



College of Nursing and Health Sciences BSN
Program Clinical Health Requirements- Student



Students must provide evidence of all listed clinical requirements NO LATER THAN:
August 1st for the Fall '22 semester and January 2nd for the Spring '23 semester.

Check List and Explanation of Clinical Requirements

- 1 **HISTORY & PHYSICAL EXAMINATION & VACCINE DOCUMENTATION:** This is required for admission into NURS 208. The H&P and vaccine documentation form can be found on the back of this page. All lab results must be turned in along with the completed physical form.
 - 2 **NEGATIVE TEST FOR TUBERCULOSIS (PPD, T-SPOT, QUANTIFERON OR NEGATIVE CHEST XRAY)*MUST HAVE DATE AND TIME ON ADMINISTRATION AND READING OF PPD****
A negative skin test for tuberculosis is required annually. If the skin test (PPD) is positive, a blood test (T-Spot or Quantiferon) is required annually. If the blood test is positive, negative chest x-ray and clearance from a healthcare provider is required.
***Please note that if it is your first skin test you are required to complete 2 skin tests 1-3 weeks apart.**
***Please provide results for the first and second test.**
 - 3 **INFLUENZA VACCINE:** Proof of an annual FLU vaccine must be provided. If you have not been immunized, a declination form must be signed.
 - 4 **COVID-19 VACCINE:** Students must adhere to the University's COVID-19 vaccination requirements for students.
<https://studenthealth.louisiana.edu/immunizations/vaccine-screening-requirements/covid-19-vaccine-requirements>
 - 5 **DOCUMENTATION OF (2) MMR IMMUNIZATIONS:** If you do not have proof of (2) MMR immunizations, a one-time positive Rubella Titer showing proof of immunity is required. If not immune, MMR immunizations (2) are required.
 - 6 **1-TIME DOSE OF TDAP:** Documentation of immunization with a 1-time dose of TDAP (Tetanus/Diphtheria/Pertussis) unless a TD Booster has been received within the last two years.
(If TDAP vaccine is over 10 years, a TD Booster is required.)
 - 7 **HEPATITIS B:** Proof of a (3) dose series of Hepatitis B vaccine **OR** a positive Hepatitis B antibody titer. If you have not been immunized, a declination form must be signed and a **negative Hepatitis B Surface Antigen is required annually**. NOTE: If the Hepatitis B Surface Antigen test is positive, the student must be cleared by a physician to enroll in a clinical course. Should a known exposure occur in the clinical setting and a positive antibody titer is not on file, a Hepatitis B antigen will be required.
 - 8 **VARICELLA (CHICKEN POX) HISTORY, ANTIBODY TITER, OR TWO DOSES OF VACCINE:** If no documented history of chicken pox, shingles or having had 2 doses of varicella vaccine, varicella antibody testing is required to show proof of immunity. If varicella antibody is negative, 2 doses of vaccine should be administered at least 4-8 weeks apart.
 - 9 **PROOF OF HEALTH INSURANCE:** All students enrolled in clinical nursing courses are required to maintain health/medical/accident insurance coverage.
 - 10 **CPR CERTIFICATION:** The only certification accepted is: BLS Provider (Adult, Child & Infant) through **American Red Cross** OR **American Heart Association** . Certification **CANNOT** expire during the semester. Please see List of CPR classes for all approved courses.
- Complete 11 & 12 in CastleBranch**
- 11 **LEVEL I BACKGROUND CHECK ON FILE:** This is a one-time only background check, it is separate from the federal background check done through the LSBN. Must be done prior to entry into N208. A level II background check is required for any student holding a practice license (LPN, Paramedic).
 - 12 **DRUG TESTING:** This is a one-time only drug test prior to entry into N208. Thereafter, students are subject to random drug screens or screening for cause according to College of Nursing and Health Sciences.

Have Questions?

E-Mail Student Services at nursing_student_services@louisiana.edu OR call (337) 851-5604. *NO CLINICAL REQUIREMENT CAN EXPIRE DURING THE SEMESTER!*

Student Name: _____ CLID: _____	Date: _____
Phone #: _____ Nursing Class: _____	

PHYSICIAN'S REPORT

Physical Exam: Review of Systems

Cardiovascular _____

Neurologic _____

Musculoskeletal _____

Gastrointestinal _____

Respiratory _____

Urinary _____

Skin _____

Eyes/ENT _____

Comments: _____

Diagnostic Evaluation: *ATTACH COPIES OF ALL LAB RESULTS*				
TST (TB Skin Test)	____pos ____neg	Date/Time Applied:	Date/Time Read:	Reader:
TST (TB Skin Test)	____pos ____neg	Date/Time Applied:	Date/Time Read:	Reader:
NURS 208 students require 2 PPD test 1-3 weeks apart- report BOTH results				
Chest X-ray (if required)	OR TB Blood Test (T-Spot or Quantiferon) *Attach Documentation*			
	Only if Positive TST/TB Blood Test			
Rubella Titer:	____pos ____neg Immune	Please Attach Documentation		
Hepatitis B	Surface Antigen: ____pos ____neg OR Proof of a (3) dose series of Hepatitis B Vaccine (1) Date: _____ (2) Date: _____ (3) Date: _____			Please Attach Documentation
MMR's	Date: _____	Date: _____	Please Attach Documentation	
1-time dose of Tdap or TD booster within last 2 years	Date Received: _____			Please Attach Documentation
VARICELLA:				
History of Chicken Pox ____ Yes ____ No If yes, date: _____ History of Shingles ____ Yes ____ No If yes, date: _____ Received Vaccinations ____ Yes ____ No If yes, dates: 1st _____ 2nd _____ If no to the above, then a varicella antibody test is required. Date: _____ Results: _____ If not immune, two doses of vaccine should be administered at least four weeks apart.				
Varicella Vaccine Dates (if done)	Date: _____	Date: _____	Please Attach Documentation	
COVID-19 Vaccine	1st dose Date: _____	2nd dose Date: _____	Booster Date: _____	Please Attach Documentation
COVID Vaccine Exemption	Complete University exemption procedure if not fully vaccinated and sign to confirm			Sign:
Signature of Physician OR Nurse Practitioner:				Date: _____

***It is suggested that each student discuss the current national problem regarding Hepatitis B/AIDS and the incidence in health care providers with their health care provider at the time of the physical exam. The Centers for Disease Control (CDC) has issued alerts to all health care professionals who come into contact with blood, blood products, saliva and body fluids recommending vaccine due to the marked increase in Hepatitis B on a national level. Students must sign a declination form if they choose not to be vaccinated. In addition, as a nursing student, it is your responsibility to know your HIV status.**