

University of Pittsburgh at Greensburg - School of Nursing Initial Health Form

SOPHOMORE SON STUDENTS – Due date: September 5, 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)

PEOPLE SOFT NUMBER: _____ DATE OF BIRTH: _____ GENDER: _____
(MM/DD/YYYY)

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

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

TELEPHONE: _____ PITT E-MAIL: _____

EMERGENCY CONTACT PERSON: _____ CONTACT RELATIONSHIP: _____

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 DATE

PART II: Titers are required for the following two diseases, regardless of immunizations

(Health Care Provider to Complete)

MEASLES (Rubeola)

Obtain a titer for measles. Note date and results of measles titer.

IF you are **NOT** immune to measles, you are required to obtain a booster for measles. Note date of booster.

IF it has been over 6 months since the last booster, a new titer is necessary.

Date of measles titer: ____ / ____ / ____

Results of measles titer: ____ Immune ____ Not immune

Date of measles booster: ____ / ____ / ____

If equivocal, Health Care Provider must provide statement and initials:

(IF EQUIVOCAL, YOU ARE CONSIDERED TO BE NON-IMMUNE UNTIL ANOTHER TITER PROVES OTHERWISE)

Student Name: _____

RUBELLA

Obtain a titer for rubella. Note date and results of rubella titer.

IF you are **NOT** immune to rubella, you are required to obtain a booster for rubella. Note date of booster.

IF it has been over 6 months since the last booster, a new titer is required.

Date of measles titer: ____ / ____ / ____

Results of measles titer: ____ Immune ____ Not immune

Date of measles booster: ____ / ____ / ____

If equivocal, Health Care Provider must provide statement and initials:

(IF EQUIVOCAL, YOU ARE CONSIDERED TO BE NON-IMMUNE UNTIL ANOTHER TITER PROVES OTHERWISE)

PART III: Two-step TB Test requirement

(Health Care Provider to Complete)

Tuberculosis (TB) Test – Yearly requirement (required to complete one of two options for this test)

Option 1: TWO-STEP TB SKIN TEST

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

IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and results of chest x-ray.

OR

Option 2: TB QUANTIFERON GOLD BLOOD TEST

IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and result of chest x-ray.

Date of reading of TB test #1: ____ / ____ / ____

Result of TB test #1: ____ Negative ____ Positive

Date of reading of TB test #2: ____ / ____ / ____

Result of TB test #2: ____ Negative ____ Positive

Date of chest x-ray (if required): ____ / ____ / ____

Result of chest x-ray: ____ Negative ____ Positive

OR

Date of reading TB Quantiferon gold blood test 1: ____ / ____ / ____

Date of chest x-ray (if required): ____ / ____ / ____

Result of chest x-ray: ____ Negative ____ Positive

PART IV: Proof of immunizations or titer, if not immunized, is required for the following:

(Health Care Provider to Complete)

TETANUS-DIPHTHERIA Primary Series (DIP)
(received in childhood)

Primary series completed? ____ Yes ____ No

Date primary series completed: ____ / ____ / ____

(Primary series completed within past 10 years or tetanus booster within past 10 years)

IF tetanus-diphtheria primary series is over 10 years, you are required to obtain a tetanus booster. Note date of booster.

Date of tetanus booster: ____ / ____ / ____

Student Name: _____

POLIO Primary Series (DtP) (Received in childhood)	Was primary series for Polio received? ____ Yes ____ No
HEPATITIS B Note dates of each dose of the hepatitis B vaccine. IF you have NOT had the 3-dose series for hepatitis B, you are required to have a titer drawn. If hepatitis B titer is required, note date of titer. IF titer indicates that you are NOT immune to hepatitis B, you are required to obtain a booster for hepatitis B. Note date of booster.	Date of dose #1: ____ / ____ / ____ Date of dose #2: ____ / ____ / ____ Date of dose #3: ____ / ____ / ____ Date of hepatitis B titer: ____ / ____ / ____ Results of hepatitis B titer: ____ Immune ____ Not immune Date of hepatitis booster: ____ / ____ / ____
MUMPS Note date of last dose of mumps vaccine. IF you did NOT receive mumps vaccine, a mumps titer is required. Note date and results of titer. IF titer indicates that you are not immune to mumps, you are required to obtain a booster for mumps. Note date of booster.	If born before 1957, place an X in the box <input type="checkbox"/> Date received LAST DOSE of mumps vaccine: ____ / ____ / ____ Date of mumps titer: ____ / ____ / ____ Results of mumps titer: ____ Immune ____ Not immune If NOT immune: Booster given or immunization series began: Date: ____ / ____ / ____
VARICELLA IF history of chicken pox, list date of disease in section 1. IF you have NOT had chicken pox; list dates of vaccine (2 doses required). IF you have NOT had either chicken pox or the varicella vaccine, a titer for immunity is required. IF you are NOT immune to chicken pox, you are required to obtain a varicella booster or begin the immunization series for chicken pox. Note date of booster.	Date you had chicken pox: ____ / ____ / ____ Date of varicella vaccine dose 1: ____ / ____ / ____ Date of varicella vaccine dose 2: ____ / ____ / ____ Date of varicella titer: ____ / ____ / ____ Results of varicella titer: ____ Immune ____ Not immune If NOT immune: Booster given, or immunization series began: Date of varicella booster: ____ / ____ / ____

Student Name: _____

MENINGOCOCCAL QUADRIVALENT (meningitis)

Required if living in university housing. Two doses are required, with one dose administered at 16 years old or older.

IF history of meningitis, list date of disease in section 1.

IF you have **NOT** had meningitis; list dates of vaccine (2 doses required)

IF you have **NOT** had either meningitis or the meningococcal vaccine, a titer for immunity is required.

IF you are **NOT** immune to meningitis, you are required to obtain a meningococcal booster or begin the immunization series for meningitis. Note date of booster.

Date you had meningitis: ____ / ____ / ____

Date of vaccine dose 1: ____ / ____ / ____

Date of vaccine dose 2: ____ / ____ / ____

Date of titer: ____ / ____ / ____

Results of varicella titer: ____ Immune ____ Not immune

If NOT immune: Booster given or immunization series began:

Date of meningococcal booster: ____ / ____ / ____

PART V: Required Clearances and proof of BLS training

Basic Life Support for Health Care Certification

Proof of current BLS Provider certification.

The American Heart Association (AHA) – Basic Life Support (BLS) for Healthcare Providers certification must be completed before beginning clinical rotations.

To find a training center near you, visit the following:

<http://ahainstructornetwork.americanheart.org/AHA/ECC/classConnector.jsp?pid=ahaecc.classconnector.home>

<http://centerem.org/cpr-training/>

Clearances

Proof of Act 33, Act 34, and Act 73 clearance.

Act 33 – Child Abuse Clearance

Act 34 – PA Criminal Record Check Clearance

Act 73 – Federal Bureau of Investigators (FBI) Criminal Record Clearance

See page 6 of document for instructions on how to apply for your clearances.

Student Name: _____

PART VI: 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: _____

All paperwork must be completed and uploaded into Project Concert by 5:00pm on Tuesday, September 5, 2023.

How to obtain my clearances:

ACTS 33, 34, 73, clearances <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 the 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 the results on the Act 73 application can take up to 12 weeks to come back.
- Do not apply through the Department of Education.