

## CLINICAL RE-CLEARANCE GUIDE

A re-clearance is done annually after initial clinical clearance is completed.

---

- 1. **Re-Clearance Form for Clinical Participation form:** all questions must be answered and provide any follow up information. Must be signed and dated by the student.
- 2. **Clinical Student Request and Authorization to Release Records and/or Information Form:** must be signed and dated by student.
- 3. **Annual TB Screen** (*provide one of the following*):
  - a. **Annual PPD/Mantoux test:** the following must be included to be a valid documentation: date of PPD placement, date PPD was read, negative or positive result and induration in mm.
  - OR**
  - b. **Annual Quantiferon TB-Gold/T-SPOT test:** must provide a copy of lab result.
- If history of positive PPD or positive Quantiferon/T-SPOT, annual TB symptoms check will be done with the nurse. If symptomatic, please refer to WPU nursing student TB policy. Any updated medication regimen must be submitted from your healthcare provider indicating clearance to participate in clinical setting.
- 4. **Up-to-date Tdap/Td vaccine:** Documentation of up-to-date Tdap/Td vaccine within last 10 years. Please check your immunization record if you require a booster shot.
- 5. **Flu vaccine:** Documentation of annual flu vaccine during the flu season (August through May).
- 6. **Annual Urine Drug screen** through Castle Branch. Please follow specific instructions as instructed by the Nursing Dept.

Please submit **ALL** completed forms and documents to the CHWC. ***Incomplete packets will not be accepted and will cause a delay in your clearance.*** You may submit in person (drop off documents at the front desk or schedule appointment with nurse to review in person- *highly recommend*). You may also submit by fax (may subject to delay). When all clearance requirements are met, the CHWC will document clearance date electronically and students may access WPUconnect to see their nursing clearance.

William Paterson University  
Counseling, Health and Wellness Center  
Overlook South  
300 Pompton Road  
Wayne, NJ 07470  
(973) 720-2360 (for appointments)  
(973) 720-2632 (fax)



# William Paterson University Clinical Student Request and Authorization to Release Records and/or Information

This form when completed and signed by you authorizes the Counseling, Health and Wellness Center, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release protected information from your clinical record to the person or agency you designate.

---

I, \_\_\_\_\_, authorize the Counseling, Health and  
(Print name of student)

Wellness Center clinical and administrative staff, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing and communication disorders programs at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care.

This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by sending or delivering such written notification to the Counseling, Health and Wellness Center. However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

\_\_\_\_\_  
ID#                      Date of Birth                      \_\_\_\_\_ Student

\_\_\_\_\_  
Signature of student (*parent if minor*)                      Date                      \_\_\_\_\_