DUE DATES FOR SOPHOMORE NURSING STUDENTS (Clinical Related Items)
STUDENTS MUST HAVE ALL ITEMS (other than flu vaccine) COMPLETE TO GO TO CLINICAL SITE

| See instructions in this packet to place your order for your CastleBranch account which you will use throughout your career for health documentation and CPR. Use your Xavier email address as your username and create a password with a NUMBER in it. You will upload verifications to this account. Forms are in CastleBranch and in this packet. Instructions for each requirement are clearly stated on your CastleBranch page and forms are there and in this packet. |
| Physical Examination Form (this form is preferred) |
| Immunization Record (use this form or provider supplied verification) |
| TB Test Verification Form Page 1 (2 Step Tuberculin Skin Test) - 2 step TB test requires 4 visits (given/read/given/read) –OR a negative Quantiferon Gold blood test is acceptable – (this form is preferred) |
| CPR Verification (BOTH SIDES of your CPR card or cert with QR code): MUST BE AHA BLS Healthcare Provider (www.heart.org) OR ARC BLS Healthcare Provider (www.redcross.org). |
| Health Insurance Verification (copy of BOTH SIDES of card) |
| eLearning: TAKE HIPAA & OSHA COURSE – Instructions are in this packet. |
| Drug testing and Background checks (fingerprinting) |
| ORDER/PURCHASE |
| Uniforms (navy scrub top & pants, white jacket specific to XU Nursing students to be worn with name badge while at clinical facilities). Order online or buy off the shelf in the bookstore – may not be in stock in all sizes. See Uniform Policy. Pen light, B/P sphygmomanometer, dual head stethoscope (for an order option: SNO is partnered with MDF instruments - a percentage will be donated to SNO – http://www.mdfinstruments.com/xavier) |
| White or black non-permeable shoes for clinicals (see uniform policy for details) |
| NAME BADGE IN NURS 225 |
| Name Badge for clinicals: The School of Nursing will pre-order your clinical name badge. The badges will be distributed to you during one of your nursing classes. |

| Complete instructions and forms are in this packet. |
| Health documentation and eLearning due 6/15 |
| CPR registration due 7/15 for 8/27 class. Upload by 8/31 |
| Fingerprinting/background check – Drug testing – due 8/1 |

Flu vaccine: This requirement cannot be met until after the start of the semester when the new flu season vaccine is available. You will upload the verification you obtain from the provider by 10/15.

Due before semester starts
Cannot purchase elsewhere:
Scrub top and jacket (embroidered with Xavier University School of Nursing)

**Liability Insurance:** The University maintains a blanket liability insurance policy on all nursing students. Details are in the nursing student handbooks. See handbook for fees.

**Waiver and Confidentiality Agreement:** Each nursing student in clinicals and simulation experiences will be provided a waiver and a confidentiality agreement to sign at the start of the semester.

**Transportation to and from clinical sites:** The University does not provide transportation to and from clinical sites. Since clinical groups average eight to ten in sophomore year, students typically car pool.

Soph Due Dates – Updated 4/19/17, 7/17/17
PHYSICAL EXAMINATION FORM

STUDENT: COMPLETE THIS SECTION

I understand that a certification of physical health is required in order to attend clinical courses and that if my health status changes such that restrictions are required for clinicals, I must notify the School of Nursing and provide appropriate documentation as outlined in the nursing student handbook under compromised or altered health status. Annually thereafter, I will submit Page 2 to verify my health status for clinicals and will notify the School of Nursing if changes at any other time.

I understand that I am not permitted in the clinical area until this completed form and all other required documentation has been submitted as instructed. I will maintain documentation for my records. I understand that I may need to provide it for a future clinical experience/employer and that the School of Nursing is not responsible for providing it to me in the future.

Student signature __________________________ Date __________________________

Student printed name __________________________ DOB __________________________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION - student must use this form

The student named above has had a complete physical examination and has:

_____ no restrictions _____ restrictions – see attached information

Note to physician: If restrictions do exist, please attach explanation.

Date of this physical examination was: __________________________

Signature (physician/nurse practitioner verifying information) __________________________

Name/address/phone of health care provider

_____________________________________________________________________________

_____________________________________________________________________________

The healthcare provider signature and contact information must be provided or this form will be rejected.

Instructions for submission of documentation are at www.xavier.edu/nursing/Current-Students.cfm
# Student Immunization Record

I understand that my immunization record and other documentation is required in order to attend clinical courses, that it may be required for a future clinical experience/employer and that the School of Nursing is not responsible for providing submitted documentation to me. I will keep a record of my immunizations.

**Student signature** __________________________  **Student name** __________________________  **DOB** __________________________

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## HEALTH PROFESSIONAL: COMPLETE THIS SECTION

Please √ the appropriate box to signify that the requirement has been met. Provide additional documentation/explanation if appropriate. Documentation of additional vaccination will be required for negative serology results.

