

Required Clinical Information

**All information and
contents in this packet must
be submitted by
November 15, 2022.**

HOW TO SUBMIT YOUR INFORMATION:



The School of Nursing has adopted the use of Medatrax as the Clinical Management System for the housing of clinical records documentation. **Please monitor your email for communication from Medatrax on initiating an account and promptly follow the instructions to submit required documents.**

Please address all questions related to the clinical information packet to **Charla McPeake** at cmcpeake@tntech.edu.

Whitson-Hester School of Nursing

Health and Information Form

Name:

FIRST

MIDDLE/MAIDEN

LAST

T Number:

Email:

Birthdate:

Permanent Address:

STREET

CITY

STATE/ZIP

Local Address:

STREET

CITY

STATE/ZIP

Phone:

(____) _____

Emergency Contact Information

Name:

Relationship:

Address:

STREET

CITY

STATE/ZIP

Phone:

(____) _____

Health History

(Attach a separate sheet if necessary)

Medical/Surgical History

SURGERY

DATE

☐ No medical/surgical information to provide

Explain any activity restriction during the past year:

☐ No activity restriction information to provide

Explain any particular difficulty with school, studies, or teachers in the past year:

☐ No information regarding difficulty to provide

Student Name: _____

Discuss any need for counseling or treatment for any nervous condition, mental illness, emotional concern(s) or substance abuse during the last five (5) years:

☐ No counseling/emotional treatment information to provide

Explain any chronic conditions that you are managing through medical care:

☐ No chronic condition information to provide

List any prescribed medications you are presently taking:

☐ No prescription medication information to provide

If there is other information of which you think the School of Nursing should be aware, please describe below:

☐ No additional information to provide

Student Name: _____

Immunizations/Test Records

Please provide **DOCUMENTATION OF IMMUNIZATIONS** or **TITER RESULTS** for the items below.

Your first and last name **MUST** be on each page of documentation you provide.

| Influenza Vaccine | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Fall Semester | You must provide documentation of administration of the flu vaccine for the upcoming flu season before October 1st . |
| Spring Semester | You must provide proof of administration of the flu vaccine for the current flu season before admission into the nursing program. |
| THE FLU VACCINE IS MANDATORY FOR ALL STUDENTS ANNUALLY. Waivers for reasons of religious conflicts or severe allergies ONLY will be accepted but may affect placement in some facilities. | |

| TB Skin Test | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2- Step Test | A 2-step test is 2 separate TB skin tests administered at least 1 week but no longer than 30 days apart. You must provide documentation of an initial 2-step test for admission . |
| Annual Test | After the initial 2- step TB skin test, a regular TB skin test (or TB assessment) is required ANNUALLY . |
| Positive Results | If your TB skin test is positive or if it has been positive in the past, documentation of a negative chest x-ray and TB assessment by a health care professional is required for admission. After this initial x-ray and assessment, a TB assessment must be performed and documented ANNUALLY . |
| A TB tine test is <u>NOT</u> acceptable. | |

| Tetanus, diphtheria, and pertussis (Tdap) Vaccine | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Tdap vaccine is administered after age 11 as a booster to the DTaP vaccines received during childhood. Documentation of a dose of Tdap is required . | |
| Not Received or Received > 10 years | If you have not received a dose of Tdap, you will need to do so as soon as possible. If your documented dose of Tdap was more than 10 years ago, please provide documentation of your Tdap as well as documentation of any Td or Tdap vaccines (tetanus booster) that followed. |
| A Tdap vaccine is <u>NOT</u> the same as DTaP or Td vaccines. | |

| Measles, mumps, rubella (MMR) Vaccine | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must provide documentation of 2 MMR vaccinations or positive titer results . | |
| Titer | If you have received the vaccines in the past but cannot provide documentation, titer (blood test) results that show immunity for <i>each of the three</i> components [measles, mumps, rubella] will be accepted. If titer results show non-immunity, you will need to provide documentation of 2 MMR vaccinations. |
| Still Receiving | If you are receiving the MMR vaccines for the first time, you may provide documentation of the first dose, then follow-up with the next dose as scheduled by your health care provider and provide documentation when it is available. |
| If you have received these vaccinations in the past yet are still found non-immune, please consult your health care provider for suggested treatment. | |

| Hepatitis B Series | |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must provide documentation of a completed 3-dose Hepatitis B series or positive titer results . | |
| Titer | If you have received the series in the past but cannot provide documentation, titer (blood test) results that show immunity will be accepted. If titer results show non-immunity, you will need to provide documentation of 3 Hepatitis B vaccinations. |
| First Time/Still Receiving | If you have not ever received the Hepatitis B series, start the 3-dose series as soon as possible. If you are receiving the Hepatitis B series for the first time, you may provide documentation of the first dose, then follow-up with the following doses as scheduled by your health care provider and provide documentation when it is available. |
| If you have completed the series yet are still found non-immune, please consult your health care provider for suggested treatment. | |

