Required documentation

Vaccinations and evidence of immunity:
(Please note: for all antibody titers, copies of the actual laboratory reports must be submitted for inclusion in the student’s health file)

1. **Tdap** (Tetanus toxoid, reduced diptheria toxoid and acellular pertussis vaccine)—this is a somewhat different formulation than the DTaP or DPT vaccinations that most of our students received in infancy/early childhood and it is also different than the Td (commonly “Tetanus shot”) that many may have received as adolescents or adults for tetanus prophylaxis for wounds. The Tdap has the standard dose of tetanus toxoid, a reduced dose of diptheria and an acellular booster for pertussis (“whooping cough”). With the resurgence and increasing incidence of pertussis, the CDC and other authorities have recommended that all healthcare providers who have not received a Tdap as an adult (i.e. at age 16 or older) should receive one, regardless of the time since their last Td vaccination. The hospitals in which our students participate in clinical rotations are requiring explicit documentation of the adult pertussis vaccination in order for students to be in their facilities.

2. **Measles and mumps** Some of the clinical sites require nursing students to have quantitative measles and mumps antibody titers indicating they are immune to these infections within the last five years. Therefore, the College of Nursing requires evidence of immunity. We also request documentation of two doses of these vaccinations if you were born after 1957. A history of having “had the disease” is not adequate documentation of immunity to measles and mumps.

3. **Rubella** Some of the clinical sites available to students require nursing students to have quantitative rubella antibody titers indicating they are immune to this infection within the last five years. Therefore, the College of Nursing requires evidence of immunity. We also request documentation of at least one dose of this vaccination if you were born after 1957. A history of having “had the disease” is not adequate documentation of immunity to rubella.

4. **Varicella** All students should provide a quantitative varicella antibody titer dated within the last five years to assess their immunity to this infection. If a student has a history of receiving the vaccination, we request documentation of two doses of this vaccination. A history of having “had the disease” is not adequate documentation of immunity to varicella.

5. **Hepatitis B** The majority of clinical sites require documentation of three doses of this vaccination and a quantitative antibody titer (anti-HBs) indicating response to the immunizations. If the titer is above 10, the titer never needs to be repeated. Therefore, the College of Nursing has the same requirement. Students must have evidence of three doses and immunity to Hepatitis B. (Please note that additional blood work and potential re-vaccination may be required in the event that immunity is not documented after the primary series.)

6. **Tuberculin (TB) Test** All students must annually submit evidence of no active pulmonary TB. Most students will be screened with a TB skin test (PPD). If skin test is not recommended, a blood test (IGRA) is acceptable. International students and students who have previously tested positive on the PPD skin test should consult with their healthcare provider. A detailed history and symptom review are needed for all students with a positive PPD skin test history.

7. **Influenza** Students are required to receive one dose of influenza vaccine annually. Proof of this vaccination must be provided by the third Friday in October.
**Urine Drug Screen:**

All students must provide proof of a negative drug screen obtained at the Wayne State University Campus Health Center. MSN and DNP students who are Distance Learners can use a local facility, however, the screen must include the following drugs:

- Amphetamines
- Benzodiazepines
- Methadone
- Phencycline
- THC (Marijuana)
- Barbiturates
- Cocaine
- Opiates

**Criminal Background Investigation**

According to Public Health Code Section 20173 and Section 21173(1), any individual who regularly provides direct services to patients and residents in nursing homes, county medical facilities, homes for the aged and adult foster care cannot be granted clinical privileges if they have been convicted of one or more of the following:

a) A felony or an attempt or conspiracy to commit a felony within the 15 years preceding the date of application.

b) A misdemeanor involving abuse, neglect, assault, battery, or criminal sexual conduct or involving fraud or theft against a vulnerable adult defined in the Michigan penal code, 1931 PA 328, MCL 750.145m, or a state or federal crime that is substantially similar to a Misdemeanor described in this subdivision within 10 years immediately preceding the date of application.

**Students must have a criminal background check performed by CastleBranch/Certified Background.com.**

There is a $36.75 fee for this service, and can be paid with Visa, Mastercard or money orders. Results will be available to the College of Nursing online, so it is not necessary to provide documentation.

**Instructions for initiating the online background check:**

1. Go to www.certifiedbackground.com
2. In the Package Code box, enter: AY84
3. Enter your contact information and payment method

**BLS for the Professional Rescuer**

Students must demonstrate evidence of completion of a CPR course that covers CPR for the adult, child, and infant as well as one-person and two-person CPR. The course may be taken at the College of Nursing, or can be taken at one of several agencies in the community. Original dated certification documents must cover the entire academic/clinical year and must be resubmitted when they expire.