<table>
<thead>
<tr>
<th>Disease</th>
<th>HCW Requirements for Immunity</th>
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| **MMR** (Measles, Mumps, Rubella) | □ Measles Positive serology – Date ____________ (lab results required)  
□ Mumps Positive serology – Date ____________  
□ Rubella Positive serology – Date ____________ OR  
□ 2 MMR vaccines - Dates 1. ____________ 2. ____________ |
| **Hepatitis B**              | □ Positive serology – Date ____________ (lab results required) OR  
□ Three doses of Hepatitis B vaccine; the first 2 doses given at least one month apart, and 3rd given at least 4 months after the 2nd  
Dates of Hepatitis B Vaccine: 1. ____________ 2. ____________ 3. ____________ |
| **Tetanus, Diphtheria, Pertussis** | □ 1 dose of Tdap (Adacel) (NOTE: Neither Td nor DTaP meet this requirement).  
Date of Tdap Vaccine: 1. ____________ If Tdap is older than 10 years, also provide date of subsequent Td Vaccine: ____________ |
| **Varicella (Chicken pox)**  | □ History of varicella (Chickenpox) or zoster (Shingles) Date or year: ____________ OR  
□ Positive serology – Date ____________ (lab results required) OR  
□ 2 doses of VZV vaccine, 6-8 weeks apart.  
Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose.  
Dates of Chicken pox Vaccine: 1. ____________ 2. ____________ |

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**Signature (physician/nurse practitioner verifying information)** __________________________  **Printed name** __________________________  **Date signed** __________________________

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**Name/Address/Phone of Health Care Provider**  
__________________________________________  
__________________________________________  
__________________________________________  
__________________________________________  
__________________________________________  
__________________________________________

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**NOTE TO STUDENT:** A copy of an electronic immunization record from your healthcare provider will satisfy this requirement if the document includes all necessary information.

Immunization Record  Rev. 2 19 2016
TB (Tuberculosis) TEST VERIFICATION FORM

Page 1: Year 1 Clinical Pre-Licensure Students (BSN Sophomores & Year 1 MIDAS Students)
FNP Students are also required to provide verification of absence of TB

STUDENT: COMPLETE THIS SECTION

I understand that in the first year of clinicals I must obtain and submit documentation of a negative two-step TB test (given/read and 1-3 weeks later given/read again). Annually thereafter I must obtain and submit proof of absence of tuberculosis. After year 1, the usual method of meeting this requirement is verification of a one-step negative tuberculin skin test (two-step in first clinical year and one-step annually thereafter) or a negative QuantiFERON TB Gold blood test.

If a student has had a positive TB test, chest X-ray results are required, followed annually by a completed symptom check form.

Student signature ___________________________ Date __________
Student printed name _________________________ DOB __________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION (or provide student with your facility’s verification which must include results)

Mantoux Skin Test #1 (THIS 2 STEP SERIES TB TEST IS ONLY REQUIRED IN YEAR 1 OF CLINICAL COURSES.)

Date Given __________ Given by ______________________________
Signature ___________________________ Credentials ___________________________ 

Date Read __________ Read by ______________________________
Signature ___________________________ Result ___________________________ record as MM induration

Mantoux Skin Test #2 (STEP #2 GIVEN 1-3 WEEKS AFTER STEP #1).

Date Given __________ Given by ______________________________
Signature ___________________________ Credentials ___________________________ 

Date Read __________ Read by ______________________________
Signature ___________________________ Result ___________________________ record as MM induration

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB

Provide documentation of results of a negative blood test for TB OR
Provide documentation of a current negative TB test and a negative TB test within the prior 12 months. OR
Provide documentation of results of a negative chest X-ray (< 1 yr. old). Requirement for subsequent years, rather than additional chest x-rays, is a Symptom Checklist completed by a medical professional verifying absence of TB symptoms.

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER (if not on attached verification):

__________________________________________________________________________
__________________________________________________________________________

TB_Form, 5/11/2016
CARDIO-PULMONARY RESUSCITATION

To assist you in acquiring your mandatory certification in Basic Life Support (BLS), sessions of the American Heart Association BLS for Healthcare Provider course will be offered at Xavier University.

BSN Students: Sat., Aug. 26 is the ONLY date for BSN students – (registration due by 7/8)
Sat. August 26, 2017   TIME: 8:00am to noon    OR
Sat. August 26, 2017   TIME: 1:00 pm to 5:00 pm

MIDAS Students ONLY (Registration due by 8/15)
WHEN: Sat. September 23, 2017   TIME: 8:00am-noon
WHERE: Xavier University – Cohen Center- Nursing Skill Laboratory, Room 128
CLASS SIZE IS LIMITED
COST: $90.00 per person. (CPR Text $20.00 and card $5.00 is included)
The American Heart Association strongly promotes knowledge and proficiency in BLS and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by The American Heart Association, and any fees charged for such a course do not represent income to the Association.

REGISTRATION: Complete/mail bottom of registration form WITH non-refundable $90 payment (check or money order payable to B. Harland)
Return to: Xavier University School of Nursing
Attn: Student CPR
3800 Victory Pkwy.
Cincinnati, OH 45207-7351
DUE 6/15 (DUE 8/15 MIDAS)
- No refunds can be made. Books, equipment and instructors are reserved/contracted in advance based on enrollment.
- NOTE: Book fee is included with registration fee. (Book Required)

Questions?? Please contact Barb Harland at 513-659-8649 or harlandbs@xavier.edu

NAME________________________________________________________
ADDRESS____________________________________________________
CITY_________________________ STATE___________ ZIP___________
PHONE_______________________ E-Mail__________________________
_____ BSN Aug. 26 _____ AM _____ PM _____ MIDAS Sept. 23 AM