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 you CastleBranch account which you will use throughout your career for health documentation and CPR. Use your Xavier email address as your username. You will upload verifications to this account. Preferred forms are in this packet. Instructions for each requirement are clearly stated on your CastleBranch page.

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 TB 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.redeross.org).
Health Insurance Verification (copy of BOTH SIDES of card)
eLearning: TAKE HIPAA & OSHA COURSE
Assumption of Risk Release Agreement and Release of Records
Authorization forms need to be signed and submitted.
Drug testing and Background checks (fingerprinting)

ORDER/PURCHASE – Due BEFORE semester starts

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, MANUAL B/P sphygmomanometer (no automated cuff), 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 – Must be BLS Health Care Provider – AHA OR ARC
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)
You MUST purchase your scrubs – top and bottom – at the Xavier bookstore.
SEE UNIFORM POLICY

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, 10/30/17, 3/20/18
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: ______________________

Month  Day  Year

Signature (physician/nurse practitioner verifying information) ______________________

Printed name __________________________ Date signed ______________________

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 __________

## 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>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles, Mumps, Rubella)</td>
<td>□ Measles Positive serology – Date __________ (lab results required)</td>
</tr>
<tr>
<td></td>
<td>□ Mumps Positive serology – Date __________</td>
</tr>
<tr>
<td></td>
<td>□ Rubella Positive serology – Date __________ OR</td>
</tr>
<tr>
<td></td>
<td>□ 2 MMR vaccines - Dates 1.__________ 2.__________</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>□ Positive serology – Date __________ (lab results required) OR</td>
</tr>
<tr>
<td></td>
<td>□ 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</td>
</tr>
<tr>
<td></td>
<td>Dates of Hepatitis B Vaccine: 1.__________ 2.__________ 3.__________</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
<td>□ 1 dose of Tdap (Adacel) (NOTE: Neither Td nor DTaP meet this requirement).</td>
</tr>
<tr>
<td></td>
<td>Date of Tdap Vaccine: 1.__________ If Tdap is older than 10 years, also provide date of subsequent Td Vaccine: ___________</td>
</tr>
<tr>
<td>Varicella (Chicken pox)</td>
<td>□ History of varicella (Chickenpox) or zoster (Shingles) Date or year: ____________ OR</td>
</tr>
<tr>
<td></td>
<td>□ Positive serology – Date __________ (lab results required) OR</td>
</tr>
<tr>
<td></td>
<td>□ 2 doses of VZV vaccine, 4-8 weeks apart.</td>
</tr>
<tr>
<td></td>
<td>Prior recipients of 1 dose of vaccine must receive a 2nd vaccine dose.</td>
</tr>
<tr>
<td></td>
<td>Dates of Chicken pox Vaccine: 1.__________ 2.__________</td>
</tr>
</tbody>
</table>

_________________________________________                                Printed name __________________   Date signed ___________

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

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Immunization Record Rev. 2/19/2016, 11/2/17
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 ____________________

Result ____________________ record as MM induration

Signature ____________________ Credentials ____________________

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

Date Given ____________________ Given by ____________________

Signature ____________________ Credentials ____________________

Date Read ____________________ Read by ____________________

Result ____________________ record as MM induration

Signature ____________________ Credentials ____________________

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
FLU VACCINATION FORM

Nursing students participating in clinical experiences are required to receive the seasonal flu vaccine ANNUALLY and provide proof by the third week of OCTOBER of the current flu season. Students will be advised of exact due date each year.

SOME FACILITIES MAY NOT ALLOW NON-VACCINATED STUDENTS ONSITE.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HEALTH PROFESSIONAL: COMPLETE THIS SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Flu vaccine administered on (DATE) _______ for flu season ___________________________</td>
</tr>
<tr>
<td>Flu mist is acceptable for students who do not have patients in isolation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administered by (Signature)</th>
<th>(Print Name)</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider name and address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
<tr>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ The vaccine is contraindicated. Health professional explanation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health Professional Signature</th>
<th>(Print Name)</th>
<th>Date Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if vaccine is contraindicated)</td>
<td>Also complete Provider name and address section.</td>
<td></td>
</tr>
</tbody>
</table>

| ☐ I decline the vaccine. Student signature __________________ Date __________ |

BE AWARE THAT SOME FACILITIES MAY NOT ALLOW YOU ONSITE WITHOUT THE VACCINE.

Alternate verification of vaccination is acceptable if it includes the necessary information.

Instructions for submission of documentation are at [www.xavier.edu/nursing/Current-Students.cfm](http://www.xavier.edu/nursing/Current-Students.cfm)

Flu_form Rev. 2/19/2016, 11/3/2017
Uniform Policy

BSN and MSN MIDAS students must meet the requirements of the uniform policy while at clinical sites for practicum courses and at other times as specified by their clinical instructor.

REQUIRED UNIFORM:

➤ White warm-up cardigan (women) or jacket (men) with "Xavier University/School of Nursing" embroidery.
➤ Short sleeve navy scrub top worn over a short sleeve white crew neck T-shirt. "Xavier University/School of Nursing" will be embroidered on the upper chest of the scrub top. Due to infection control, no long sleeved T-shirts are permitted under the navy scrub top.
➤ Navy scrub pants.
➤ White or black professional or athletic shoes with closed toe and closed heel which do not allow substances to easily penetrate them. (Shoes with mesh and shoes with holes such as Crocs are examples of unacceptable shoes since substances can penetrate them.) Shoes should be clean and have clean shoelaces. Matching crew or higher socks are required.
➤ The Xavier student nurse identification badge should be visible at all times unless otherwise specified by the clinical instructor.
➤ Hair should be kept off the collar for both male and female students. Beards should be clipped and neat.
➤ No jewelry, other than name badge, watch and wedding band, should be worn with uniforms. Only one stud earring in each ear is permitted. No facial hardware (piercing of eyebrows, nose, etc.) is permitted. **No visible tattoos.** No class rings, diamond, dinner, or other rings may be worn. Bracelets, necklaces, bows, scarves, bright nail polish, long finger nails, and excessive perfume or cologne are totally unacceptable for professional dress.

*Note:* Clinical sites periodically make uniform policy changes. Every effort is made to incorporate these changes into the XU Nursing uniform policy so that students are compliant at all sites at which they may participate in practicum experiences.

REQUIRED SUPPLIES: All students are required to purchase the following:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SUPPLIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>White embroidered warm-up cardigan or jacket, navy embroidered scrub top and scrub pants</td>
<td>XU Gallagher Bookstore</td>
</tr>
<tr>
<td>Xavier student nurse name badge ordered by the School of Nursing</td>
<td>Sophomores, new MIDAS students and FNP students. Students will receive instructions from the School of Nursing regarding purchase and distribution of badges.</td>
</tr>
<tr>
<td>White or black professional or athletic shoes</td>
<td>Purchase on your own</td>
</tr>
<tr>
<td>Quality Dual-head stethoscope</td>
<td>Purchase on your own or through Xavier Bookstore</td>
</tr>
<tr>
<td>Traditional face watch with sweeping second hand (not a digital watch)</td>
<td>Purchase on your own</td>
</tr>
</tbody>
</table>

STUDENTS MUST HAVE UNIFORM ITEMS AND SUPPLIES BY THE FIRST DAY OF FALL SEMESTER. MIDAS students will be advised of their due date for uniforms.

*Deadlines for ordering uniform and supplies is provided at www.xavier.edu/nursing/current-students.cfm*

School of Nursing uniform policy 2014, 6/23/2014, Rev. 2/2016; 7/25/16