

GUIDE to INITIAL CLINICAL HEALTH CLEARANCE

Keep this guide for your record- do not send in

Pre-entrance and periodic health evaluations are required by all students in the nursing major going to a clinical setting. This required data meets the requirements of the state of New Jersey Department of Health, as well as the various clinical agencies in which students affiliate. Carefully review the requirements below to successfully complete the attached Health Clearance Packet in its entirety. ***Students who do not complete the clearance by the first day of the semester must drop all clinical classes and resume the following semester on a seat availability basis.***

Initial Health Clearance Requirements:

- 1. **Initial Physical Exam for Clinical Clearance** form completed (front and back pages): Student must have a physical exam performed by a healthcare provider within 1 year of clinical start date. All information must be completed, including vision/color screen, date of physical exam, signed and stamped by the healthcare provider.

 - 2. **Two-Step PPD (Mantoux) OR QuantiFERON-TB Gold/ T-SPOT (blood test)** within 3 months of clinical start date:
 - a. Student must have a Two-Step PPD (second PPD administered 1 to 3 weeks after first PPD) or documentation of annual TB tests within the previous *three years*.
 - i. The following **must** be included to be a valid: the dates of the PPD placement, the dates the test was read, negative or positive result, and induration size in mm.
 - OR**
 - b. QuantiFERON-TB Gold/T-SPOT blood test performed: must submit a copy of the lab report.
 - **A positive PPD or positive QuantiFERON-TB/T-SPOT test: Action Required**
Please submit a post-positive chest x-ray report. Documentation of (prophylactic) medication regimen by a healthcare provider required and yearly documentation of TB symptoms check.
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3. **Complete blood count (CBC) lab report** within 1 year of clinical start date.
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4. **Varicella (Chickenpox):**
 - a. **IgG titer (laboratory blood test for antibodies):** must submit a copy of the lab report regardless of past history of disease or vaccination.
 - **For Negative Varicella Titer: Action Required:**
If there is documented history of 2-dose Varicella vaccinations, then *1 dose of Varicella booster vaccine is required*. If there is no documented vaccination history, then 2 dose Varicella vaccination is required: second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.
 - **For Equivocal Varicella Titer:**
If there is documented history of 2-dose Varicella vaccination, then a booster is *highly recommended* but not required. If the student has only received 1 dose of the vaccine in the past then a *second dose of the vaccine is required*.
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5. **Measles, Mumps, and Rubella (MMR):**
 - a. **IgG titer (laboratory blood test for antibodies):** must submit a copy of the lab report with each results.
 - **For Negative Measles, Mumps, or Rubella Titer Results: Action Required:**
If there is documented history of 2-dose MMR vaccinations, then *1 dose of MMR booster vaccine is required*. If there is no documented vaccination history, then 2 dose MMR vaccination is required:

second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.

- **For Equivocal Measles, Mumps, or Rubella Titers:**

If there is documented history of 2-dose MMR vaccination, then a booster is *highly recommended* but not required. If the student has only received 1 dose of MMR vaccine in the past then a *second dose of the vaccine is required*.

6. Hepatitis B

a. Documentation of a 3-dose series of Hepatitis B vaccine.

OR

b. Documentation of **positive Hepatitis B Surface Antibody test**: must submit a copy of the lab report.

- **For Negative Hepatitis B Surface Antibody: Action Required**

If there is documented history of 3-dose Hepatitis B vaccinations, then *1 dose of Hepatitis B booster vaccine is required*. If there is no documented vaccination history, then 3-dose Hepatitis B vaccination is required at 0, 1, and 6-month intervals.

7. Tetanus/Diphtheria/Pertussis Vaccine (Tdap/Td)

a. Documentation with date of vaccination of Tdap vaccine in a lifetime and Td booster every 10 years. If no documentation of Tdap is presented a single dose of Tdap is required.

8. Covid Vaccine

a. A copy of your Covid vaccine record is required.

9. Flu vaccine

a. Documentation of annual flu vaccine during the flu season (August through May).

10. Clinical Student Request and Authorization to Release Records and/or Information Form:

a. Must be signed and dated annually

- ❖ Upload the completed packets to your Student Health Portal
- ❖ Instructions to submit your clinical health forms can be found in the nursing website and [here](#).
- ❖ ***Incomplete packets will not be processed and will cause a delay in your clearance.***
- ❖ Check your student health portal for messages from CHWC regarding your clearance.

