

PART B – To Be Completed by the Healthcare Provider

This person will be a student at Delgado-Charity School of Nursing, the following immunizations are required:
See summary of required health clearance.

Immunization	Date Completed	
Tetanus/Pertussis or Tetanus Diphtheria (Td) Or Serology (within last 10 years)	_____	
Diphtheria (within last 10 years)	_____	
Measles * (2 injections needed)	_____	_____
Mumps *	_____	_____
Rubella * (2 injection dates or titer regardless of age)	_____	_____
HBV ** see attachment (A 1)	_____	_____
Varicella (or serological proof of immunity/titer)	_____	
Meningococcal vaccine. See attachment (B)	_____	Or serologic Test Result _____ Date _____
	(immunization)	

Physician's Name _____

Physician's Address

If the above immunizations are contraindicated for medical reasons, please indicate the reasons:

- **2 injections required for measles and rubella. Titer result showing immunity is acceptable in lieu of injections**

**** Please note if series of 3 completed or in progress. If the student has not completed the series or elects not to receive Hepatitis series, they must sign the following waiver.**

Test	Test Date	Date of Completion	Results
PPD (Initial Test)			
PPD (Follow-up)			
Chest X-ray results if positive PPD			
VDRL (RPR) 6-12 months prior to entering			

Physical Exam

Height
Weight
Temp
Pulse
BP

Hearing:	Normal	Abnormal	Corrected
Vision:	Normal	Abnormal	Corrected

General Appearance: _____

	NORMAL	ABNORMAL	COMMENTS
Head, face, scalp			
Eyes			
Ears			
Nose, sinuses			
Oral activity			
Neck, nodes, thyroid			
Breasts			
Respiratory			
Cardiovascular			
Abdomen & inguinal area			
Musculoskeletal			
Neurologic			
Reflexes			

Is there any emotional, mental, and/or physical condition for which this student is under medical supervision and/or taking medication? _____.

Is this student pregnant? ** _____ EDC _____

** For Pregnant Students Only: Please check one.

_____ I have examined this student and she/he is able to **participate fully** in all clinical nursing activities required .

_____ This student is **not able** to participate fully in the program due to complications at this time. Please explain restrictions below:

Unless indicated otherwise, I certify that this student is able to function in a safe and effective manner while caring for ill or injured clients in a clinical setting. The findings indicated above qualify this student both physical and emotionally for enrollment into the program indicated on page 1. He/she is able to **participate fully without special accommodations** in all activities of this program – if special accommodations are required please indicate below. Please comment on **any responses above that need further clarification**

Comments: _____

Physician's Name (Print)

Physician's Signature

Date

**PROOF OF IMMUNIZATION
HEPATITIS B VACCINE**

Hepatitis Series requires three injections 1st followed by 2nd 30 days later, and 3rd six months after 1st

NAME _____
Last First Middle/Maiden

PHYSICIAN/HEALTH CARE PROVIDER VERIFICATION OF HEPATITIS B VACCINE:

1st Dose _____
Date Signature of physician or healthcare provider

2nd Dose _____
Date Signature of physician or healthcare provider

3rd Dose _____
Date Signature of physician or healthcare provider

* If the third dose is not received by _____, a positive titer report is needed
(A titer is a blood test to determine immunity done two months or more after 2nd dose was received).

For individuals who have documentation from a licensed physician and cannot take the vaccine ONLY

Date of disease or serological proof of immunity (blood test)

Physician's stamp/signature required below:

**DELGAGO COMMUNITY COLLEGE
CHARITY SCHOOL OF NURSING
450 South Claiborne Avenue
New Orleans, LA 70112**

(B)

WAIVER OF MENINGOCOCCAL VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date, I, _____
(Name of Student)

HAVE BEEN FULLY INFORMED BY READING THE CENTERS FOR DISEASE CONTROL AND PREVENTION MENINGITIS VACCINE INFORMATION STATEMENT and understand the possible and probable adverse consequences. I understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for not being vaccinated is:

- Personal
 Unavailability of the Vaccine (I have provided a statement verifying that I have tried to receive the vaccine but could not find any.)
 I am an online student and will not be on the campus for courses.
 Medical
 Religious

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition due to this refusal.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal.

I certify that I have read (or had read to me) and that I fully understand this release from Responsibility. All explanations were made to me all blanks filled in before I signed my name.

Month Day Year

_____ am/pm
Time

(Printed Name)

Signature

HBV/HIV STATUS

Please note that HIV status is not required, but must be disclosed if known.

