University of Pittsburgh at Greensburg - School of Nursing
Annual Health Form – Senior Students

THE INFORMATION CAN BE ENTERED BY THE STUDENT. ALL INFORMATION MUST BE IN ENGLISH. THIS FORM REQUIRES A HEALTH CARE PROVIDER (PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT) SIGNATURE on Page 3.

PART I: STUDENT INFORMATION - (ALL FIELDS MUST BE COMPLETED)

STUDENT IDENTIFICATION NUMBER:__________________________

NAME: _____________________________________________ / _____________________________________________ / _____________________________________________
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

ADDRESS: _____________________________________________ / _____________________________________________
(STREET) (CITY/STATE/ZIP)

TELEPHONE: ________________________________ E-MAIL: __________________________

Health Insurance (must be completed by student):
I verify that I carry, and will carry for the entire duration of my program health insurance that will cover payment of treatment and follow-up procedures related to bloodborne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.

_________________________________________ (STUDENT SIGNATURE) (MONTH/DAY/YEAR)

PART II: Required Clearances and BLS due by August 1th

Basic Life Support for Health Care Certification

Proof of current BLS certification.

The American Heart Association (AHA) – Basic Life Support (BLS) for Healthcare Providers certification must be completed before beginning clinical rotations.

To find a training center near you, visit the following:

http://ahainstructornetwork.americanheart.org/AHAECC/classConnector.jsp?pid=ahaecc.classconnector.home

http://centerem.org/cpr-training/

Clearances

Requirement of the SON: Prior to the start of your senior year; renewal and upload of Act 33, Act 34, Act 73, and Act 168 clearance.

Act 33: PA Child Abuse History Clearance
Act 34: PA Criminal Record Check Clearance
Act 73: FBI Fingerprint Clearance
Act 168: PA Sexual Misconduct/Abuse Disclosure Release

See page 3 of document for instructions on how to apply for your clearances.
PART III: Annual Health Requirements due by August 1\textsuperscript{st}  

(Health Care Provider to Complete)

| TETANUS-DIPHTHERIA Primary Series (Tdap) (received in childhood) | Primary series completed? \( \_\_\_ \) Yes \( \_\_\_ \) No  
Date primary series completed: \( \_\_\_ / \_\_\_ / \_\_\_ \)  
(Primary series completed within past 10 years or tetanus booster within past 10 years)  
Date of tetanus booster: \( \_\_\_ / \_\_\_ / \_\_\_ \) |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>IF tetanus-diptheria primary series or booster is over 10 years, you are required to obtain a Tdap booster. Note date of booster.</td>
<td></td>
</tr>
</tbody>
</table>

**Medical TB Questionnaire**
Please answer the following questions about signs and symptoms of tuberculosis.

- Are you coughing up blood streaked sputum and/or having chest pain while coughing?  
  \( \Box \) Yes \( \Box \) No
- Had you had a productive cough lasting longer than 3 weeks?  
  \( \Box \) Yes \( \Box \) No
- Have you had unexplained weight night sweats, fever, or fatigue?  
  \( \Box \) Yes \( \Box \) No
- Have you had unexplained loss of appetite or weight loss?  
  \( \Box \) Yes \( \Box \) No

Tuberculosis (TB) Test (required to complete one of two options for this test)

**Option 1: TWO-STEP TB SKIN TEST**
Obtain 2 (two) TB skin tests. Note date of readings of both TB skin tests. Second PPD placement must be placed no less than 7 days after the first placement.

IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and results of chest x-ray.

**OR**

**Option 2: TB QUANTIFERON GOLD BLOOD TEST**
IF you test positive for TB, you are required to have a CHEST X-RAY. Note date and result of chest x-ray.

