



Students must provide evidence of all listed clinical requirements NO LATER THAN:
August 1st for the Fall semester and January 4th for the Spring semester.

Check List and Explanation of Clinical Requirements

- 1 **HISTORY & PHYSICAL EXAMINATION:** This is required for admission into NURS 208. The physical 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)**
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 a two-step process.** Two skin tests 1-3 weeks apart are done. The result of the second test is the result reported.
- 3 **INFLUENZA VACCINE:** Proof of an annual FLU vaccine must be provided.
- 4 **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.
- 5 **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.)
- 6 **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.
- 7 **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)weeks apart.
- 8 **LIST OF PRESCRIPTION MAINTENANCE DRUGS:** A list of all prescribed medications should be listed on the back side of this page. **Please Note:** A written physician's release is required to return to any clinical and/or laboratory experience for any event such as injury, illness, or other health related situation which may affect safety in the clinical and/or laboratory experience.
- 9 **PROOF OF HOSPITALIZATION INSURANCE:** All clinical students must provide proof of Hospitalization Insurance/Accident only annually.
- 10 **CPR CERTIFICATION:** The only certification accepted is: Health Care Providers (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.
- 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 Allied Health policies.

Have Questions?

E-Mail Student Services at nursingstudentservices@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 Applied: _____	Date Read: _____	Reader: _____
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	
List of Prescription Maintenance Drugs: _____				
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 Center 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.**