| Varicella Titer | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must provide documentation of a varicella titer [including date and result] . Documentation of varicella titer results is REQUIRED regardless of vaccination history. | |
| Titer Results | If the titer shows that you are not immune to varicella, you will be required to provide documentation of 2 varicella vaccines in the past or receive 2 vaccines as scheduled by your health care provider. |
| REPORT OF VARICELLA (CHICKEN POX) DISEASE WILL <u>NOT</u> BE ACCEPTED. | |

| Drug Screen | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A 11-panel drug screen is required to be completed prior to the start of Nursing School and annually . Students MUST complete this drug screen using True Screen. Instructions will be sent. | |
| Annually | Proof of annual 11-panel urine drug screen is required by August 1st of each year in Upper Division Nursing. If the student is admitted into Upper Division Nursing in the spring semester, proof of a 11-panel urine drug screen when admitted is required and an additional 11-panel urine drug screen is due by August 1st of the same year. |
| Documentation | A copy of the True Screen <i>report</i> is required to be submitted via Medatrax. A receipt/proof of the specimen given does not fulfill this requirement. No HANDWRITTEN FORMS WILL BE ACCEPTED. |
| Positive Results | If one or more panels are found positive due to a prescribed medication, the student will be required to submit either a physician's note stating that it is a prescribed medication for the student or provide the current prescription bottle which shows the student's name and expiration date of the prescription. |
| YOU MUST PROVIDE A LIST OF THE DRUGS TESTED FOR IN THE TEST ADMINISTERED. | |

| CPR Certification | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You are required to present documentation of a valid Basic Life Support (BLS) certificate or card throughout Upper Division Nursing. | |
| AHA | Certification <u>must be</u> awarded by the American Heart Association through an AHA certified instructor . A HeartSaver certification will not be accepted , neither will non-AHA sites or non-AHA certified instructors that state they follow AHA guidelines. |

Some clinical agencies may require additional tests/immunizations. You will be notified prior to assignment in these agencies.

By signing below, you agree to provide the above immunization and test records to the School of Nursing and to comply with SON requirements regarding maintenance of immunizations. Inability to comply will leave you unable to fulfill requirements for course credits and will prevent enrollment in the Nursing program.

NAME: _____ **DATE:** _____

SIGNATURE: _____

Locations for Testing

There are several agencies locally that will provide the required testing.

- Primary Care Provider
- TTU Health Services
- Fast Pace Clinics
- SatelliteMed
- Walgreen's/CVS
- Health Department

For CPR certification classes, check the AHA website for classes in your area.

REMEMBER: Facilities may change the services they offer at any time. Some facilities may require appointments. Costs vary between facilities and some may not accept insurance.

Acceptable Documentation of Immunizations/Test Records

In order to accept proof of immunizations/test records, the documentation MUST include the following:

| REQUIRED ON EACH PIECE OF DOCUMENTATION | YOUR NAME |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | DATE OF SERVICE |
| Vaccinations (Influenza, Tdap, MMR, Hep B) | Documentation must include proof of which vaccine was administered (i.e. vaccine name) |
| Test Results (TBST) | Documentation must include proof of which test was administered (i.e. TB skin test) AND results of the test |
| Titer Results (Varicella) | Documentation must include proof of which titer was drawn (i.e. varicella) AND results of the titer |
| Drug Screen | Documentation must be the report (PDF) from True Screen – any result other than “PASS” will not fulfill the requirement– MUST be computer generated NO handwritten forms or receipts of specimen given |
| CPR Certification | Documentation must include proof of which certification was earned (i.e. AHA BLS) AND date of expiration |

EXAMPLES OF ACCEPTABLE DOCUMENTATION INCLUDE (BUT ARE NOT LIMITED TO): Vaccination card or booklet record often given in childhood, documentation from health department or PCP, pamphlet given at Walgreens or CVS once vaccine given, copy of CPR certificate or card

ALL DOCUMENTATION MUST BE UPLOADED BY THE STUDENT INTO THE CLINICAL MANAGEMENT SYSTEM.

Medical Care Coverage and Health Insurance

Students are responsible for all costs incurred related to health problems. Students must show proof of health insurance or sign a waiver stating their responsibility for health care cost should these occur. Some clinical agencies require proof of health insurance.

TTU offers limited student health insurance – see details at
<https://www.tntech.edu/healthservices/insurance.php>

Please indicate your insurance status below and sign.

