



Required Clinical Documentation Checklist

******THIS COVER SHEET MUST ACCOMPANY YOUR CLINICAL PACKET******

ALL DOCUMENTATION IS REQUIRED TO BE TURNED IN ON TIME. INCOMPLETE PACKETS WILL NOT BE ACCEPTED. Do not submit original documents; they will not be returned to you.

Student name: _____ Student S# _____

The following documentation is required:

1. _____ Physical exam AND medical history.
2. _____ Immunization Documentation **Two (2) TB skin tests are required.**
 - a. _____ TB #1
 - b. _____ TB #2
 - c. _____ Influenza (during flu season September- April; Summer starts will need to provide proof of vaccine during the Fall semester to 2nd term instructors)
3. _____ Complete Blood Count (CBC) - lab work results.
4. _____ Current CPR Certification- American Heart Association for Health Care Provider (BLS)
5. _____ Evidence of Health Insurance Coverage
6. _____ Completed background check receipt from Truescreen
7. _____ Completed drug screening receipt from TrueScreen

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Once you submit your clinical packet, the Director of Clinical Education will verify documents. Incomplete packets will not be accepted. If the required documentation is not provided, you will **NOT** be permitted to participate in any clinical activities and receive a failing grade for the clinical course.

A minimum of 36 hours of clinical time in the first trimester. Missing **ANY** of that time will jeopardize your successful completion of the entire trimester and ability to register for licensure.



NURSING STUDENT PHYSICAL EXAMINATION FORM

Section 1: Student Self Report of Medical History --- Please Print

Last Name		First Name	
Address	City	State	Zip
Home phone		Cell phone	
Email address			
Emergency Contact Name	Relationship	Contact at:	

Allergies: ___ None ___ Latex ___ Penicillin/Ampicillin ___ Other: _____

Review of Systems / Medical History - Please check all that apply			
Abnormal bleeding		Hernia	
Allergies		High Blood Pressure	
Anemia		High Cholesterol	
Anxiety		Intestinal / Stomach Trouble	
Arthritis		Low Back Condition / Scoliosis	
Asthma		Mental Disorder	
Cancer of:		Mononucleosis	
Chest pain		Neck Condition	
Chronic cough		Neurological Disorder	
Concussion / Head Injury		Orthopedic Disorder	
Depression		Prior Surgery	
Diabetes		Rheumatic Fever	
Ear Trouble / Hard of Hearing		Seizure Disorder	
Eating Disorder		Sickle Cell Trait	
Eye Trouble / Vision Loss		Sinus Problems	
Fracture of:		Skin Disease	
Gallbladder Disease		Spleenectomy	
Headaches / Migraines		Sprain of:	
Heart Murmur or Arrhythmia		Syncope / Fainting	
Heart Problems (other)		Thyroid Disease	
Hepatitis		Tuberculosis	

Provide information regarding any of the boxes checked above. Explain medical/psychological occurrence and current status.

Section 2: Medical History & Physical Examination

Examiner: Please examine this student as you would for a routine check-up. This student will be working closely with people in various health settings. Please indicate/comment on any abnormal findings; using additional sheets if necessary for providing further documentation.

HT: _____ WT: _____ BP: _____ P: _____ R: _____

SYSTEM	NORMAL	FINDING	COMMENTS/PREVIOUS CONDITIONS/SURGERY
Cardiovascular			
Endocrine/Metabolic			
Eyes/Ears/Nose/Throat			
Gastrointestinal			
Genitourinary			
Integumentary			
Musculoskeletal			
Neurological			
Respiratory			
PHYSICAL REQUIREMENTS			
	YES	NO	COMMENTS
Lift 20-30lbs			
Pushing/Pulling 20-30lbs			
Squatting/Kneeling			
Bending			
Reach over shoulder			
MEDICATION (S) CURRENTLY BEING TAKEN			

Examiner: Summarize diagnosis, treatment and prognosis or provide any official documentation as it relates to any "yes" answer below.

Is the student under treatment for any medical, surgical, or mental disorder? YES NO
If yes, please provide details:

Is the student limited from participating in physical activities in the clinical area? YES NO
If yes please specify limitations:

Recommendation regarding this student's ability to perform in classroom, lab, and clinical setting:		
No Reservation: _____	Reservation: _____ <i>Explain:</i>	Not Able: _____ <i>Explain:</i>

Signature of Examiner: _____ **Date:** _____

Provider's Address: _____

Provider's Telephone Number: _____



TUBERCULOSIS SCREEN FOR PRACTICAL NURSING STUDENTS

Required for entrance into the clinical setting: **two-step** PPD skin test OR chest X-ray, less than one year old, to rule out tuberculosis.

The PPD skin test must be a two-step test that is at least 7 but no more than 21 days between steps. Information must be legible.

Student Name: _____ Date: _____

FIRST STEP

Manufacturer: _____ Lot # _____ Expiration date: _____

Date administered: _____ Location administered: _____

Administered by: _____ Date read: _____

Read by: _____ Results: _____ mm induration

SECOND STEP (at least 7 but no more than 21 days after step 1)

Manufacturer: _____ Lot # _____ Expiration date: _____

Date administered: _____ Location administered: _____

Administered by: _____ Date read: _____

Read by: _____ Results: _____ mm induration

If student is unable to receive PPD, a chest X-ray or Quantiferon Gold may be used to rule out tuberculosis. The results of any alternative testing must be attached to this form.



