



Name: _____

Class #: _____

Program: _____

Date: _____

FRONTIER BOUND HEALTH FORM

1. Rate your current health status.

Good health, with no limitations

Good health, with stabilized conditions (Ex: Asthma, diabetes, hypertension)

2. I meet the technical health standards as required for all FNU students and agree to notify FNU should this change. (See page 27 in FNU Catalog for description of technical standards.)

I Agree

I Disagree

3. Please attach laboratory documentation for the following diseases:
(Acceptable documentation detailed on the FNU Health Form Guide following this form.)

Hepatitis B

Mumps

Rubella

Rubeola

Varicella

Tuberculosis

I, _____, attest that the above statements are true to the best of my knowledge. If there are any changes in the status of my health, I agree to notify FNU as soon as possible and understand that there may be implications to my clinical practicum.

Signature _____

Date _____



HEALTH FORM GUIDE

The following are acceptable forms of documentation to meet the requirements of FNU.

General Information

- Equivocal and Negative titres are not acceptable documentation.
- IgG titre results show immunity while IgM results show current infection.
- No exceptions can be made for the health requirements.

Hepatitis B Documentation

- **Positive titre** – surface antibody (ANTI-HB or AB) results noted as positive within laboratory parameters.
- **Proof of Immunization** – documentation of having received all 3 doses of the Hep B immunization series.
- **Declination Form** – Hep B is the only health form requirement for which FNU will accept a declination form. Many clinical sites do not accept a Hep B declination.

Mumps, Rubella, Rubeola Documentation

- **Mumps** – Positive titre with IgG results noted as positive within laboratory parameters.
- **Rubella** (German measles) – Positive titre with IgG results noted as positive within laboratory parameters.
- **Rubeola** (measles) – Positive titre with IgG results noted as positive within laboratory parameters.
- **Documentation** of receiving 2 doses of the MMR combined immunization or 2 doses of the immunization for Mumps/Rubella/Rubeola.

Varicella (chicken pox) Documentation

- **Positive titre** - IgG results noted as positive within laboratory parameters.
- **Proof of Immunization** – documentation of having received both doses of the Varicella immunization.
- **Documentation of Disease** – signed statement from care provider verifying the date of disease. **Must be the care provider who originally diagnosed the disease.**

Tuberculin (TB) Documentation

- All TB documentation must be no older than 12 months for Frontier Bound or any time during your clinical practicum.**
- **Negative PPD skin test** (mantoux test) showing date of injection and date read with a negative result.
 - **Negative TB blood test** showing IGRA's
 - **Statement from primary care provider** showing that after a complete evaluation, the student is free of communicable TB.
 - **Clear chest x-ray.**