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

1. **Physical examination, completed on a** **DIVISION OF NURSING PHYSICAL FORM. FORM MUST BE SIGNED, STAMPED AND DATED BY HEALTH CARE PROVIDER AND MUST INCLUDE:**

   - **ALL STUDENTS MUST HAVE QUANTIFERON TB TEST**
   - OR
     - **TWO STEP PPD On Initial Physical Only** (2ND PPD MUST BE PLANTED 1-3 WEEKS AFTER FIRST PPD); Thereafter One (1) PPD only.
     - OR
     - **YOU CAN AVOID A 2ND PPD IF YOU CAN PROVIDE DOCUMENTATION OF PREVIOUS PPD WITHIN THE PAST 365 DAYS**
       - Please refer to: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5202a2.htm](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 PHYSICAL FORM
   - Laboratory Titre Reports *(LAB SHEETS)* for: Rubella; Rubeola; Varicella; Mumps - **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 AND SUBMITTED TO JEANNE RYAN-CASEY RM. 224**

2. **CPR-Cardio pulmonary resuscitation certification must be completed.** CPR cards must be submitted with your Physical Information to Casey 224.

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

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

4. **Order Name Pin and Molloy College School Patch 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 JEANNE RYAN –CASEY RM. 224.**

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 Casey 224 between the hours of 8am - 4pm

Or

Call Jeanne Ryan at (516) 678-5000 Ext. 6794 – or-

Krissy Hill at (516) 678-5000 Ext. 6793

Between 8am – 4pm
MOLLOY COLLEGE
DIVISION OF NURSING – PHYSICAL FORM

Name_________________________________________________Birthdate________________________
                      Last    First   MI/Maiden

Address______________________________________________________________________
                               Street  Apartment  City   State   Zip

Student ID___________Home Phone (      )___________Cell Phone(       )___________E-Mail___________

LAB REPORTS REQUIRED ON INITIAL PHYSICAL ONLY-
MUST BE ATTACHED TO THIS FORM:

NEGATIVE TITRES FOR RUBELLA, RUBEOLA AND MUMPS REQUIRE PROOF OF TWO (2)
MMR’s. A NEGATIVE VARICELLA TITRE REQUIRES PROOF OF TWO (2) VARICELLA
VACCINES.

<table>
<thead>
<tr>
<th>Titre</th>
<th>Value</th>
<th>Date</th>
<th>Result</th>
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<tbody>
<tr>
<td>*Rubella</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>*Rubeola</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>*Mumps</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>*Varicella</td>
<td>______</td>
<td>______</td>
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Diptheria/Tetanus Pertussis: [Within Last 10 Years] (Td)ap)_________ (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.

RELEASE OF HEALTH RECORDS

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

SIGNATURE:__________________________________________     Date:____________________________

COPIES OF BLS/CPR CARD
AND
UNIVERSAL OR NORTHSHORE-LIJ ORIENTATION
MUST BE SUBMITTED
MOLLOY COLLEGE
DIVISION OF NURSING – PHYSICAL FORM

**Hepatitis B Vaccine:**
1. Date______________  2. Date______________
3. Date______________  Follow-Up Titre______________
   (Recommended)

**Nursing students are required 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) ______________________________________________

Student Signature:______________________________________   Date:  _______________________

**TUBERCULIN TESTING**

PPD tuberculin test must be read 48-72 hours after implantation. Annual PPD required OR Date of QuantiFERON TB Gold __________ Lab Report Must Be Attached

PPD
Date Placed_________________Date Read_________________Result_________________

2nd PPD Required on Initial Physical Only—Must Be Planted 1-3 Weeks After First PPD

Date Placed_________________Date Read_________________Result_________________

If positive PPD, chest X-Ray is required every two years.

Date:_______________________________ Report must be attached.
I certify that (print name of student) 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 the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual’s behavior. This individual is able to participate in clinical learning experiences as a student of Nursing.

Height: __________  Weight: __________  B.P.: __________  Pulse: __________
Vision: __________  Hearing: __________  HGB: __________  HCT: __________
U/A: __________  WBC: __________  Diff: __________  Latex Allergy: __________
Teeth ______  Mouth_______ Tongue ______  Throat ______  Thyroid _______ Reflexes ______
Chest_______ Heart_______ Abdomen_______ Skin_______ Varicosities__________

Allergies: ______________________________________________________
Illnesses: _____________________________________________________
Injuries: ______________________________________________________
Restriction on Activity: __________________________________________
Medications: __________________________________________________
**Disabilities: _________________________________________________
**Students with disabilities are considered on an individual basis. Students must be able to meet program objectives.

I have, this day, given ______________________ a careful examination and found him/her in _______________ health.

Are you the family health care provider? Yes_______ No _______ How long have you known the Applicant? __________________________

HEALTH CARE PROVIDER INFORMATION:

Name: (Please Print):________________________________ Signature:_________________________
Address:_____________________________________________________________________________
             Street     City    State    Zip
Phone Number:__________ License Number______________ State of License_______
Date of Examination______________
Background: Over the last ten years, 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 about 1% to 6% of the general population and 8% to 12% of regularly exposed healthcare workers are sensitized to latex. 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 problems for students and faculty.

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

Initial Steps: All Molloy Division 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.

<table>
<thead>
<tr>
<th>Relevant Information</th>
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<tbody>
<tr>
<td>I am a faculty member/student in the Molloy College Division of Nursing. I have read the Molloy College policy concerning Latex Allergy.</td>
<td></td>
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<tr>
<td>□ I do not have any allergy to latex, or</td>
<td></td>
</tr>
<tr>
<td>□ 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.</td>
<td></td>
</tr>
<tr>
<td>Print Name</td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

Rev. Summer 2013
FLU VACCINE FORM

___________________________________________________________________________

Student Name       ID Number

Seasonal Flu Vaccine

Manufacturer of Vaccine _______________________

Lot Number of the Vaccine _______________________

Dose Administered _______________________

Date Administered _______________________

___________________________________________________________________________

Name of Provider    License Number       Office Seal
Students must purchase a uniform/patch/name pin at:

LAKEVILLE UNIFORMS or LIFE UNIFORMS

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 # 2878
- Pants: Cherokee # 4001
- OR
- Dress – Barco # 4801

Male Uniforms:
- Top: Adar Jacket # 607
- Pants: Landau # 8550

Name Pins:
- Red with white lettering
Name Badge should read: Example…M. Smith, N.S.
- Molloy College Students

Molloy Patch

Review the Nursing Student Handbook regarding Dress Code.

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

Revised Summer 2013