**Health/Clinical Requirements Checklist**

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|  | **PART I:** **Demographic, Emergency Contact** |
|  | **PART II:** **Health History** |
|  | **PART III: Immunizations** |
|  | Tdap (Tetanus, Diphtheria, Accelerated Pertussis) (**within the last 10 years)** |
|  | Varicella – one of the following is required   * 2 Varicella vaccinations or * Positive antibody titer (IgG) (lab report required)   If the series is in process, the second shot of the series is due one month after the first shot. |
|  | Hepatitis B - one of the following is required   * 3 Hepatitis B vaccinations or * Positive antibody titer (IgG) (lab report required)   If the series is in process, the second shot of the series is due one month after the first shot. The third shot of the series is due five months after the second shot. |
|  | Measles, Mumps & Rubella (MMR) - one of the following is required   * 2 MMR vaccinations or * Positive antibody titer (IgG) for all 3 components (lab report required)   If the series is in process, the second shot of the series is due one month after the first shot. |
|  | **PART IV: Tuberculin Screening** – one of the following is required   * Negative IGRA blood test (Quantiferon or T- Spot) (lab report required) or * Negative 2 step PPD tuberculin skin test (1-3 weeks apart) |
|  | **PART V:** **Physical Examination** by licensed Healthcare Provider |
|  | **10 Panel Urine Drug Screen** **(Completed at Working Well after August 1)** |
|  | Order for Drug Screen will be received by email and text after August 1 |
|  | **CPR** American Heart association, HeartCode BLS (**Valid through end of semester)** |
|  | **Criminal Background Check** **(Completed with Castle Branch after August 1)** |

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