____ I have health insurance and have attached documentation (copies of **front and back** of insurance card).

____ I do not have health insurance. I am aware that I am responsible while for all costs incurred relating to health problems while at TTU.

NAME: _____ **DATE:** _____

SIGNATURE: _____

Health Assessment Agreement

Please Read Carefully:

The School of Nursing reserves the right to require further health assessment by a mutually agreed upon health provider. Because the School of Nursing seeks to provide in as much as possible a reasonably safe environment for its nursing students and their clients/patients, a student may be required, during the course of the program, to demonstrate their physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases and drug addictions, the ability to perform certain physical tasks, and suitable emotional fitness. Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990, so as not to discriminate against any individual on the basis of handicap.

Read the Following Statement and Sign and Date This Form:

I attest that the information provided on this form is correct and true. I give permission to the School of Nursing to provide required and appropriate information from this form to any clinical agency to which I am assigned for Clinical Practicum.

NAME: _____ **DATE:** _____

SIGNATURE: _____

Only Complete if You (the Student) are Currently a Registered Nurse:

| | | | | |
|---------------------------------------------------------|-----------|-------------|---------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| RN TN License # | Exp. Date | Malpractice | Company | Exp. Date |
| Approved 1/92; Revised 4/92; Revised 5/93; Revised 5/94 | | | | |

Authorization for Release of Student Information and Acknowledgment

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

I, _____, authorize Tennessee Technological University ("Tennessee Tech") to disclose any and all necessary education records including necessary personally identifiable information related to health records, background checks, and credential check(s) to the listed entity/person or class of entities/persons for the purposes described below. I understand that by agreeing to this, I am waiving all personal and legal rights to confidentiality and privacy, including rights under the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g and 34 C.F.R. § 99.3 and this release will be effective until I revoke it by sending a written notice of revocation to the Lab Coordinator for Whitson-Hester School of Nursing.

The purposes of the disclosure are to provide verification of immunization status, tuberculosis status, negative drug screens, CPR certification, licensure or credentialing, status of background checks.

The entity/person/entities/persons or classes of persons/entities to which information may be released to clinical practice sites including but not limited to hospitals, nursing homes, outpatient clinics, hospice, public health agencies, schools, home health agencies, daycares, etc.

I understand that a hospital, clinic or similar medical treatment facility may exclude me from clinical placement on the basis of a background check or failure to meet their required health information. I further understand that if I am excluded from clinical placement, I will not be able to meet course requirements and/or the requirements for graduation.

NAME: _____ **DATE:** _____

SIGNATURE: _____

Frequently Asked Questions

- **How do I access Medatrax? How do I do the Medatrax training?**
 - You should have received a “welcome email” from Medatrax that includes a link for training. Be sure to check your spam/junk mail!! If you did not receive this, email Mrs. McPeake.
- **What is a varicella titer?**
 - A titer test is a blood test that assesses immunity. The varicella test specifically tests your immunity to varicella.
- **I had the chicken pox OR I had the 2 varicella vaccines. Do I still need a varicella titer?**
 - Yes, varicella titers are required for everyone regardless of whether or not you had the disease in the past or had both vaccines.
- **What is a 2 step TB skin test?**
 - A 2 step TB skin test is 2 separate TB skin tests that are administered 8-29 days apart. This means you go for 2 placements and 2 readings. If you only have 1 test done (1 placement and 1 reading), this will not fulfill the requirements.
- **Where can I do my urine drug screen?**
 - When you follow the required True Screen process, there will be an option to select a location for testing. You may select whichever is most convenient for you.
- **The office said my urine drug screen results would be sent to you. Have you received them?**
 - You will need to log into True Screen and download your results. You will then need to upload them into Medatrax.
- **My urine drug screen code has expired. Do I have to pay again?**
 - You will need to contact True Screen. TTU WHSON is not involved in payment, access codes, etc.
- **My employer offers CPR certification through the American Red Cross. Will that work?**
 - No, you are required to provide proof of an American Heart Association BLS Provider certification.
- **How can I scan several pages as one document? How do I scan my vaccine proof?**
 - There are several different ways to achieve this result. You can try using the Cam Scanner or other similar app or use the scan feature on the “Notes” app on the iPhone.
- **My file is too big for Medatrax. What do I need to do?**
 - You can use the compression tool on Adobe’s website to reduce the size of your PDF. Use this link: [Compress Your PDF Here](#)



Any and all additional questions regarding health records, should be addressed to Charla McPeake at cmcpeake@tntech.edu

Background checks are coordinated by Ben Clark. Any and all background check related questions ONLY should be addressed to bclark@tntech.edu