



# INDIAN RIVER STATE COLLEGE

School of Nursing

## Annual Physical and TB Screening

**IMMUNIZATIONS MAY TAKE 60 DAYS TO COMPLETE, PLEASE PLAN ACCORDINGLY.**

### DIRECTIONS

1. Student and Health Care Practitioners please read all directions.
2. Student to complete top portion of the Annual Physical Form.
3. Health Care Practitioner to complete the bottom portion of pages 2, 3 and 4 of the form, sign, and date, including the complete address and phone number of the facility.
4. Student is to ensure all information is accurate on the form and submitted to Complio by due dates.
5. Review Performance Standards for Admission & Progression.
6. The only Health Care Practitioners who may sign the Physical Assessment form are Physician, PA, DO, or APRN.

All medical records submitted to Complio must be on the provided Annual Physical form. Any records not submitted on provided forms must be on official letterhead.

- **Tuberculin Test: Follow your healthcare provider's procedure for Tuberculin Skin Testing Method.** If Tuberculin Skin Test or Quantiferon Gold Test is positive, have chest X-ray taken or complete the symptom-free checklist if you have had a positive chest x-ray in the past. This test is valid for one year from the time of reading, and must be valid through the end of each semester. (If the TB expires during the semester, it must be updated prior to registering for the semester.)

### IMMUNIZATION RECORD

- I. **MMR: (Measles, Mumps, Rubella Vaccine)**
  - proof of two vaccines or
  - proof of immunizations by titer, or
  - exempt from vaccine if born before 1/1/57. If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).
- II. **Tetanus/Diphtheria/Pertussis:**
  - proof of immunization within the last seven years. (If the Tetanus expires during the semester, it must be updated prior to registering for the semester.)
- III. **Hepatitis B Vaccination:**
  - proof of all three immunizations **and** positive surface antibody test 1 - 2 months after dose #3, or
  - positive Hepatitis B Titer or signature to decline immunization at this time; or
  - **Heplisav - 2 doses.**
- IV. **Varicella Status:**
  - Known history of chickenpox with positive Varicella Titer, or
  - 2 doses of the Varicella Vaccine.



# IMMUNIZATION STUDENT RECORD

One time submission

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Program: \_\_\_\_\_

**HEALTH CARE PRACTITIONER: PLEASE INITIAL EACH SECTION AND SIGN BOTTOM OF PAGE**

**I.** If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).

MMR Vaccine	Date:	Date:
<b>OR</b> Rubella Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Rubeola Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Mumps Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

<b>II.</b> Tetanus/Diphtheria/Pertussis	Date:	<input type="checkbox"/> Valid within the last 7 years
<b>OR</b> Tetanus Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Diphtheria Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Pertussis Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

<b>III.</b> Hepatitis B Vaccine	Date:	Date:	<b>AND</b> Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>OR</b> Hepatitis B Titer	Date:		<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
<b>OR</b> Hepislab B	Date:	Date:	

**Sign declination if all three (3) immunizations and Surface Antibody Test are not complete or titer results were negative.**

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. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Signature (if declining) \_\_\_\_\_

<b>IV.</b> Varicella Titer	Date:	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
<b>OR</b> Varicella Vaccine	Date:	Date:

**V.**  
I certify that the above tests and/or vaccinations were performed in this office or laboratory, or documentation was provided to me by the patient.  
(If the above tests and/or vaccinations were *not* performed in this office, documentation of agency performing the tests and/or immunizations is provided).

Licensed Health Care Practitioner Signature: \_\_\_\_\_ License #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**INDIAN RIVER STATE COLLEGE**  
**School of Nursing**

**Annual Physical and Immunization Student Record**

This record becomes College property. Students must make personal copies prior to submission; copies will not be provided once submitted. Note: This information may be shared with clinical agencies.

**Nursing Program: Select One:**    \_\_\_ Nursing Assistant    \_\_\_ Nursing (ADN)    \_\_\_ Nursing (BSN)    \_\_\_ Practical Nursing (LPN)

**TO BE COMPLETED BY STUDENT BEFORE EXAMINATION**

Last Name	First	Middle	(Area Code) Home Phone	Birth Date
Street Address	Apt.	City	State	Zip Code
Emergency Contact	(Relationship to student)		(Area Code) Phone Number	

I understand that I may be asked to submit additional data. I understand that any falsification or omission of information can result in my dismissal from the Nursing program.

