

MOLLOY COLLEGE
Barbara H. Hagan School of Nursing

The following is a checklist of requirements for attending clinical practice Hospitals and Community Agencies. Each item must be completed:

1. _____ Physical examination, completed on a **HAGAN SCHOOL OF NURSING PHYSICAL FORM. FORM MUST BE SIGNED, STAMPED AND DATED BY HEALTH CARE PROVIDER AND MUST INCLUDE:**
 - **On initial physical for NUR 209 students, you must provide documentation of two PPDs implanted within 365 days of each other or a Quantiferon blood test.**
 - **Each subsequent physical requires only *one* PPD or Quantiferon blood test**
 - PPD-Must be read between 48 and 72 hours-
 - Please refer to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5202a2.htm>
 - Chest X-Ray if QUANTIFERON or PPD is positive
 - A copy of Chest X-Ray report must be attached to the physical form as well as any proof of completed treatment requested by Healthcare Provider
 - **Laboratory Titre Reports (LAB SHEETS) for: Rubella, Rubeola, Varicella, Mumps and HepB Numerical Values Required**

Physicals are due:

Summer Semester: Completed after March 15th and submitted before April 15th.

Fall Semester: Completed after June 15th and submitted before July 15th.

Spring Semester: Completed after November 1st and submitted before December 1st.

PHYSICAL AND PPDs MUST BE DONE YEARLY

2. _____ CPR-Cardio pulmonary resuscitation certification must be completed.... CPR cards must be submitted (**Make copy of front and back**) with your Physical Information. For AHA classes please call Molloy Continuing Education at 516-323-3550 or 3559 (Siena Room 106)

Accepted Programs: **American Heart Assoc. – BLS for Health Care Providers**

American Red Cross – BLS for the Professional Rescuer

3. _____ Order your Molloy Nursing Uniform and white professional shoes.

4. _____ Order Name Pin (Molloy Bookstore) and Molloy College School Patch (Life Uniforms) which is to be sewn to the left sleeve of the uniform. Order early enough to be ready before your clinical begins.

5. _____ Obtain: a) Stethoscope (Dual Head/Professional Color)
b) Sphygmomanometer – Blood Pressure Machine
c) Watch with second hand

6. _____ LPN, RN & GRADUATE NURSING STUDENTS MUST ALSO SUBMIT A COPY OF THEIR BLS, LICENSE REGISTRATION CERTIFICATE AND MALPRACTICE INSURANCE – GRADUATE STUDENTS MUST ALSO SUBMIT A COPY OF THEIR CERTIFICATE OF INFECTION CONTROL TO HAGAN Rm 205.

7. _____ Review the Molloy College Nursing Handbook and review policies and health requirements.

Attention All Nursing Students

For Clarification of the Attached Checklist, Physical Form, Latex Allergy Form, Flu Vaccine Form, and Student Uniform Information please come to Hagan Rm 205 between the hours of 8:30am - 4pm

Or

Call Pam Chave at (516) 323-3751

or

Krissy Hill at (516) 323-3752

Between 8:30am – 4pm



UNIFORM REQUIREMENTS

Lakeville Uniforms
271-11 Union Turnpike
New Hyde Park, NY 11040

(718)-343-8947
Ask for: Judy Chu

Life Uniform
249 Old Country Road
Carle Place, NY 11514

Students must purchase a uniform/patch at:
LAKEVILLE UNIFORMS or LIFE UNIFORMS
Name Badge to be purchased at Molloy College Book Store

In addition to the uniform, you will need white shoes and stockings (women), stethoscope (**Dual Head/Professional Color**), sphygmomanometer (B/P machine) and a watch with second hand. **You may purchase equipment and shoes at Lakeville Uniforms/Life Uniforms or on your own.**

Female Uniforms:

Top: Cherokee	# 2880
Pants: Cherokee	# 4200
OR	
Dress – Barco	# 4801

Male Uniforms:

Top: Med Man	# 1373
Pants: Landau	# 8550

Molloy Patch: To be sewn on left sleeve

Name Pins:

Must be ordered through the Molloy College Book Store

Red with white lettering

Name Badge should read: Example...M. Smith, N.S.

