



Student Health Verification Form

Directions for completion

- Section 1: To be completed by you as the student
- Section 2: To be completed, signed, and dated by a primary care provider during a physical exam
- Section 3: List of immunization records and sufficient supporting documentation for each that must be submitted by student

SECTION 1 : To be completed by STUDENT

Student Name _____ Program _____ Date _____

Per FNU policy, all health documentation must be provided **prior to attending Frontier/Clinical Bounds**. Students with incomplete submissions prior to arriving on campus will not be allowed to participate in Frontier/Clinical Bound.

By submitting my signature on this form, I am attesting to the following:

1. I meet the technical and performance standards as required for all FNU students and agree to notify FNU should this change. “See the FNU catalog for the Prerequisite Health Requirements for all FNU Programs”.
2. I understand I must attach all immunization information listed on the Health Form Guide. [Section 2].
3. I understand that if I have a medical condition prohibiting immunization of one or more of the health requirements; documentation must be provided. I understand that due to my inability to have specific immunizations, a clinical site may decline to accept me as a student.
4. I understand that during the clinical credentialing process, a clinical site may require additional health documentation, including but not limited to a drug screen.

Student Signature _____ Date _____



Student Health Verification Form

SECTION 2: STUDENT PHYSICAL EXAM VERIFICATION FORM

to be completed by PCP

Student Name: _____ FNU ID#: _____

Street Address: _____ City: _____ State: _____

ZIP: _____ Country: _____ Date of Birth (dd/mm/yyyy): ____/____/____

PHYSICAL EXAM VERIFICATION FORM (PRIMARY CARE PROVIDER)

(to be completed and signed by your physician, nurse practitioner/CNM or physician assistant)

Patient's Name: _____

Height: _____ Weight: _____ Temp: _____ BP: _____ Pulse: _____ RR: _____

Vision: OD _____ OS _____ OU _____ Without correction: _____ OD _____

OS _____ OU _____ With correction: _____

System	Normal	Abnormal	Comments
HEENT			
Neck			
Lungs			
Heart			
Abdomen			
GU			
Extremities			
Neurologic			
Adenopathy			
Vascular			
Skin			
Psychiatric			

How long and on what basis have you known this patient? Months: _____ Years: _____



Student Health Verification Form

To your knowledge, does this patient have any significant medical problems that would preclude them from meeting the technical standards required by Frontier Nursing University?

- **Observational:** Candidates must be able to observe demonstrations of physical and psychosocial nursing interventions. Candidates must be able to accurately assess the health status of patients. Observation and assessment of patients require the functional use of the senses of vision and hearing, as well as other sensory modalities.
- **Communicative:** The candidate must be able to communicate effectively and efficiently in oral and written forms with patients and with members of the health care team. The foci of nursing communication are gathering assessment data, patient teaching and the provision of emotional support for patients and their families.
- **Motor:** Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Candidates must be able to execute motor movements reasonably required to provide general care and emergency treatments to patients. Such actions require moderate motor strength, coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.
- **Intellectual:** Candidates must have the ability to measure, calculate, reason and analyze; they must be able to synthesize and apply complex information. Candidates must be fully alert, attentive and free of non-prescribed controlled substances at all times in clinical settings.
- **Behavioral/Social:** Candidates must possess a level of emotional health that allows full utilization of intellectual abilities, the exercise of good judgment, prompt completion of all responsibilities attendant to the nursing diagnosis and care of patients, and the development of mature, empathetic and effective nurse-patient relationships. Candidates must be able to function effectively under stress.

Yes No

If yes, explain: _____

Labs (if indicated):

CXR _____ U/A _____

CBC or H/H _____ Pap _____

Other _____

Physician/NP/PA Name: _____ Phone: (____) _____

Address: _____

Physician/NP/PA Signature: _____ Date: _____



Student Health Verification Form

SECTION 3: HEALTH FORM GUIDE & CHECKLIST

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

General Information

- Documentation of immunization
- Equivocal and Negative titers are not acceptable documentation.
- IgG titer results show immunity while IgM results show current infection.
- No exceptions can be made for the health requirements.

Hepatitis B Documentation

- Positive titer – 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 titer with IgG results noted as positive within laboratory parameters.
- Rubella (German measles) – Positive titer with IgG results noted as positive within laboratory parameters.
- Rubeola (measles) – Positive titer with IgG results noted as positive within laboratory parameters.
- Documentation of receiving 2 doses of MMR immunization series or 2 doses of the individual immunizations for Mumps, Rubella, Rubeola.
- Documentation of healthcare provider-diagnosed disease without laboratory confirmation is not acceptable evidence of immunity.

Varicella (chicken pox) Documentation

- Positive titer - IgG results noted as positive within laboratory parameters.
- Proof of Immunization – documentation of having received both doses of the Varicella Immunization.
- Documentation of health care provider-diagnosed disease without laboratory confirmation is not acceptable evidence of immunity

Influenza Immunization

- Annual vaccination with documentation
- Sites may decline a student who does not have current evidence of immunization or may require that you wear a mask while in the clinical area.



Student Health Verification Form

Tetanus/Diphtheria/Pertussis

- One TDAP after age 19 then TD every 10 years

Tuberculin (TB) Documentation

All TB documentation must be no older than 12 months for Frontier Bound or any time during your clinical practicum.

- Negative Mantoux tuberculin skin test (TST) showing date of administration and date read with documented result.
 - OR-
 - Negative TB blood test showing IGRAs
 - If student has a history of positive TST or allergic reaction a
 - Statement from primary care provider showing that after a complete evaluation, the student is free of communicable TB.
- OR
- Negative chest x-ray.

Questions regarding these guidelines should be directed to the Clinical Director of the student's specialty track.