Student's Signature:	Date:	Student I.D. #
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**TO BE COMPLETED BY A M.D., A.P.R.N., P.A. or D.O.**

Systems Reviewed	Normal Findings	
Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center"><b>Annual Tuberculin Screening</b></p> <p><input type="checkbox"/> PPD (Annual TB):    <b>or</b></p> <p><input type="checkbox"/> Quantiferon Gold Test    <b>or</b>    <input type="checkbox"/> Chest X-Ray</p> <p>Date Administered: _____ Read: _____</p> <p><input type="checkbox"/> Positive    <input type="checkbox"/> Negative</p> <p><b>PRINT</b> Practitioner/Facility Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone: (    )</p>
Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Height	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GI	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GU/Reproductive	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neuro/Muscular	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Endocrine	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Integumentary	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Nursing involves the provision of direct care for individuals and is characterized by the application of knowledge in the skillful performance of nursing functions. Therefore, in order to be considered for admission or be retained in the program after admission, all students must be able to demonstrate the following abilities without accommodations. Please review the Performance Standards for Admission and Progression (PSAP) on page 4.

# PERFORMANCE STANDARDS FOR ADMISSION AND PROGRESSION (PSAP) \*

Successful completion of nursing courses require students to attend a didactic lecture, laboratory, and inpatient clinical:

Issue	Standard	Examples of Necessary Activities (not all-inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations; develop nursing care plans.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds. Ability to cope with stress. High degree of flexibility.	Establish rapport with patients/clients and colleagues.
Communication	Communication abilities sufficient for interaction with others in verbal and written form. Ability to cope with anger/fear/hostility of others in a calm manner.	Explain treatment procedures, initiate health teaching, document and interpret nursing actions and patient/client responses.
Mobility	Physical abilities sufficient to move from room to room and to maneuver in small spaces. High degree of flexibility.	Move around in patient rooms, work spaces and treatment areas; administer cardiopulmonary procedures.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Calibrate and use equipment; position patients/clients.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Hear monitor alarms, emergency signals, auscultatory sounds, cries for help.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Observe patient/client responses. Accurately prepare and administer medication.
Tactile	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g. sense temperature change, assess peripheral pulses, insert a catheter.
Strength/Stamina	Sufficient stamina to provide patient care in the clinical setting and related responsibilities for extended periods of time (8-12 hrs). Ability to lift/manipulate/ move at least 50 lbs. Transfer clients to chairs/stretchers, tables/move and manipulate equipment.	Adapt to shift work. Lift without restrictions, from standing position. Students with weight restrictions cannot be accepted into clinical courses.
Occupational Exposure	Ability to protect self and others by implementing appropriate precautions due to possible exposure to communicable disease and/or body fluids, toxic substances.	May be required to perform procedures and/or come in contact with patients/clients with communicable diseases. Provide total care using standard precautions.
Personal Behavior	Emotional health sufficient for full utilization of intellectual abilities, effective functioning during stressful situations, ability to adhere to professional boundaries, Code of Ethics for Nursing-American Nurses Association.	Demonstrate honesty, integrity and accountability, perform multiple responsibilities concurrently; handle strong emotion. Adapt to changing patient/client care situations, respect patient/client rights and avoid criminal behaviors such as chemical dependency and abuse. Maintain professional boundaries.

\* Adapted from the Board of Directors of the Southern Council on Collegiate Education for Nursing (SCCEN) guidelines for Nursing Education Programs.  
LATEX ADVISORY - Latex-based products are used in all health care facilities.

**To meet the program requirements for graduation, students enrolled and/or admitted to a nursing program must be physically and emotionally capable of performing the essential tasks required to participate in classroom, laboratory, and clinical settings. Based on the above PSAP, do you consider this person to be physically and emotionally capable of performing the essential tasks required?**

Yes  No

**Examiner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_