the 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>

Medical TB Questionnaire

Please answer the following questions about signs and symptoms of tuberculosis.

- Are you coughing up blood streaked sputum and/or having chest pain while coughing? Yes No
- Had you had a productive cough lasting longer than 3 weeks? Yes No
- Have you had unexplained weight night sweats, fever, or fatigue? Yes No
- Have you had unexplained loss of appetite or weight loss? Yes No

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

PART IV: 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!

Upon completion, this form should be scanned and uploaded by the student to ProjectConcert by August 1th.

How to obtain my clearances:

New clearance ACTS 33, 34, 73, and in addition 168 clearances MUST be submitted prior to start of senior year.”

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

- ACT 33: Pennsylvania Child Abuse History Clearance application is processed online at:
<https://www.compass.state.pa.us/cwis/public/home>

It is recommended that you apply as: Individual 14 years of age or older who is applying for or holding a paid position as an employee with a program, activity or service, as a person responsible for the child's welfare or having direct contact with children; applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or a public or private organization.

You will receive an email when your results are available. You will need to log back into the website to retrieve results. PLEASE BE SURE TO KEEP YOUR USERNAME AND PASSWORD IN A SAFE PLACE, YOU WILL NEED THESE TO RETRIEVE YOUR RESULTS.

- 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 it to your computer and print a copy.

- ACT 73: FBI Fingerprint Clearance

In Pennsylvania at: <https://www.identogo.com/services/live-scan-fingerprinting>

- When applying through Identogo enter your zip code and click on the site where your fingerprints will be processed
- It is recommended that you apply using the DHS SERVICE CODE # 1KG756 --- Employee >=14 Years Contact w/ Children
- Your results will be sent to the mailing address listed on the application, so be sure to use a non-campus mailing address. Please be aware that results on the Act 73 application can take up to 12 weeks to come back.
- Please check the website above for approved fingerprint scan locations. Locations are updated frequently, as more sites are approved.
- Do not apply through the Department of Education.

Outside of Pennsylvania at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

- Follow option 1, 2, or 3.
- Your results will be sent to the mailing address listed on the application. Please be aware that results on the Act 73 application can take up to 12 weeks to come back.
- Do not apply through the Department of Education.

- ACT 168: Pennsylvania Sexual Misconduct/Abuse Disclosure Release is to be completed by traditional BSN students prior to the start of senior year and Accelerated 2nd Degree BSN students prior to the start of the program. The ACT 168 form is available here https://www.nursing.pitt.edu/sites/default/files/Act%20168%20form_0.pdf

Fill out section 1 of the form then sign and date. You will upload to Project Concert BEFORE Section 2 is completed by the School of Nursing.