Molloy College Student

Review the Nursing Student Handbook regarding Dress Code.

*****Bring this letter with you to the store!!!*****

MOLLOY COLLEGE SCHOOL OF NURSING
PHYSICAL FORM

Molloy College – Barbara H. Hagan School of Nursing
Nursing Learning Lab (516) 323-3751 or 3752
1000 Hempstead Ave., Rockville Centre, New York 11571-5002

*Anticipated Class
next semester:*

Course Section

Last Name _____ *First Name* _____ *ID#* _____
Maiden Name _____ *Date of Birth* _____
Address _____ *Male* _____ *Female* _____
_____ *Phone* _____

Required on Initial Physical Only: TITRES NEED TO BE DONE ONE TIME ONLY
LAB REPORTS MUST BE ATTACHED FOR EACH TITRE!

****NEGATIVE TITRES FOR RUBELLA, RUBEOLA, MUMPS, VARICELLA AND HEPATITIS B, REQUIRE A BOOSTER VACCINE AND A FOLLOW UP TITRE**

Rubella Titre	Value _____	Result: _____	Booster _____	Follow up Titre _____
Rubeola Titre	Value _____	Result: _____	Booster _____	Follow up Titre _____
Varicella Titre	Value _____	Result: _____	Booster _____	Follow up Titre _____
Mumps Titre	Value _____	Result: _____	Booster _____	Follow up Titre _____
HepB Titre	Value _____	Result: _____	Booster _____	Follow up Titre _____

HISTORY OF VACCINATIONS:

MMR #1 _____ MMR #2 _____ VARICELLA #1 _____ VARICELLA #2 _____
Hepatitis B Vaccine: HepB #1 _____ HepB #2 _____ HepB #3 _____

NURSING STUDENTS ARE TO BE IMMUNIZED WITH HEPATITIS B VACCINE PRIOR TO THE BEGINNING OF CLINICAL PRACTICE OR MUST SIGN A DECLINATION STATEMENT.

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name (Print): _____

Date: _____ **SIGNATURE:** _____

Diphtheria/TetanusPertussis: [Within Last 10 Years] (Tdap) _____ (Td) _____

If, as an adult you haven't had a vaccine that contains pertussis (whooping cough) one of **the doses you receive needs to have pertussis in it.**

(PRINT NAME OF STUDENT/FACULTY MEMBER)

I certify that _____

Is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments which may be of potential risk to patients or other personnel or which may interfere with the performance of his or her duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter individual behavior. This individual is able to participate in clinical learning experiences as a student of Nursing.

I have identified the following:

B.P.: _____

Vision: _____ Hearing: _____

Allergy To Latex: Yes: _____ No: _____ Other Allergies: _____

Illnesses: _____

Injuries: _____

Restrictions on activity: _____

Medications: _____

Disabilities: _____

**Students with disabilities are considered on an individual basis. Students must be able to meet program objectives.

Name of Health Care Provider:

(Stamp Is Required)

Address: _____ Phone: _____

Date: _____

HEALTH CARE PROVIDER

SIGNATURE: _____

RELEASE OF HEALTH RECORDS

I, the undersigned, authorize release of information from my Health Record to affiliating clinical agencies.

PLEASE SIGN BELOW:

SIGNATURE: _____ **Date** _____
Student name

MOLLOY COLLEGE SCHOOL OF NURSING
PPD FORM

Molloy College – Barbara H. Hagan School of Nursing
Nursing Learning Lab (516) 323-3751 or 3752
1000 Hempstead Ave., Rockville Centre, New York 11571-5002

*Anticipated Class
next semester:*

Course Section

Last Name _____ *First Name* _____ *ID#* _____
Maiden Name _____ *Date of Birth* _____
Address _____ *Male* _____ *Female* _____
_____ *Phone* _____

- **ONE OF THE FOLLOWING MUST BE COMPLETED WITHIN THE PAST 12 MONTHS.**
If positive results, submit physician clearance on letterhead. A **TWO STEP PPD** is required for first time clinical students *only*.

