



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 submit 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 _____



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SECTION 2: PHYSICAL EXAM VERIFICATION FORM (STUDENT)

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 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: _____



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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:

Tuberculosis Assessment:

Yes No Temporary or permanent residence of ≥ 1 month in a country with a high TB rate.
[Any country other than USA, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe]

Yes No Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone \geq mg/day for \geq month) or immunosuppressive medication.

Yes No Close contact with someone who has had infectious TB disease since the last TB test.

Labs (if indicated):

CXR _____ U/A _____

CBC or H/H _____ Pap _____

Other _____

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

Address: _____

Physician/NP/PA Signature: _____ Date: _____



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SECTION 3: HEALTH FORM GUIDE & CHECKLIST

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

General Information

- Documentation of immunization or positive titers indicating immunity.
 - All titer results must be noted as positive within laboratory parameters.
 - 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)
 - 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.
 - Rubella (German measles) – Positive titer with IgG results.
 - Rubeola (measles) – Positive titer with IgG results.
 - 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.
 - Proof of Immunization – documentation of receiving both doses of the Varicella vaccine.
 - Documentation of health care provider-diagnosed disease without laboratory confirmation is not acceptable evidence of immunity.
- Influenza Documentation
- 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.
- Tetanus/Diphtheria/Pertussis
- One TDAP after age 19 then TD every 10 years

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