



HEALTH REQUIREMENTS & OTHER DOCUMENTATION

The following must be submitted prior to the first day of class. **Missing information will result in exclusion from all clinical applications (on-campus or off-campus) and may result in formal disciplinary action:**

Diphtheria, Pertussis, and Tetanus – 3 doses total or positive titer for all three. If no documented history, then the adult Td (Tetanus and diphtheria) must be started. Tdap or Tdap booster within the last 5 years.

Measles, Mumps, Rubella (MMR): 2 doses since 1968 or positive titer for all three types. Titer for Rubella is required for ALL students. Pregnant students must have antibody titers obtained; however, they are exempt from immunizations during pregnancy. Family planning to prevent pregnancy is strongly encouraged for three months before and after immunization. If pregnancy is a possibility, the student is advised to have pregnancy testing before immunization.

Hepatitis B: 3 doses (Must have 1 doses, at the very least, completed prior to entering the program then 1 can be completed during year 1 of the program, it is strongly recommended to have all 3 completed prior to starting the program) or positive titer. **If the titer is negative (less than 10), a booster and repeat titer are required.** Hepatitis B – series of three vaccines plus titer. If the student has completed the Hepatitis B series prior to entering the program, a Hepatitis B HBsAB quantitative titer must be submitted.

If the student has not completed the Hepatitis B series, a Hepatitis B HbsAB quantitative must be obtained and submitted 6 weeks after the completion of the series (Do not obtain titers prior to six weeks after the last vaccine).

Varicella (chickenpox): 2 doses or positive titer (history of disease no longer acceptable)

Polio – 3 doses total or titer – at least 1 dose prior to starting clinical rotations

Influenza – vaccine (annual Fall immunization)

Tuberculosis – Two steps PPD (Mantoux) skin tests with annual updates or a chest x-ray every four years if the skin test is positive. TB health questionnaire form must be completed annually and sign by the primary care provider. If the x-ray is positive, the student needs to follow the current San Diego County Public Health Department policy for follow up. A health clearance form is needed from either the student's health care provider or the San Diego County Health Department to continue in the clinical area. Further x-rays are not required in either of the above cases unless the student develops symptomatology indicative of tuberculosis. A personal review of the individual's health status and symptom review is needed on a yearly basis.



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Certification of good health (Physical Exam): US University physical Exam form to be completed by physician or nurse practitioner and mailed directly to the Department of Nursing before the first day of class. Forms will be reviewed (based on submitted data) to determine if any physical condition which may limit the student's ability to function in nursing. If any questions arise, the student maybe requested to undergo further health assessment.

CPR must be current and provided by American Heart Association. Course: **BLS (basic life support)** Healthcare Provider Course, which includes CPR and AED for Adult/Child/Infant. Student is responsible for renewing every 2 years. CPR instruction and certification information can be obtained through either www.heart.org or <http://www.americanheart.org/presenter.jhtml?identifier=3011975>.

Students will assume responsibility for obtaining and maintaining their own CPR certification. Department of Nursing will verify current certification at the beginning of each semester.

A student without current certification in CPR may not continue in clinical nursing courses.

Malpractice insurance coverage: renewed yearly – Students are required to have professional liability insurance. The Department of Nursing will verify current insurance coverage at the beginning of each semester. Malpractice Insurance for student nurses is approximately \$30.00.

There are two different organizations (not inclusive) you can use:

Nursing Service Organization (NSO) Marsh Inc.

Fax: 1-800-739-8818

Email: plsvc@seabury.com

Email: service@nso.com