

**DELGADO COMMUNITY COLLEGE
Practical Nursing Center of Excellence**

Health Forms for Admission to the Practical Nursing Program

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**The student must submit all the required forms for admission to the program.
Students can mail the forms to:**

**Practical Nursing Center of Excellence
5200 Blair Drive
Metairie, LA 70001**

**Delgado Community College
Practical Nursing Center of Excellence
5200 Blair Drive
Metairie, Louisiana 70001**

PART A

You are required to have a pre-entrance physical examination within **1 year** of entry into the program. Please have your Healthcare Provider complete **part B** of the forms. Students who do not attend the program for 2 academic semesters must submit a new history and physical.

PART A - To be completed by the student. (Contact information)

DCC Student Identification Number: _____ (If not a DCC student use social security #)

Student Name: _____
Last First Middle/Maiden

Permanent Address: _____
Street City State Zip

E-Mail Address: _____

Mailing Address: (if different from above) _____
Street City State Zip

Phone: Home () _____ Work () _____ Cell() _____

In Case of Emergency: _____
Name Relationship

Address City State Zip

Phone Number (including area code)

My signature below indicates that I have no injury or illness other than those specified on the health forms (Part B). If my condition changes it is my responsibility to notify the nursing department of the change. I understand that falsification, omission or misrepresentation of my physical health and abilities will be grounds for dismissal from the nursing program.

Student Signature

Date

PART B – To Be Completed by the Healthcare Provider (MD, PA or APRN)

This person will be a student at Delgado-Charity School of Nursing, the following immunizations are required. A pre-entrance physical is required within 1 year of entry into the program.

Student's Name: _____

Immunizations **Date Completed**

Tetanus Diphtheria (Td) or Tetanus, Diphtheria, Pertussis (Tdap) _____
(within last 10 years)

Varicella Titer. **Attach titer result.** _____
If the titer result is not positive, vaccination is required.

Rubeola, Mumps, Rubella (MMR)-Titers. **Attach titer results.** If _____
the titers are not positive, vaccination is required.

Meningococcal Vaccine. Can decline but must sign waiver. _____
See page 6.

HBV * 3 injections. Sign waiver if unable to complete series. _____
See page 5, attachment A.

Students who are unable to verify immunity for Varicella and MMR will not meet the health requirements for placement in clinical agencies and admission to the program.

VDRL or RPR Date completed _____ Results _____

Tuberculosis Screening

*For fall admission, have TB test done in early May. For spring admission, have the TB test done in early December. Students not tested with the last year are required to complete the two step Tuberculin skin test process to confirm non-reactive status. Students with a negative PPD must have a second PPD in 3 weeks. Two step skin testing is required only for the initial TB screening. If annual screenings have been done, submit the results for the last 2 **consecutive** years. One skin test will be required annually after the initial TB screening. **Students who are positive can submit the blood test.**

Test	Test Date	Date of Completion	Results
TB Skin Test – 1 st Step or annual screen			
TB Skin Test- 2 nd Step or annual screen			
Chest X-ray results if TST is positive. If CXR is >1 year, complete the health assessment form and attach the form. Attachment C			
QuantiFERON TB Gold or T-Spot blood test			

Health History	Yes	No	Comments
Diabetes			
Seizure Disorder			
Paralysis, Paresis			
Orthopedic problems			
Hearing loss			
Impaired vision			
Heart Disease/Hypertension/Syncope			
Respiratory disease			
Allergies to drugs/foods			
List any medications taken which could alter mood or thought processes. These drugs may include, but are not limited to pain, seizure, anxiety or psychiatric medications.			

Part B -Continued

Have you been treated for any of the following problems?

Substance Abuse: _____ No _____ If Yes, _____ Alcohol _____ Drugs

Emotional Problems _____ No _____ If Yes, explain _____

Height _____ Weight _____ Temp _____ Pulse _____ BP _____

Hearing:	Normal	Abnormal	Corrected
Vision:	Normal	Abnormal	Corrected

General Appearance:

	NORMAL	ABNORMAL	COMMENTS
Mental Status-Orientation, Affect, Cognition/memory, Judgment			
Head, face, scalp			
Eyes			
Ears			
Nose, sinuses			
Oral cavity			
Neck, nodes, thyroid			
Breasts			
Respiratory			
Cardiovascular-PMI, rhythm, Heart sounds			
Abdomen & inguinal area			
GU			
GYN			
Musculoskeletal			
Neurologic: Reflexes, Coordination, Sensory			

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

Part B -Continued

**** For Pregnant Students Only:**

Is this student pregnant? ** _____ EDC _____

____ I have examined this student and she/he is able to **participate fully, without restrictions** in all clinical nursing activities required .

Upon completion of the history and physical, 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 indicate that this student is both physical and emotionally qualified for enrollment into the program as specified in the **Technical Standards** on page 11. He/she is able to **participate fully** in all activities of this program. Please comment on **any findings that need further clarification.**

Comments: _____

Healthcare Provider's Name (Print)

Healthcare Provider's Signature

Date

Address

City

State

Zip

Phone Number

Attachment A

**Delgado Community College
Practical Nursing Center of Excellence
5200 Blair Drive, Metairie, LA 70001**

Waiver of Hepatitis B Vaccine and Release from Responsibility

I, _____ understand that due to my potential of 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 each student nurse to have Hepatitis B vaccination.

