



State University of New York
CLINTON
Community College

136 CLINTON POINT DRIVE
PLATTSBURGH , NY 12901

HEALTH REPORT

Nursing Students

CONFIDENTIAL

Student Name: _____

Semester and Year: _____



136 Clinton Point Drive
Plattsburgh, NY 12901

Health Requirements For Nursing Program

All nursing students prior to the beginning of clinical placement must complete the health clearance process. The student will be permitted to start clinicals if the college's required forms are satisfactory and the health clearance process is complete. New York State Department of Health, Regulation 405.3, requires a physical examination for all persons who have client contact. All nursing students are required to have a physical exam completed on Clinton's official physical form along with a personal medical history. All forms are to be returned to Clinton Community College (CCC), Health Office Nurse.

New York State regulations and clinical agency requirements include nursing students to show proof of immunity to measles, mumps and rubella (MMR), Covid-19, seasonal flu, pertussis, Hepatitis B (recommended), Varicella, and Tuberculosis (TB) testing.

All nursing students must submit documentation of the following required information:

Proof of disease is not acceptable for MMR and Varicella. If immunization records are not available, providing a copy of positive lab test results will provide proof of immunity.

Measles (Rubeola) or MMR (measles, mumps, and rubella):

Two doses of measles vaccine or combined MMR **OR**

Copy of titer/blood lab results.

Mumps or MMR:

One dose of mumps vaccine or combined MMR **OR**

Copy of titer/blood lab results.

Rubella (German Measles) or MMR:

One dose of rubella vaccine or combined MMR **OR**

Copy of titer/blood lab results.

Varicella (Chickenpox):

Two doses of varicella vaccine **OR**

Copy of titer/blood lab results.

Tetanus/Diphtheria/Pertussis (Tdap):

One adult dose of Tdap within the past 10 years, regardless of the time of the last Td vaccination. Td boosters are required every 10 years thereafter.

Hepatitis B (HBV): highly recommended

Documentation of three doses of the Hepatitis B series **OR** proof of a Hepatitis B surface antibody titer **OR** sign the Hepatitis B vaccine waiver.

Flu Vaccine:

New York State Department of Health regulation requires the documentation of influenza vaccine annually **OR** a signed declination form, also, unvaccinated healthcare providers are required to wear a surgical or procedure mask during the flu season.

Meningococcal Vaccination: recommended

Documentation of a meningococcal immunization within the last 5 years or sign the Meningococcal Response Form.

COVID-19 Vaccine:

Clinton Community College requires all new/incoming students to receive the primary COVID-19 vaccine series (I.e. the two-dose Moderna or Pfizer vaccines or the one-dose Johnson & Johnson vaccine) unless they have been granted a medical or religious exemption. To be considered fully vaccinated, a student must be at least two weeks (14 days) past either the second dose of the two-dose Moderna **or** Pfizer mRNA vaccines **or** the single-dose Johnson & Johnson vaccine. A booster shot is recommended by the CDC for most adults at least five months after the 2nd shot of the mRNA vaccines and at least two months after the J&J vaccine. **The state recommends students get a booster shot when eligible, but the booster is not required.**

Tuberculosis (TB) testing:

Prior to clinicals or patient care responsibilities, nursing students who have not been tested for TB infection within the last 12 months are required to have a tuberculin blood test (IGRA, QuantiFERON, or T-Spot blood test) **or** an initial two step PPD screening. TB skin test results must be measured in millimeters of induration and include both the date of the skin test placement and date read. If a test is positive the student would then be required to have a chest x-ray and if necessary have follow-up therapy. Annual TB assessments shall include individual risk assessment, and follow-up tests as required.

Essential Functions Form:

All nursing students must read, sign, and submit the Essential Functions Form. The Essential Functions described are necessary for the progression through the nursing program.

Please Note: Equivocal titers are not accepted. Titers must be positive. If titers are equivocal or negative, you will need to provide proof of the appropriate vaccination given after the date of the lab test.

