



Health History Record

In accordance with contracts with clinical agencies throughout the state of Montana, the Salish Kootenai College Nursing Department requests the following records to be provided in order for the nursing student to be allowed in the clinical environment. These records are required for ALL students admitted to the BSN nursing program.

Copies of the original immunization paperwork are required. If unable to obtain the original copies of immunizations; re-vaccination is required. Immunization titers are to be drawn as outlined below.

Part I: General Information (to be completed by the student)

NAME: _____
Last First Middle

Address: _____
Mailing Address City State Zip

Phone Number: _____ Email: _____

PART II. Health History (to be completed by student **AND** reviewed by healthcare provider)

To successfully complete the requirements of the nursing curriculum, students must demonstrate essential skills and abilities (Read Core Performance Criteria from the ASN & BSN Student Handbook). Candid answers to the following questions will help to “make reasonable accommodations” in accordance with the Americans with Disabilities Act. All information is a part of your **confidential** student record.

1. Are you currently or have you ever been restricted in your activities because of health problems and/or injuries? NO / YES If yes, please explain:
 - a.
 - b.
 - c.
 - d.

2. List all medications you use including prescription and over the counter medications:
 - a.
 - b.
 - c.
 - d.

3. List **ANY** allergies. Include prescription, over the counter drugs, food, and environmental substances (latex, bee stings, etc.). Explain the nature of the reaction (hives, rash, nausea, anaphylaxis).

4. Is there any other health issue that could affect the safety / well-being of you or your client in the clinical setting, OR that should be known in case of an emergency NO / YES If yes, please explain:

5. Do you have a visual or hearing deficit? NO / YES If yes, please explain:

6. Do you wear glasses, contacts, or a hearing aid? NO / YES If yes, please explain:

7. If you would like to contact the SKC Disabilities Program Coordinator for any accommodations please email silas_perez@skc.edu or call 406-275-4968.

Do you grant the Salish Kootenai College Nursing Department permission to contact your health care provider if there is need for further information? _____ Yes _____ No

Do you grant the Salish Kootenai College Nursing Department permission to disclose any required information necessary for adequate clinical placement? _____ Yes _____ No

Part III: Statement of Physical Fitness [to be completed by Licensed Health Care Provider (MD, DO, APRN, PA-C)]

Please review Part II prior to signing.

Examination Date: _____

Weight: _____

Height: _____

BP: _____

A unique combination of essential cognitive, emotional, psychomotor, and physical skills is required for degree completion within the Salish Kootenai College Nursing Program. All students are expected to be able to demonstrate the essential skills and abilities on a regular basis, with reasonable accommodations (if needed), in order to demonstrate the ability to provide high-quality nursing care in the clinical setting.

Therefore, please address each of the following:

1. Is this student currently under treatment or receiving medications for any physical and/or psychosocial health problems? NO / YES If yes, please Explain:

2. Review past medical history and comment as needed: Are there any health problems that could impede the delivery of safe patient care (inability to lift objects; impaired mobility, cognition, emotional stability, and/or communication)? NO / YES If yes, please explain:

3. Please list any concerns, reservations, and/or issues notable for this student:

I, _____, certify that _____, student
(Provider Please print) (Please print student name)

of the Salish Kootenai College Nursing Program, meets the essential abilities and is able physically and emotionally to participate in required clinical activities.

Provider Signature: _____ Date: _____

Printed Name of Medical Facility:

Mailing Address: _____
City State Zip code

I, _____ **CERTIFY THAT ALL INFORMATION GIVEN IN THE ABOVE HEALTH FORM IS ACCURATE.** I certify that I am capable of demonstrating the essential skills and abilities necessary to complete my clinical requirements with reasonable accommodations if needed. If I experience difficulties in performing the essential skills and abilities listed above, I agree to notify the appropriate nursing faculty or staff member immediately. By signing below, I acknowledge that I have fully read and understand the policies for immunizations. I **understand** that if I have any questions or concerns about these policies, it is my responsibility to discuss this with the clinical instructor.

Student Signature: _____ **Date:** _____

****Fraud or misrepresentation is grounds for dismissal from the nursing program.***

Required immunizations

Please provide copies of original immunization records if possible

Hepatitis B Vaccine:

1. Each student is required to receive the full series of the Hep B vaccine.
 - a. (#1) immediately, (#2) at least 30 days after first dose, (#3) six months after first dose.
2. Every student must provide record of a reactive Hepatitis B Antibody Titer (Hep B Surface Antibody or HbAb lab draw; Hep B Antigen or HbAg will NOT BE ACCEPTED). This is to be drawn at least 30 days after completion of the full 3-dose series.
 - a. If the titer is *non-reactive*, a booster is to be administered and a repeat titer is to be drawn 4-6 weeks after the booster.
 - b. If the student *remains* non-reactive, a repeat of the full 3-dose series is required (the booster dose is the first of this series) and a follow-up titer is to be drawn 4-8 weeks after the final vaccination of the series. The previous booster may be used as the initial dose of the series.
 - c. If the student is *still* non-reactive, they are to be considered for workup of a chronic Hepatitis B infection (at the discretion of the healthcare provider) and/or are labeled as non-reactive to the vaccine.
 - d. If the student is labeled as non-reactive, this does not limit their ability in the nursing program, however they are to be educated on the possible risk of contracting Hepatitis B if exposed.
3. **Lab Draw:** Hepatitis B Surface Antibody Titer (or HbAb) after 3-dose series completion

Measles, Mumps, Rubella (MMR) Vaccine:

1. If a student has written documentation of vaccination with **2 doses of live MMR vaccine** administered at least 28 days apart, no further work-up is necessary and the student is considered immune.
 - a. If the student has only received *1 of the 2* required doses, a titer is required. If the titer is determined *negative*, the student is required to receive a booster dose of the MMR vaccine.
2. If no documentation is available, a titer is required. If the titer is determined *negative*, the student is required to receive both doses of MMR vaccine, 28 days apart. No other action is necessary.
3. **Lab Draw:** Measles, Mumps, Rubella (only if the student does not have a record of 2 MMR vaccinations)

Tetanus, Diphtheria, and Pertussis (TDap) Vaccine:

1. Regardless of time frame, if the student has never received a dose of TDap (i.e. has only received DTap or TD vaccine), the student is required to receive the **TDap vaccine**.
2. If the student HAS received the TDap vaccine; however, it has been greater than 10 years, the student is required to receive a booster dose of the TD vaccine.

Varicella (Chicken Pox) Vaccine:

1. Regardless of time frame, immunization status, and/or previous active infection, all students are to have a **positive Varicella titer**.
2. If the titer is **negative**, the student is to receive 2 doses of the varicella vaccine, administered 4-8 weeks apart. No further action is necessary.
3. **Lab Draw:** Varicella Titer

Influenza:

ALL SKC nursing students are required to receive the annual influenza vaccine by October 31st of every school year.

Healthcare organizations allow Salish Kootenai College nursing students to come to their facilities for clinical experience. Healthcare organizations are under no obligation whatsoever to allow nursing students to access their facility and their patients. Nursing students are considered guests and as guests, we as a college agree to abide by the facilities' rules and regulations. This is clearly spelled out in our memorandums of understanding and affiliation agreements. Required immunizations are regulated by the specific healthcare organizations. Students are required to adhere to the immunization requirements set forth by the healthcare organizations. Students are required to acknowledge that they understand that refusal or declination to adhere to the immunization requirements set forth by the healthcare organizations will result in inability to attend clinical. Should a student not be able to attend clinical, requirements to pass the nursing course will be jeopardized and the student will fail the course and be dismissed from the nursing program.