

UNIVERSITY OF MICHIGAN SCHOOL OF NURSING

OFFICE OF ACADEMIC AFFAIRS, 400 N. INGALLS RM.1179
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UNDERGRADUATE PROGRAM COMPLIANCE REQUIREMENTS

REQUIREMENT #1a NEWLY ADMITTED OR READMITTED 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.
- All incoming Undergraduate students (includes transfer students, RN-BSN and accelerated second career BSN students) are required to complete their criminal background check through CertifiedBackground.com. by August 17, 2009 deadline.

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 (___1st dose ___ 2nd dose ___3rd dose/ Or ___Positive Titer)
- ___ MUMPS
- ___ RUBELLA (GERMAN MEASLES)
- ___ RUBEOLA (HARD OR AMERICAN MEASLES)
- ___ TETANUS AND DIPHTHERIA (**Documentation of most recent booster must be no earlier than 4/21/2000**)
- ___ TUBERCULIN (**Must be current thru April 21, 2010**)
- ___ VARICELLA (CHICKEN POX) (Vaccine ___1st dose ___2nd dose / Or ___ Positive Titer)

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 April 21, 2010. Second Career Program students must be current thru August 14, 2010**)
- ___ CRIMINAL BACKGROUND CHECK

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. Please submit a copy of each dose *as you progress*.

MUMPS

- Date of first and second dose of vaccine (Pref. MMR) after 12 month of age, OR
- Positive Mumps titer.

RUBELLA (German Measles)

- Date of first and second dose of MMR after 12 months of age, OR
- Positive Rubella titer (greater than 10).

RUBEOLA (Hard or American Measles)

- Date of first and second dose of vaccine (Pref. MMR) after 12 month of age, OR
- Positive Rubeola titer (greater than 10).

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.*

VARICELLA ZOSTER (Chicken Pox)

- Date of first dose (infant) OR Date of first dose and second dose (adult) vaccine, OR
- Positive Varicella titer.

The adult chicken pox vaccine requires 2 doses 4 - 8 weeks apart. Immunization records indicating "History of Disease" will not be acceptable.

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. **(Must be current thru 4/21/10. Second Career Program students must be current thru 8/15/2010).**