1. PPD – Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]

Date Implanted: _____ **Read:** _____ **Result:** _____

****IF A SECOND PPD IS REQUIRED IT SHOULD BE IMPLANTED 1-3 WEEKS AFTER FIRST PPD**

Date Implanted: _____ **Read:** _____ **Result:** _____

OR

2. QuantiFERON TB Gold Result _____ - Lab Sheet Must Be Attached

3. POSITIVE FINDINGS OF ALL TUBERCULOSIS TESTS REQUIRE A NEGATIVE CHEST XRAY REPORT. XRAY REPORT MUST BE ATTACHED:

Date: _____ **Result:** _____

Name of Health Care Provider: _____

Address _____ **Phone Number** _____

STAMP IS REQUIRED

MOLLOY COLLEGE
BARBARA H. HAGAN SCHOOL OF NURSING
Latex Allergy Policy

Background: Latex allergy has become a serious healthcare problem. Experts have described it as a disabling occupational disease among healthcare workers (American Nurses Association, 1997).

The allergic reaction to latex is evoked by direct contact with products containing latex rubber or by inhaling powder from latex gloves. Responses may range in severity from a rash to asthma attacks to death from anaphylaxis (New York State Nurses Association, 1999).

The increased need to don gloves in both medical and non-medical settings has increased the prevalence of latex allergies. A 1997 alert published by the National Institute of Occupational Safety (NIOSH) indicated that less than 1% of the general population and 8% to 17% of regularly exposed healthcare workers are sensitized to latex (American Latex Allergy Assoc., 2016). These statistics indicate that an increasing number of entering nursing students may already have a latex sensitivity. Beginning one's professional life with a latex allergy presents unique challenges for students and faculty.

In light of this growing problem the School of Nursing has developed the following policy related to latex exposure.

Initial Steps: All Molloy School of Nursing Student and Faculty History and Physical Forms to have a category, which indicates *Latex Allergy*. The healthcare provider completing the form must specifically respond to this item.

Follow-Up: In those instances where a latex allergy has been indicated, faculty/student will need to be contacted by Health Services: The following actions should be initiated:

- Faculty/Student will be given literature on latex allergies
- Faculty/Student will be counseled regarding acceleration of sensitivity with repeated exposures
- Faculty/Student will be encouraged to wear a Medi-Alert bracelet as suggested by NIOSH
- Faculty/Student acknowledgement of this policy will be kept on file in department

Agency Contact: The faculty/student will be responsible for sharing information about themselves regarding latex allergy with the respective clinical agency.

I am a faculty member/student in the Molloy College School of Nursing. I have read the Molloy College policy concerning Latex Allergy.

I do not have any allergy to latex, or

I have a latex allergy and I have previously so notified Molloy College. I am fully aware of the dangers arising out of exposure to latex and I agree to exercise appropriate caution. I hereby release Molloy College, its Board of Trustees, officers and administrators and employees from any claim or liability arising out of my exposure to latex either on the campus of Molloy College or in any clinical setting.

Print Name

Signature

Date

MOLLOY COLLEGE
Barbara H. Hagan School of Nursing
FLU VACCINE FORM

PLEASE PRINT

Student Name

Molloy ID Number

E-Mail Address

Phone Number

Course & Section

Clinical Placement _____

NAME OF HOSPITAL/FACILITY Fall _____ Spring _____

Manufacturer of Vaccine _____

Lot Number of the Vaccine _____

Dose Administered _____

Date Administered _____

Name of Provider

License Number

Stamp

Address of Provider

-Make sure to keep a copy for your records-