TO SUBMIT HEALTH RECORDS:

- **In person,** deliver to room 141M Moore Building
- **Fax** to (518) 562-4197, phone (518) 562-4129
- **Mail** to Health Office, Clinton Community College, 136 Clinton Point Dr, Plattsburgh, NY 12901
- **Email:** sandra.marland@clinton.edu

Medical History & Physical Exam

Name: _____

Address: _____

(Street, Road, PO Box, City, State, Zip Code)

Phone: (____) _____ DOB: _____ Age: _____ Sex: _____ Have

you ever been or are you being treated for any of the following? Please check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol/substance abuse | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Anxiety/panic disorder | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting Spells/dizziness | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Asthma/hay fever | <input type="checkbox"/> Head injury/concussion | <input type="checkbox"/> Recent weight change |
| <input type="checkbox"/> Back/neck injury | <input type="checkbox"/> Heart disease/murmur | <input type="checkbox"/> Skin disorders |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hernia | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Vision problem |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Inflammatory bowel syndrome | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | | |

Medications: Please list any medication, vitamins, supplements that you take routinely. _____

Please Answer the Following:

1. Do you have any allergies? Yes No If yes, please list: _____

2. Are you allergic to LATEX? Yes No

3. Would you say your present health is Excellent Good Fair Other?

If other, please explain _____

4. Have you ever had an operation? Yes No

If yes, please explain _____

5. Have you sustained an injury in the past six (6) months? Yes No

If yes, please explain _____

6. Have you ever been treated for back/neck pain or have any history of back/neck injury?

Yes No If yes, please explain _____

I hereby certify that the answers given are true to the best of my knowledge

Student Signature (parent/guardian if under 18 years of age)

Date

PHYSICAL EXAM:

Name _____ DOB: _____

Temp:	Pulse:	Respirations:	
Height:	Weight:	B/P:	
Vision: <input type="checkbox"/> Corrected <input type="checkbox"/> Not Corrected		R eye:	L eye:
Hearing: R ear:		L ear:	Impairments:

Check appropriate column	Normal	Abnormal	Detail of abnormalities:
Appearance			
Ears/Nose/Throat			
Neck (Thyroid)			
Lymph Nodes			
Heart & Vascular System			
Lungs			
Abdomen			
Musculoskeletal System			
Neurological System			
Genitourinary (optional)			
Skin			

Based upon your physical examination, is the candidate able to perform the essential physically demanding job functions of a Student Nurse? Yes No

Please list and describe any accommodations required:

Physician/NP/PA Signature

Date of Exam

Physician/NP/PA Address & Phone Number

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older.

Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
- It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease: wwwnc.cdc.gov/travel/diseases/meningococcal-disease

Learn more about meningococcal disease: www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases: www.health.ny.gov/prevention/immunization/



Meningococcal Vaccination Response Form

New York State Public Health Law 2167 **requires** all colleges to inform students taking 6 or more credit hours about meningococcal disease and the meningitis vaccine. The law further requires one of the following.

1. Documentation of the meningitis vaccine within the last 5 years (1 dose of MenACWY or 2-dose series of MenB)

OR

2. Signed form that you are making an informed decision to decline the meningitis vaccine at this time.
 RECEIVING A MENINGITIS VACCINE IS NOT REQUIRED! ONLY THE SUBMISSION OF THE FORM.

Clinton Community College does not offer this vaccine. The vaccine may be available from Clinton County Health Department, local pharmacies or at your primary care provider..

I have reviewed the information provided by Clinton Community College about meningococcal disease (meningitis) and the vaccine, and:

Check one box and sign below:

- I plan to obtain the meningococcal immunization within 30 days.
- I understand the risks of meningococcal disease and the benefits of the immunization. I have decided that I will **not** obtain the immunization against meningitis at this time.

Print Student's Name: _____

Birth Date: _____ Phone: _____

Address: _____

Student's signature: _____ **Date:** _____

NOTE: If the student is under 18 years old, the signature of the parent/guardian is required.

Parent/Guardian's signature: _____ Date: _____

Hepatitis B Vaccine Waiver

In compliance with OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD 1910.1030: the student is advised that OSHA recommends persons at substantial risk for HBV (hepatitis B) should be vaccinated. Individuals are often at highest risk during the professional training period. For this reason, when possible, vaccination should be completed prior to the training period. Three injections given at 0-, 1- and 6-months must be received to complete the series.

I understand as a nursing student that I am at high risk for acquiring hepatitis B, as my clinical experience places me in a position to be exposed to a significant degree of blood and body fluids.