Immunization Documentation for Practical Nursing Program

Last _____ First _____ Middle _____ Maiden _____

Date of Birth: _____ S# _____

Immunization Requirements: Two doses of MMR & Two doses of Varicella (Chickenpox) or a titer quantitative lab report (serology proof, IgG antibodies of immunity of diseases), or medical provider documentation verifying previous diagnosis of disease and date of disease (mm/day/year) Titers must be attached to this form.

This section to be completed and signed by a Licensed Medical Provider or Health Department Medical Staff. Please attach supporting documentation regarding immunization or titer.

<u>Vaccine</u>	<u>1st Dose</u>	<u>2nd Dose</u>	<u>3rd Dose</u>	<u>Date of Disease</u>	<u>Titer Results Attached</u>
Varicella (Chicken Pox)					Yes / No
Measles, Mumps & Rubella					Yes / No
Hepatitis B Series of 2 dose or 3 dose series					Yes / No
Tetanus Every 10 years					Yes / No
Influenza Mandatory September- April	Lot #	Exp Date	Administering Facility		

Medical Provider Information (Print or Stamp)

Name/Title (Print) _____

Provider Signature _____

Address: _____

Phone: _____

Date: _____ NPI# _____



Student Background Investigation and Drug Screening Instructions

Student Name (printed): _____ Student ID Number: _____

Student Signature: _____ Date: _____

By my signature above, I acknowledge that I have received and read the information provided regarding the background check. I am aware that if I have questions about the material herein, it is my responsibility to seek assistance from any Practical Nursing Program faculty member or Program Director.

A background investigation is a requirement of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

STEP 1: What to do if you need a Background Investigation or Drug Screenings?

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a background investigation and/or drug screening.

1. Click the link below or paste it into your browser: <http://applicationstation.truescreen.com>
2. Enter the Code: **TCATELIZPN-CBC** and then one **TCATELIZPN-DS** in the Application Station Code field.
3. Click the "SIGN UP" button to create an account.
4. Follow the instructions on the Application Station web site.

Note – please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your background investigation report.

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Truescreen's Help Desk at 888-276-8518, ext. 2006 or itsupport@truescreen.com.

Background Investigations are completed, on average, within 3 to 5 business days. Once completed, you will receive an email from Truescreen, studentedition@truescreen.com. Follow the link in the email to access Application Station: Student Edition to view the report. To access the site use the same username and password created at the time you submitted your background check. Application Station includes instructions for disputing information included in the background check should you feel anything is incorrect.

The initial background investigation consists of the search components listed below. All records are searched by primary name and all AKAs, a student's primary address, and all addresses lived within the past seven years.

- Social Security Number Validation and Verification
- County Criminal Records Search – all counties of residence lived in the past 7 years
- National Sexual Offender Registry Search
- Professional Licensing
- SanctionsBase Search (includes TN Abuse Registry)
- OIG/SAM

The cost of the Background Investigation is estimated at \$35-40.00 per screening. Truescreen accepts credit cards and PayPal. Payment is collected within ApplicationStation: Student Edition.

If the student receives a "REVIEW" (red X) or "FAIL" (solid red square) on either the background investigation or drug screen, the Practical Nursing Program Director will communicate this information to the Clinical Education Director at the respective clinical facility. The Clinical Education Director will then determine if the student can enter clinical rotations. The student is to schedule an appointment with the Clinical Education Director at the appropriate facility. During the scheduled appointment, the nursing student applicant will provide the original background check documentation to the Director of Clinical Education for verification and review. The Director of Clinical Education will review the conviction record and determine "clearing/not clearing" of the nursing student applicant based on approved criteria.

If permitted, an electronic copy of the background investigation can be forwarded to the Director of Clinical Education via Report Deliver Manager.

Report Delivery Manager

Report Delivery Manager (RDM) allows students to distribute an electronic copy of your background check and drug screen results to a third party for clinical rotations. RDM can be found in Application Station: Student Edition. Reports are available to students for 36 months. If reports are needed beyond 36 months, students must print a copy to be distributed as needed.

1. Click the link below or paste it into your browser: <http://applicationstation.truescreen.com>
2. To access the Report Delivery Manager, choose the "Returning user login" option on the right side of the home page and click "Log in."
3. Enter the username and password created at the time of submitting your background investigation and/or drug screen.
4. Click "View Report Delivery Manager" at the bottom of the ApplicationStation code for the program/application you need to deliver. This can be found after you completely log in and provide your ApplicationStation code.
5. A new screen will appear. To authorize a new third party to view a background check, click "Create a New Delivery."
6. Read the "Important Notice", type your name and click "Agree."
7. Supply the third party's contact information: Last Name, First Name and Organization. Report Access Keys are generated, including an ApplicationStation Code and Access PIN.

Truescreen recommends that the student contact the third party and provide the ApplicationStation website address, code and PIN to their contact verbally. This method provides the highest level of security. However, the student can also authorize that an e-mail containing this information be sent to the contact at the clinical facility. If you wish to have an email containing the Access Keys to be sent directly to the clinical facility, follow steps 8 and 9.

8. To authorize an e-mail, locate "Other Delivery Options, Option 2" and click "[here to send an email.](#)"
9. Provide and confirm the recipient's e-mail address, and then select either Option 1 or Option 2, which determines what information is sent to the recipient via e-mail.

The system provides confirmation that an e-mail has been sent, along with the ApplicationStation Code and Access PIN for future reference.

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