

UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

OFFICE OF ACADEMIC AFFAIRS, 400 N. INGALLS RM.1160
ANN ARBOR MI 48109-0482 (734) 763-5985 Fax: (734) 647-1419

**SCHOOL OF NURSING UNDERGRADUATE PROGRAM
COMPLIANCE REQUIREMENTS**

REQUIREMENT #1b CONTINUING STUDENTS

HEALTH AND CPR CERTIFICATION

Fall 2009 semester deadline is Monday, August 17, 2009

- A statement of Physical Fitness is required every year. Please use this form for the Statement of Physical Fitness. Must be dated after April 21, 2009.
- Hepatitis B vaccines (series of three vaccines) must be completed by the **August 17, 2009** deadline.
- TB, CPR: Your Tuberculin test, and Cardiopulmonary Resuscitation certification must be current for the entire Academic year 2009-2010. (Must be current thru April 21, 2010) If your TB test and CPR certification expires between April 15, 2009 and April 21, 2010 you need to update your TB test and CPR certification. Please make sure your CPR certification is one of the following: CPR for the Health Care Provider or CPR for the Professional Rescuer. **Must include infant, child and adult CPR certification.**
- Tetanus and Diphtheria vaccine: If your Tetanus and Diphtheria vaccine expires between April 15, 2009 and April 21, 2010 you need to send us proof of a TD booster dated April 21, 2009 or after.

STUDENT INFORMATION:

LAST FIRST MIDDLE PERM PHONE # UM ID# E-MAIL

STATEMENT OF PHYSICAL FITNESS: (Must be completed by Physician or Certified Nurse Practitioner)

IN MY JUDGMENT THIS STUDENT IS PHYSICALLY ABLE TO PARTICIPATE IN THE PROGRAM OF THE SCHOOL OF NURSING.

SIGNATURE OF PHYSICIAN OR CERTIFIED NURSE PRACTITIONER

TYPE NAME OF PHYSICIAN OR CERTIFIED NURSE PRACTITIONER

DATE ____/____/____

ADDRESS OF MEDICAL FACILITY

ANY STUDENT WITH A CONDITION THAT COULD IMPACT DECISION MAKING OR THE PHYSICAL ABILITY TO PROVIDE NURSING CARE WILL BE EXPECTED TO DISCUSS HIS/HER CONDITION WITH THE CLINICAL INSTRUCTOR.

CHECKLIST TO BE COMPLETED BY THE SCHOOL OF NURSING STAFF:

Immunization Status:

- _____ Hepatitis B (**Documentation of 1st, 2nd and 3rd dose/ Or a Positive Titer**)
- _____ TETANUS AND DIPHTHERIA (**Documentation of most recent booster must be no earlier than 4/21/2000**)
- _____ TUBERCULIN (**Must be current thru 4/21/ 2010**)

CPR Certification:

- _____ CPR CERT (**Certification for the Professional Rescuer or CPR for Health Care Provider. Must include infant, child and adult CPR certification. Must be current thru 4/21/2010**)

HEALTH AND CPR CERTIFICATION INFORMATION

STATEMENT OF PHYSICAL FITNESS

Signature of physician or certified nurse practitioner stating the student is physically able to participate in the nursing program.

HEPATITIS B

- Date of first, second and third dose of vaccine, OR
- Positive Hepatitis B titer.

The Hepatitis B vaccine is a series of 3 doses.

TETANUS AND DIPHTHERIA

- Date of most recent booster

Boosters are good for 10 yrs from date of administration. Therefore you must have received your booster no earlier than **4/21/2000** to be valid thru next academic year.

TUBERCULIN

- Negative PPD

Current for one academic year from date of administration. **PPD must be current thru 4/21/10.** If history of a positive PPD, then ONE x-ray confirmation is required. ***TB testing is required annually and repeat x-ray is required if exposure to TB or symptoms develop.***

CARDIOPULMONARY RESUSCITATION CERTIFICATION (CPR)

- CPR Certification for the Professional Rescuer or CPR for Health Care Provider. **Must include infant, child and adult CPR certification.**

CPR Certification is required to cover a minimum of one academic year, we strongly recommend a two year CPR Certification. **CPR Certification must be current thru 4/21/10.**