**Professional Liability Insurance**

Wayne State University College of Nursing will provide professional liability Insurance through Nursing Practice Corporation, at a cost of $13 per student. Instructions on how to submit the fee will be provided via email to students. Graduate students who begin clinical in the spring summer semester (pediatric acute and primary care and neonatal nurse practitioner students) will pay an additional $13. (Midwifery students are required to purchase an individual student policy and upload proof of insurance. One of the options is Contemporary Insurance Services, Inc.)

**ACE requirements**

Undergraduate and selected graduate students must meet requirements for the Alliance for the Clinical Experience (ACE) Mapp. Students will receive an email with additional information about completing their profile and completing three learning modules: HIPAA, OSHA and Blood Borne Pathogens Assessment. Additional modules may be required by clinical site. ACE will notify students of the additional required modules.
The purpose of this authorization is to allow the Wayne State University College of Nursing and/or its agents to release information regarding a student’s immunizations/immunity testing to affiliated health care facilities where students are participating in clinical educational activities which require confirmation that the students have completed the immunizations/immunity testing mandated by those facilities. This form authorizes only the release of immunization records and/or records of immunity testing. **I understand that this Authorization for Release does not authorize release of any other personal medical information.** I hereby authorize the disclosure of immunization records and/or records of immunity testing as described above.

**Immunizations/Assessment of Immunity**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date</th>
<th>Documented Immunity</th>
<th>Date</th>
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<tbody>
<tr>
<td>Tdap</td>
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<tr>
<td>Measles First Dose</td>
<td></td>
<td>Titors- Required</td>
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<tr>
<td>Measles Second Dose</td>
<td></td>
<td>Shot Record - Optional</td>
<td>Measles Titer (Quantitative) Demonstrating Immunity</td>
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<tr>
<td>Rubella First Dose</td>
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<td>Titors- Required</td>
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<tr>
<td>Rubella Second Dose</td>
<td></td>
<td>Shot Record - Optional</td>
<td>Rubella Titer (Quantitative) Demonstrating Immunity</td>
</tr>
<tr>
<td>Mumps First Dose</td>
<td></td>
<td>Titors- Required</td>
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<tr>
<td>Mumps Second Dose</td>
<td></td>
<td>Shot Record - Optional</td>
<td>Mumps Titer (Quantitative) Demonstrating Immunity</td>
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<tr>
<td>MMR (Rubeola (Measles), Mumps, Rubella) can be given instead of individual immunizations:</td>
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<tr>
<td>MMR First Dose</td>
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<td>Titors- Required</td>
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<tr>
<td>MMR Second Dose</td>
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<td>Shot Record - Optional</td>
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<tr>
<td>Varicella First Dose</td>
<td></td>
<td>Titors- Required</td>
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<tr>
<td>Varicella Second Dose</td>
<td></td>
<td>Shot Record - Optional</td>
<td>Varicella Titer (Quantitative) Demonstrating Immunity</td>
</tr>
<tr>
<td>PPD (Tuberculin) – Annual Updates Required. (Attach documentation of TB skin test.)* BSN Traditional and CD2 students: test must be completed between 8/4 - 8/15/2016. BSN for Veterans students: test must be completed between 5/4 – 6/1/2016. Proof of negative PPD or IGRA</td>
<td>OR</td>
<td>If positive, negative chest x-ray and notation of “no active TB.”</td>
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<tr>
<td>Hepatitis B First Dose</td>
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<td>Titors and</td>
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<td></td>
<td></td>
<td>Shot Record required</td>
<td>Hepatitis B (anti-HBs) Titer (Quantitative) Demonstrating Immunity</td>
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<tr>
<td>Hepatitis B Second Dose</td>
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<tr>
<td>Hepatitis B Third Dose</td>
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</tbody>
</table>

**Signature of Practitioner:** ____________________________  **Date:** ____________

(MD/DO/NP/PA)
STUDENT NAME:____________________________________

I have obtained a complete history and performed an appropriate physical examination on the above named student. The following summarize my findings of this evaluation:

1. History of significant past medical, surgical, or mental health conditions including hospitalizations:
   a. [ ] NONE
   b. [ ] Significant History (Use additional pages if necessary):

2. Medications:
   a. [ ] NONE
   b. [ ] Current Medications:

3. Allergies:
   a. [ ] NONE
   b. [ ] Medication or Environmental Allergies (including latex and/or formalin)—Please specify nature of reaction:

4. Physical Examination Findings:
   a. [ ] Physical Examination within normal limits
   b. [ ] Abnormal findings as follows (Use additional pages if necessary):

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

The above named student is in good health as can be ascertained by my examination. I also find that he/she is free from any communicable diseases as documented in the immunization record. It is my judgment that this individual is able to engage in a rigorous academic program to include extensive clinical experiences without physical constraints.

Signature of Practitioner: ______________________________________                       Date: _________________
(MD/DO/NP/PA)

Name: ______________________________________________________ Title: ___________ State License #: ____________________

Address: _____________________________ City: _____________________ State: ______ Zip Code: _________

Telephone: _________________________ Email Address: __________________________