



State University of New York  
**CLINTON**  
Community College

136 CLINTON POINT DRIVE  
PLATTSBURGH , NY 12901

# HEALTH REPORT

Nursing Students

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CONFIDENTIAL

Student Name: \_\_\_\_\_

Semester and Year: \_\_\_\_\_



136 Clinton Point Drive  
Plattsburgh, NY 12901

## **Immunizations & Physical Exam Requirements**

**Nursing students must submit official documentation of the following information:**

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

- Submit documentation of two doses of either the measles vaccine or the MMR vaccine **OR** the measles titer (blood test) showing immunity. History of disease is not adequate documentation of immunity.

**Mumps or MMR (measles, mumps, and rubella):**

- Submit documentation of one dose of either the mumps vaccine or the MMR vaccine **OR** the mumps titer (blood test) showing immunity. History of disease is not adequate documentation of immunity.

**Rubella (German measles) or MMR (measles, mumps, and rubella):**

- Submit documentation of one dose of either the rubella vaccine or the MMR vaccine **OR** the rubella titer (blood test) showing immunity. History of disease is not adequate documentation of immunity.

**Varicella (Chickenpox):**

- Submit documentation of two doses of varicella vaccine, 28 days apart, **OR** a positive antibody titer (blood test) showing immunity. History of disease is not adequate documentation of immunity.

**Tetanus/Diphtheria/Pertussis (Tdap):**

- Submit documentation of an adult dose of Tdap within the past 10 years, showing immunity to pertussis. Td boosters are required every 10 years thereafter.

**Hepatitis B (HBV):**

- The Hepatitis B vaccine is strongly recommended for nursing students. Submit documentation of completion of the three (3) vaccine Hepatitis B series or the antibody lab test (titer) showing immunity **OR** the student must sign the Hepatitis B declination form.

**Seasonal Flu Vaccine:**

- New York State Department of Health regulation requires the documentation of influenza vaccine annually **or** unvaccinated healthcare providers are required to wear a surgical or procedure mask during the flu season. The flu season is typically October and lasts up to May.

**Covid-19 Vaccine:**

- Submit documentation of Covid-19 vaccination(s) and booster(s) or a valid medical exemption, pursuant to Section 2.59 of Title 10.

**Meningitis Response Form:**

- New York State Public Health Law requires the form must be completed but the vaccination is **OPTIONAL** for attendance.

**Medical History and Physical Exam:**

- New York State Department of Health Regulations: Title 10: Section 405.3 requires a physical exam with annual reassessment of all individuals who have patient contact. Students must complete the medical history and submit a physical exam no earlier than January 1<sup>st</sup> of the year they are accepted into the nursing program.

**Tuberculosis (TB) Screening:**

- NYS Reg. Section 405.3 requires all students prior to a clinical affiliation to have an initial TB test either a tuberculin skin test (PPD), **OR** an IGRA blood test for tuberculosis.

**All students who have never been tested, do not have any documentation of testing and choose the tuberculin skin test are required to complete the 2-step method.**

**Certification of Essential Skills Form:**

- All nursing students must read, sign, and submit the Essential Skills Form.

**Valid, Acceptable Proof of Immunization:**

- Vaccination card from childhood.
- Immunization records from your doctor's office.
- High school or prior college's immunizations records.
- Blood test (copy of the original lab report) proving immunity to measles, mumps, rubella, varicella and/or Hepatitis B.
- Certificate of immunization from INS or country of origin for international students.

**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.

Please mail or bring the completed forms to:

Sandra Marland, RN, BSN  
Clinton Community College  
136 Clinton Point Drive, Plattsburgh, NY 12901  
Phone: (518) 562- 4129/ Fax: (518) 562-4197  
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?  No  Yes If yes, please list: \_\_\_\_\_
2. Are you allergic to LATEX?  No  Yes \_\_\_\_\_
3. Would you say your present health is Excellent  Good  Fair  Other   
If other, please explain \_\_\_\_\_
4. Have you ever had an operation?  No  Yes  
If yes, please explain \_\_\_\_\_
5. Have you sustained an injury in the past six (6) months?  No  Yes  
If yes, please explain \_\_\_\_\_
6. Have you ever been treated for back/neck pain or have any history of back/neck injury?  
 No  Yes 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:**

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:

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\_\_\_\_\_  
Physician/NP/PA Signature

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Physician/NP/PA Address & Phone Number

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# 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](http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease)

**Learn more about meningococcal disease:** [www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/)

**For more information about vaccine-preventable diseases:** [www.health.ny.gov/prevention/immunization/](http://www.health.ny.gov/prevention/immunization/)



## Meningococcal Vaccination Response Form

New York State Public Health Law 2167 **requires** all colleges to distribute information on meningococcal disease and the meningococcal vaccine. The vaccination is **OPTIONAL** for attendance. All college students enrolled in 6 or more credits on campus must complete this form and return it.