I acknowledge the Clinton Community College, Nursing Department, has advised me of the OSHA Regulation: 29 CFR BLOODBORNE PATHOGENS STANDARD 1910.1030.

Please check the appropriate statement:

_____ I decline hepatitis B vaccination currently. If I want to be vaccinated later, I can receive the vaccine series and I will be responsible for the cost.

_____ I am currently in the process of receiving the 3-dose series of hepatitis B vaccine. Until this process is completed, I have been informed and understand that I continue to be at risk of acquiring hepatitis B.

Student Name (print)

Signature

Student

Date

Adapted from Occupational Safety & Health Administration US
Dept. of Labor
Standard Number: 1910.1030

Tuberculosis Screening Form

Name: _____ DOB: _____

Tuberculosis Testing

Prior to clinicals or patient care responsibilities, nursing students who have not been tested for TB infection within the last 12 months are required to have a tuberculin blood test IGRA (QuantiFERON, or T-Spot blood test) **or** initial two step PPD screening upon admission to the program. If a test is positive the student would then be required to have a chest x-ray and if necessary have follow-up therapy.

TB Skin Test #1 **If tested yearly please submit copy of previous test results.**

Date given: _____ Time given: _____ Site: lt. arm rt. arm

Manufacturer/Lot #: _____ Expiration date: _____

Administered by: _____

Test Results #1

Date read: _____ Time read: _____ Result: negative positive Induration: _____mm

Read by: _____

TB Skin Test #2

Date given: _____ Time given: _____ Site: lt. arm rt. arm

Manufacturer/Lot #: _____ Expiration date: _____

Administered by: _____

Test Results #2

Date read: _____ Time read: _____ Result: negative positive Induration: _____mm

Read by: _____

OR

Blood Test for TB – IGRA, OR T-spot

Please include copy of test results. Please check one: T-spot QuantiFERON

Date of Test: _____ Results: negative positive indeterminate

Signature of Healthcare Provider: _____



Certificate of Essential Functions

Student Name: _____

Each nursing student is required to sign this form attesting that he/she is able to perform these essential skills/abilities with or without reasonable accommodations. A reasonable accommodation is defined on a case by case basis by the specialist in Accommodative Services, in consult with the Nursing Department.

Gross Motor Skills:

- **Standing/ Walking:** must be able to walk and stand on your feet for majority of time in the clinical setting (8-12 hours).
- **Sitting:** must be able to sit while charting/entering data into a computer or receiving report.
- **Lifting/Carrying:** required when assisting in lifting and transferring patients, repositioning patients, picking up a child, carrying medical supplies and certain medical equipment.
- **Pushing/Pulling:** required when administering patient care, pushing equipment, i.e. hospital beds, wheelchairs.
- **Reaching:** required when performing patient care such as hanging and/or adjusting IV bags.
- **Bending/Twisting/Stooping/Squatting:** required when performing certain activities of patient care.

Fine Motor Skills:

- **Manual dexterity, writing/grasping small objects/fastening clothes:** must be able to pick up small objects with hands, write, type on computer, and squeeze with fingers, i.e. eye droppers, use syringe, and insert a catheter.

Sensory Ability:

- **Tactile ability:** must be able to feel through touching: to palpate with fingers and hands, and assess for tenderness, temperature, pulses, elasticity of skin, masses.
- **Hearing:** must be able to hear a range of sounds and tolerate disturbing sounds: vomiting, crying from pain or grief, coughing from trach, to hear sounds such as normal and faint speaking voices, blood pressure, heart sounds, lung sounds, bowel sounds, and alarms i.e. fire alarms, codes, monitors, and call lights.
- **Olfactory:** must be able to smell and tolerate strong odors: to identify foul drainage from wounds, to detect smoke or noxious odors in patient care settings.
- **Visual acuity:** must have the sense of sight with or without correction: to inspect skin, to perform treatments, to draw up and administer medications.

Environment:

- **Must have ability to recognize health hazards:** may be exposed to blood/ body fluids and infectious diseases, to prevent the spread of disease.
- **Must be able to wear and tolerate personal protective equipment (PPE):** to understand the role of PPE in healthcare and to optimize the use of it to control and prevent the transmission of infection.