I have been fully informed by reading the Centers for Disease Control and Prevention Vaccine Information Statement @ www.cdc.gov/vaccines/pubs/vis/downloads/vis-hep-b.pdf and understand the risks associated with the vaccine and the risk of Hepatitis B infection.

A. I am declining the vaccine for:

_____personal reasons.

_____medical reasons.

_____religious reasons.

Printed Name

Student's Signature

Date

OR

B. I have not completed the Hepatitis B series and understand that I must complete the series and submit verification of completion.

Projected Date of Completion: _____

Printed Name

Student's Signature

Date

Attachment C

**DELGADO COMMUNITY COLLEGE
Practical Nursing Center of Excellence
ANNUAL TUBERCULOSIS TESTING AND SCREENING**

If students are known to have a positive TB skin test, the following must be completed annually.

Date of Positive skin test: _____

Have you taken:

isoniazid (INH)	_____ Yes	_____ No
rifampin	_____ Yes	_____ No
pyrazinamide	_____ Yes	_____ No
ethambutol	_____ Yes	_____ No
streptomycin	_____ Yes	_____ No

Did you complete treatment? _____ Yes _____ No

Do you have symptoms of TB?

Cough for 3 or more weeks	_____ Yes	_____ No
Fever	_____ Yes	_____ No
Chills or night sweats	_____ Yes	_____ No
Weight loss	_____ Yes	_____ No
Loss of appetite	_____ Yes	_____ No

An initial chest film is required for first time skin test converters. After the initial chest radiograph, repeat radiographs are not needed unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest radiograph.

CXR date and results: _____

Recommended follow up if indicated: _____

Comments: _____

Student's Name (PRINT): _____

Student ID number: _____

Student's Signature & Date: _____

Health Care Provider's Signature & Date: _____

**DELGADO COMMUNITY COLLEGE
Practical Nursing Program**

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses: Practical Nurses and Registered Nurses

Subpart 1. Practical Nurses

Please read the information below on self-reporting seropositivity for HIV and HBV. Once you have read the information, please sign and date the last page. Submit this form to the Blair Campus.

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.

F. Retesting of Health Care Workers Whose Practices Are Modified Because of HBV Status. The Louisiana State Board of Practical Nurse Examiners recommends that those practical nurses who are precluded from performing or participating in exposure-prone procedures because they are seropositive for HBV are urged to re-test on a periodic basis

to determine whether their status has changed due to a resolution of the infection or as a result of treatment.

G. Confidentiality. Each report submitted to the Louisiana State Board of Practical Nurse Examiners pursuant to LAC 46:XLVII.306, as well as each record maintained relating thereto and each meeting of the Louisiana State Board of Practical Nurse Examiners held in the course of monitoring a licensee or applicant for compliance with said section is confidential and exempt from public records by virtue of R.S. 44:4(7), (9) and (11), except for the purpose of investigation or prosecution of alleged violations of R.S. 37:969, and this rule, by the Louisiana State Board of Practical Nurse Examiners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:969.B.(5) and Act 1009, 1991.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Practical Nurse Examiners, LR 19:341 (March 1993).

Please note that HIV testing is not required. Please check the appropriate box below.

	Positive	Negative	Unknown
HBV			
HIV			

Reporting seropositivity of any of the above to the LSBPNE is the responsibility of the applicant.

Printed Name

Applicant's Signature Date

DELGADO COMMUNITY COLLEGE

Practical Nursing Program Technical Standards

Students must continue to meet the required technical standards of nursing practice. Technical standards reflect the abilities required to provide safe, competent nursing care.

The student must have the

1. Communication skills in speech and writing, in the English language.
2. Speaking ability to be able to converse with a client about their condition and to relay information about the client to others.
3. Interpersonal skills to adapt and interact with individuals, families and groups from various socioeconomic, cultural, and intellectual backgrounds.
4. 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.
5. Visual acuity with corrective lenses to identify visual changes in a client's condition/color, perceive depth of injections, or to see small numbers on medical supplies.
6. Sense of smell sufficient to detect odors.
7. Sense of touch sufficient to perform palpation, percussion, and distinguish temperature changes.
8. Strength and psychomotor coordination necessary to perform technical nursing procedures and cardiopulmonary resuscitation (at floor or bed level) including lifting and carrying (at least 20 lbs) and pushing or pulling an adult client of average weight in a wheelchair or on a stretcher.
9. Motor skills requiring manual dexterity such as putting on sterile gloves, preparing medications in syringes, giving injections, or inserting various tubes and catheters.
10. Emotional ability to manage stress and adapt to changes in the environment or a client's behavior/health status in an effective, therapeutic manner including responding to anger, fear, hostility, and violence of others.
11. Problem solving/critical thinking ability to:
 - a. Collect, read and interpret data.
 - b. Use the data to plan and implement a course of action.
 - c. Prioritize and adapt care.
 - d. Evaluate the action taken.
12. Stamina to fulfill the requirements of the program and customary requirements of the profession, e.g. sit, stand, stoop, kneel, climb and/or bend for a period of time and work in areas that are confined and/or crowded during a clinical experience which may last up to 12 hours.

NOTE: Each clinical nursing course has identified specific psychomotor nursing skills that the student must satisfactorily perform based upon written criteria. If unable to satisfactorily demonstrate each of these skills, the student may not continue in the clinical experience and will receive a grade of "F" in the course.

***Healthcare Provider must read prior to signing the Health Forms. See statement on page 4 of the Health Forms.**