HBV Status	Positive	Negative	Unknown
HIV Status	Positive	Negative	Unknown

Signature of Student

Title 46
Professional and Occupational Standards
Part XLVII Nurses
Subpart 1 Practical Nurses

E. Self-Reporting

1. Any practical nurse who in the course of practice may at any time undertake to perform or participate in an exposure prone procedure and who is or becomes aware that he or she is HBV seropositive and/or HIV seropositive shall be required to give notice of such seropositivity to the board by mailing such notice to the executive director of the board marked "Personal and Confidential" by registered or certified mail.
2. Within 90 days of the effective date of this Chapter, a practical nurse who has been previously diagnosed as HBV seropositive and/or HIV seropositive shall give notice of such diagnosis to the board by mailing such notice to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.
3. Within 30 days from the date on which a diagnostic test was performed which produced results indicating that a practical nurse is HBV seropositive and/or HIV seropositive, the practical nurse shall give notice of such diagnosis to the board by mailing such notice to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.
4. An applicant for licensure or certification as a practical nurse who has been previously diagnosed as HBV seropositive and /or HIV seropositive shall acknowledge such diagnosis marked in a separate written statement submitted directly to the executive director of the board marked "Personal and Confidential" by certified mail at the time of application.

(A-2)

**Delgado Community College
CHARITY SCHOOL OF NURSING
450 South Claiborne Ave New Orleans, La 70112**

HEPATITIS B VACCINE STUDENT WAIVER

I, _____ understand that due to my Occupational Exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I am aware that Charity School of Nursing requires Hepatitis B vaccination. However, I am declining the Hepatitis B vaccination at this time. I understand that by signing this waiver, I continue to be at risk of acquiring Hepatitis B. I accept full responsibility for this personal risk. I am aware that I may not be able to have clinical experience at certain clinical sites because of contractual agreements requiring that each clinical faculty member have Hepatitis B vaccination.

Name of Employee (PRINT)

Name of Employee (SIGNATURE)

Job Title

Date

Have you previously declined the Hepatitis B vaccination series?	Yes	No	NA
Are you declining now because you've had the series before?	Yes	No	NA
Are you declining now because you've tested positive for immunity?	Yes	No	NA

Receipt by Health Nurse: _____

NAME

DATE

CHARITY SCHOOL OF NURSING TECHNICAL STANDARDS

A qualified applicant is one who meets academic requirements and, with adequate instruction, can meet the required technical standards of nursing practice. Technical standards reflect the abilities required to provide safe, competent nursing care.

The individual possesses sufficient:

1. Communication skills in speech and writing, in the English language.
2. Speaking ability to be able to converse with a client about his/her condition and to relay information about the client to others.
3. Hearing ability with auditory aids to understand the normal speaking voice without viewing the speaker's face (to ensure that the nurse will be able to attend to a client's call for help either softly or as a cry) and to hear high and low pitched sounds with a stethoscope.
4. Visual acuity with corrective lenses to identify visual changes in a client's condition or to see small numbers on medical supplies.
5. Strength and psychomotor coordination necessary to perform technical nursing procedures and cardiopulmonary resuscitation (at floor or bed level).
6. Problem-solving ability to:
 - a. Collect, read and interpret data.
 - b. Use the data to plan and implement a course of action.
 - c. Evaluate the action taken.
7. Physical and emotional ability to adapt to situations necessary to fulfill program requirements.
8. Stamina to fulfill the requirements of the program and the customary requirements of the profession.

The above is a summary of the technical standards necessary for success in the nursing program. Complete guidelines are available on request from the disability representative on the nursing campus.

PROFESSIONAL STANDARDS

During the course of study in the school of nursing, a student will be required to provide supervised care to persons with communicable diseases, such as but not limited to, tuberculosis and hepatitis, and to persons who are HIV positive. Please consider your willingness to give compassionate care to all persons, regardless of status or medical diagnosis, before beginning a nursing career. Additionally, the student must be free of health problems that would interfere with the safety and welfare of clients.

Clients have a right to expect that nurses entrusted with their care will be honest and trustworthy. Applicants may not have a record of pleading guilty or no contest to, or conviction of felony, either prior to or subsequent to acceptance to the school of nursing. This includes charges or convictions that have been pardoned, expunged or whether or not sentences have been completed.

Licensed health care practitioners (LPN, RAD, TECH, EMT, etc.) may not have had disciplinary action taken against their licenses to practice.

Approved 5/24/94 Faculty Association CSN
RDR/CSN Technical Standards-Revised 03/03/05

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

1 What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.

Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

Two meningococcal vaccines are available in the U.S.:

- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s.
- Meningococcal conjugate vaccine (MCV4) was licensed in 2005.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many

people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

MCV4 is recommended for all children at their routine preadolescent visit (11-12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry.

Other adolescents who want to decrease their risk of meningococcal disease can also get the vaccine.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 11-55 years of age in these risk groups, but MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2-10 years old, and adults over 55, who are at risk.

How Many Doses?

People 2 years of age and older should get 1 dose. (Sometimes an additional dose is recommended for people who remain at high risk. Ask your provider.)

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

4 Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a mild illness can usually get the vaccine.
- Anyone who has ever had Guillain-Barré Syndrome should talk with their doctor before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

5 What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who got MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.
Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.
VAERS does not provide medical advice.

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's National Immunization Program website at www.cdc.gov/nip
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at www.cdc.gov/travel



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM