MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING

GRADUATE NURSING PROGRAM

TO: GRADUATE NURSING STUDENTS TAKING ADVANCED PHYSICAL ASSESSMENT (NUR572) AND SUBSEQUENT CLINICAL COURSES

FROM: Associate Dean and Director, Graduate Nursing Program

RE: INITIAL AND YEARLY PHYSICAL

Prior to taking your clinical practicum courses, you are required to have the following:

1. Current New York State license registration certificate.
2. Malpractice insurance appropriate to your program (Registered Nurse or Nurse Practitioner -Addend to: **NP Student**) with coverage of $1,000,000 per claim/ $3,000,000 aggregate.
3 Cardio-Pulmonary Resuscitation (CPR) certification. **MUST BE BLS-**
   If course is taken online, evidence of skills testing is also required. Accepted Program: **American Heart Association – BLS for Health Care Providers.**
4. Evidence of OSHA training (Infection Control Certificate).
5. A **completed** Division of Nursing Physical Form. (See attached) **Attach titre lab sheets!**

PHYSICALS:
Two copies are required...**KEEP ONE COPY FOR YOUR RECORDS.** Copies will not be returned to you. Clinical areas require presentation of completed physical. You are required to present this physical upon demand. Please be prepared. All medical documents are to be submitted to Siena Hall- Rm. 101 per schedule below.

There will be NO reminder. It is your responsibility to hand in an annual Physical and PPD whether or not you are enrolled in a clinical course. If you submit your physical on November 1st the following year another Physical and PPD will be due on November 1st.
It is further your responsibility to send all interim renewals to Barbara H. Hagan School of Nursing, Room 205 (i.e., CPR, PPD, mal-practice, License, etc).

1. Physicals: Physical examination, completed on a **SCHOOL 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 (2nd PPD must be planted 1-3 weeks after first PPD) OR**
   - **You can avoid a 2nd PPD if you can provide documentation of previous PPD within the past 365 days.**
     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 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

2. Immunizations:

All immunization information must be documented on all physicals. Leave no blank areas on Physical Forms. All dates for Hepatitis must be included.

Note: Once titres are completed and document immunity, they need not be repeated for subsequent physicals.

3. Clinical Agency Affiliation Health Requirements:

Individual clinical agency affiliates may require additional medical tests for students entering their agencies. A **Drug Screening Test and/or finger printing may** be required.

4. Health Insurance:

Students are expected to carry their own health insurance.

5. Late Fee:

A fee of $50.00 will be charged to process late physical materials.

6. Photo ID Badge

Students are required to wear an up-to-date Molloy College photo ID badge during all clinical/practicum experiences. Each semester, ID must be updated.

Photo ID badges are issued by Department of Public Safety during the first and second week of classes. See e-mail notice at start of semester for hours or call Ext. 3506.

7. Uniform for Clinical Experience

Graduate students are to wear plain white lab coat (no affiliation badges of any kind are to be displayed on the lab coat). MOLLOY STUDENT PHOTO ID IS TO BE DISPLAYED.

Submit all physical materials to The Barbara H. Hagan School of Nursing Rm. 205. **Students will not be permitted in Clinical settings until all the necessary documents are on file in the Nursing Division.**

Rev. 11/2013
Rev. 8/2016 cl.

Attention All Nursing Students

For Clarification of the Attached Checklist, Physical Form, PPD Form, Latex Allergy Form & Flu Vaccine Form please come to The Barbara H. Hagan School of Nursing, Rm. 205 between the hours of 9am - 5pm.

Or

Call: Helene Rogers
(516) 323-3738
hrogers@molloy.edu

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PHYSICAL FORM

Return form to: Molloy College
Barbara H. Hagan School of Nursing Rm. 205 516-323-3738
1000 Hempstead Ave., P.O. Box 5002 Rockville Centre, NY 11571-5002

***Anticipated Class next semester*:**
_____ _____
Class ***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!

Rubella Titre Value _____ **Result:** _____

Rubeola Titre Value _____ **Result:** _____

Varicella Titre Value _____ **Result:** _____

Mumps Titre Value _____ **Result:** _____

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.

MMR #1 _____ **MMR #2** _____

VARICELLA #1 _____ **VARICELLA #2** _____

Diptheria/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.**

Hepatitis B Vaccine: 1) Date _____ **2) Date** _____ **3) Date** _____

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:** _____

-OVER-

(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 _____

COPY OF BLS/CPR CARD MUST BE SUBMITTED

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PPD FORM

Return form to: Molloy College
Barbara H. Hagan School of Nursing Rm. 205 516-323-3738
1000 Hempstead Ave., P.O. Box 5002 Rockville Centre, NY 11571-5002

***Anticipated Class next semester*:**

_____ _____
Class ***Section***

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

- **QuantiFERON TB Gold Result _____-Lab Sheet Must Be Attached**

OR

- **Two Step PPD - Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]**

Date Implanted: _____ Read: _____ Result: _____

SECOND (2ND) PPD IS REQUIRED AND MUST BE PLANTED 1-3 WEEKS AFTER FIRST PPD

Date Implanted:_____Read:_____Result_____

OR

You Can Avoid a 2nd PPD If You Can Provide Documentation of Previous PPD Within The Past 365 Days

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

Date:_____ Result:_____

Name of Health Care Provider: _____

Name

_____ _____
Address **Phone Number**

(STAMP IS REQUIRED)

MOLLOY COLLEGE
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Latex Allergy Policy

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.

_ _

I am a faculty member/student in the Molloy College Barbara H. Hagan 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

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GRADUATE NURSING

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 ***Office Seal***

_____

Address of Provider