Clinton Community College does not offer this vaccine. The meningococcal meningitis vaccine may be available from Clinton County Health Department (CCHD), local pharmacies or possibly at your Primary Care Provider. For vaccination cost contact the Health Department at (518) 565-4848, CCHD accepts the following insurance plans: Fidelis and NYS Medicaid or via insurance plans at your local pharmacy.

Check **one** box and sign below:

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

I have had the meningococcal immunization within the past 5 years. **(Documentation Required)**  
 Meningitis Vaccination Date: \_\_\_\_\_

[NOTE: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 should have at least 1 dose of MenACWY or MCV4 (brand names Menactra and Menveo), not more than 5 years before enrollment, preferably on or after their 16<sup>th</sup> birthday; and that young adults aged 16-23 may choose to receive the Meningococcal B vaccine series known as MenB (brand names Bexsero and Trumenba).]

I have read or had explained to me the information about meningococcal disease. I acknowledge it is a potentially fatal infection and understand the risks of not receiving the vaccine. I understand that I may choose to receive the vaccination in the future.

Print Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

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Student Name (print)

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Student Signature

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Date

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

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\_\_\_\_\_ Initial here if you have received the series.



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**Tuberculosis Screening Form (Use either page 1 or 2)**

**Two-Step TB Screening:**

Prior to clinical affiliation, an initial TB test must be completed on nursing students upon admission to the nursing program. Two step tuberculin skin testing is done to detect delayed reactions in people who have been infected with mycobacterium tuberculosis. If first test is positive, the student then is required to have a chest x-ray and follow-up therapy if indicated. If the test is negative, a second test is performed 1-3 weeks later. If second test is positive the student is classified as "previously infected" and given appropriate therapy. The two-step tuberculin skin test is required only once. The IGRA blood test can be done in place of the skin test.

**TB Skin Test #1**

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: \_\_\_\_\_

Signature of Healthcare Provider: \_\_\_\_\_



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**Tuberculosis Screening Form (Use either page 1 or 2)**

**IGRA blood test**

Interferon-Gamma Release Assays (IGRAs) – Blood Tests for TB Infection: Please include copy of results.

Please check one:  T-spot  QuantiFERON

Date of Test: \_\_\_\_\_ Results: negative positive indeterminate

Signature of Healthcare Provider: \_\_\_\_\_

**Please attach copy of lab results.**



## Certificate of Essential Skills/Abilities for Nursing Students

**Student Name:** \_\_\_\_\_

Each student enrolled in Clinton Community College's Nursing Program is required to sign this form attesting that he/she is able to perform these essential skills/abilities with or without reasonable accommodations.

### 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.
- **Must be able to recognize threats to physical safety:** to operate equipment safely in clinical areas, to recognize accident hazards and correct them, to seek assistance when a situation requires more experience or expertise.
- **Must be able to respond to exposure to chemical materials:** exposure to disinfectants, sanitizers, and cleaning agents in the clinical setting, to use appropriate protective equipment.

### Observations/Cognitive Abilities:

- **Must have the ability to observe and listen to others, to pay attention to detail, to pay attention to non-verbal behaviors, to notice changes in attitudes, behaviors, activity levels, and changes in physical conditions:** to problem solve in a variety of situations and settings.
- **to have the ability to measure, identify, analyze and respond to situations:** to problem solve and influence good decision-making.
- **to stimulate personal and professional growth:** to develop patience, compassion and empathy.

### Communication:

- **Must be able to communicate verbally in English with accuracy and clarity, including non-verbal communication:** to follow directions, network, and collaborate with team members, to teach others.
- **Must be able to read and write succinctly:** to record medical information and responses to treatment and plans of actions.

### Time Management:

- **Must be able to learn time management strategies, to prioritize tasks, to stay organized, to increase productivity:** to meet patient-centered goals and have a sense of accomplishment of a job well-done.

### Non-Judgmental:

- **Strive to be non-judgmental, respect and value cultural differences:** to build trusting relationships.

### CPR Certification:

- **To obtain the American Heart Association or American Red Cross BLS CPR course for Healthcare Providers, and must include an in-person component. Online certifications will not be accepted:** to meet the college's requirements.

### Work habits:

- **Must have the ability to adhere to classroom and clinical schedules, to complete and submit assignments by the due date, to adhere to the Policies and Procedures of Clinton's Nursing Program:** to meet these requirements to become the best nurse you can be and make a difference in your patients' lives.

I, \_\_\_\_\_ hereby attest that I am able to perform,

Print name

or learn, the "Essential Skills/Abilities" on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date