For questions regarding **health insurance, CPR, background check, and urine drug screen**, please contact your program clinical coordinator:

Undergraduate Clinical Coordinator: Gendzyl Dalton daltong@wpunj.edu

Graduate Program Assistant: Jami Jennings JENNINGSJ3@wpunj.edu

WP Online Clinical Coordinator: Ivy Sosoban sosobani@wpunj.edu

For questions regarding **health clearance**, please contact Counseling Health and Wellness:

Susan Lee lees69@wpunj.edu

Carola Gremlich GremlichC@wpunj.edu

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Physical Exam for Initial Clinical Clearance- Page 1

To be filled out for Nursing or Communication Disorder Majors only
Submit completed forms and all required documents only to:

Counseling, Health & Wellness Center - Overlook South - 300 Pompton Road - Wayne, NJ 07470
For appointments please call: (973) 720-2360 * Fax (973) 720-2632

Patient Name: _____ DOB: _____

Student ID#: 855 _____ Contact Phone# _____

Program (circle one): Nursing Graduate Nursing DNP Communication Disorders
Allergies (specify reaction): _____ Current Medications: _____

Past Medical History: _____

1. Physical Examination (To be filled out by a medical provider)

HT _____ WT _____ BP _____ HR _____ RR _____ TEMP _____

LMP _____ Temp _____ Color testing (circle one): Pass Fail

Vision Screen-mandatory: Left Eye ____/____ Right Eye ____/____ Circle One: With /Without Correction

Table with 3 columns: Exam Category, WNL, Abnormal/Comments. Rows include General, Skin, Nodes, HEENT, Mouth, Chest/Breast, Lungs, Heart, Abdomen, Gent/Rect, Extrem/Hips, Back/Spine, Muscoskeletal, Neuro.

2. Assessment:

Patient is medically cleared to participate in the clinical setting (please circle one): Yes No

If no, explain reason: _____

Provider Name & Signature

Date

Provider's Stamp (Required)

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Physical Exam for Initial Clinical Clearance- Page 2

(All the information below is to be filled out by a medical provider and stamped at the bottom)

Patient Name: _____ DOB: _____

3. Tuberculosis Screening (via blood test -OR- PPD):

Option #1: Please provide a copy of QuantiFERON TB-Gold -or- T-SPOT lab test results within the last 10 months -or-

Option #2: 2-step PPD: 1st-step: Date Placed: _____ Date Read: _____ Result: _____ mm

*If 1st-step is negative, repeat 2nd-step, 1-3 weeks after initial (1st) test

2nd-step: Date Placed: _____ Date Read: _____ Result: _____ mm

If valid 2-step PPD was completed > 10 months ago, patient needs 1 updated PPD now:

Annual PPD: Date Placed: _____ Date Read: _____ Result: _____ mm

If any positive results, complete all information below:

Interpretation of Mantoux according to "at risk" status of individual tested, i.e.: > 5mm, 10mm, 15mm may require follow up (June 2000, CDC guidelines):

CXR Date(s): _____ Results: Negative Positive _____

TB Symptoms Assessment (date & results): _____

Prophylaxis/Treatment History (Include date started and end date): _____

Precautions and follow-up instructions: _____

If treatment is not recommended, give reason: _____

4. CBC: Provide copy of complete blood count lab report completed within 1 year of clinical start date

5. Measles, Mumps, Rubella & Varicella Titers: Provide copy of the titer lab results, not the vaccine dates

*Non-immune titer results require a booster

*Equivocal titer results, booster recommended

MMR Booster Date (if applicable) _____

Varicella Booster Date (if applicable) _____

6. Hepatitis B Vaccine: Fill in Dates of Immunizations (or attach authorized copy of vaccines)

Dose #1 _____ Dose #2 _____ 2-dose series? Dose #3 _____

- OR - Optional: Provide copy of positive Hepatitis B Surface Antibody test result

7. Tdap* Vaccine: (tetanus, diphtheria & pertussis) within the last 10 years. Vaccine Date: _____

8. Flu* Vaccine: annually during current flu season Vaccine Date: _____

*PPD testing, Tdap and Flu vaccines are available at The Counseling, Health & Wellness Center – Please inquire about cost. Call for an appointment & look out for our advertisements for Flu clinics in the fall

Provider's Stamp (Required)

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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.

Student ID# _____ Date of Birth ____/____/____

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 re-disclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

_____ Today's Date ____/____/____
Signature of student

How to submit your Health Clinical Clearance to Health and Wellness Center (H&WC)

H&WC will only be accepting your clinical clearance forms through the Student Health Portal.

- Do not drop off, fax, or mail your documents to our office.
- Only submit the health forms and pertaining documents to the H&WC.
- You do not need to submit your drug screen/criminal background results.
- If you do not have a scanner, you may submit a **clear** picture of the **full page**.
- CPR card, medical insurance card, photo ID can be submitted to your clinical instructor on the first class meeting.

To access Student Health Portal:

1. Log into **WP Connect**
2. Go to **Student** and scroll down to **Campus Life**
3. Click on **Student Health Portal**
4. Put in your *date of birth* and press "**Proceed**"
5. You are now in the Home page of the Student Health Portal

To submit your clinical clearance forms or send a message to the Health and Wellness Center:

1. At the Home page, click **Message** on the left side of the screen.
2. Press **New Message**
3. Choose/click "*My message is regarding my clinical clearance,*" then press **Continue**
4. Press **Add Attachment** to upload your health forms. You may write a message in the box provided.
5. When you are ready to send, press **Send**.

H&WC will communicate with you through the portal regarding your clearance status. Please check the portal frequently.

You can check your clinical clearance status from WP Connect -> Student -> Academic Services -> Nursing Clinical Status.

If you have any questions, contact Susan Lee at lees69@wpunj.edu.