| Date of reading of TB test #1: \( \_\_\_ / \_\_\_ / \_\_\_ \)  
Result of TB test #1: \( \_\_\_ \) Negative \( \_\_\_ \) Positive  
Date of reading of TB test #2: \( \_\_\_ / \_\_\_ / \_\_\_ \)  
Result of TB test #2: \( \_\_\_ \) Negative \( \_\_\_ \) Positive  
Date of chest x-ray (if required): \( \_\_\_ / \_\_\_ / \_\_\_ \)  
Result of chest x-ray: \( \_\_\_ \) Negative \( \_\_\_ \) Positive |
|---|---|
| Date of reading TB Quantiferon gold blood test 1: \( \_\_\_ / \_\_\_ / \_\_\_ \)  
Date of chest x-ray (if required): \( \_\_\_ / \_\_\_ / \_\_\_ \)  
Result of chest x-ray: \( \_\_\_ \) Negative \( \_\_\_ \) Positive |
PART IV: EXAM EVALUATION AND VERIFICATION/ PROVIDER INFORMATION
(Health Care Provider to Complete)

I have obtained a health history, performed a physical examination, and reviewed the student's immunization status and required laboratory tests. In my opinion, this student is able to fully participate in the School of Nursing program:

If this student is NOT fully able to participate, please comment on activity limitations:

___________________________________________________________________________

___________________________________________________________________________

Name: ________________________________________________________________

Physician’s Signature: ________________________________________________

Date _____/ _____/ ______

Phone: __________________________________________________________________

Note: ALL SECTIONS ON THIS FORM MUST BE COMPLETED BEFORE ITS SUBMISSION!

Upon completion, this form should be scanned and uploaded by the student to ProjectConcert by August 1st.
How to obtain my clearances:

**ACT 33: Pennsylvania Child Abuse History Clearance**
- Go to Child Abuse History Clearance Online at //www.compass.state.pa.us/CWIS/public/home
- First time users must create a New Account and Establish a Keystone ID. To do so please click on “Create an Individual Account”
- Once you have created your account, a temporary password will be emailed to you
- Login using the temporary password and click “Access My Clearances.” You will then create your own password and log back in with it
- Click on “CREATE CLEARANCE APPLICATION”
- Select “INDIVIDUAL 14 YEARS OF AGE OR OLDER WHO IS APPLYING FOR OR HOLDING A PAID POSITION AS AN EMPLOYEE WITH A PROGRAM, ACTIVITY OR SERVICE, AS A PERSON RESPONSIBLE FOR THE CHILD’S WELFARE, OR HAVING DIRECT CONTACT WITH CHILDREN” as the reason for submitting the application
- Select to have this clearance mailed to your home address along with the on-line generated email you will receive
- You will receive an email when your results are available. You will need to log back into the website to retrieve results.
- PLEASE BE SURE TO KEEP YOUR USERNAME AND PASSWORD IN A SAFE PLACE, YOU WILL NEED THESE TO RETRIEVE YOUR RESULTS.
- If you do not see the words “Your application has been processed - To view the results, click here,” within seven days, please call the Childline Verification Unit at 1-717-783-6211

**ACT 34: Pennsylvania Criminal Record Check**
- Go to the Pennsylvania Access to Criminal History Website: https://epatch.state.pa.us/Home.jsp
- Click “Submit a New Record Check” or if you are already a registered user, log in
- Select “Individual Request”
- Select “Reason” as “Employment” and enter all other information with a red asterisk (*)
- Enter in your information on the next page to submit for a State check – you will enter credit card information after you enter this information
- When you get to “Results” double click on the blue hyperlink titled “Certification Form” near the center of the page. A certified form with results will be displayed in PDF format. Be sure you open the certificate on a computer with a printer
- If your result is “under review” please make sure to check your email frequently for the results to be posted. Print out the Certification Form after you receive this email
- If you have any questions about the Pennsylvania State Police Request for Criminal Record checks form (SP-164), please call: 717-783-9973 or toll free 1-888-783-7972, or contact your Human Resources Generalist
- A link to the results comes back immediately (in most cases).
- **Click on the case number link to obtain the certificate. Save it to your computer and print a copy.**

**ACT 73: FBI Fingerprint Clearance**
- Go to the Identogo website: https://www.identogo.com/services/live-scan-fingerprinting
- Click on the state you’d like to get the prints done under “Select a Fingerprinting Service by State”
- Scroll down and click on “Digital Fingerprinting”
- Enter service code: 1KG756 --- Employee >=14 Years Contact w/ Children
- Complete application
- When it asks “Do you have an Authorization Code (Coupon Code) that you will be using as a method of payment?” answer “No”
- When it asks you to choose a document to bring with you, select the best response. It is recommended to choose “Driver’s License” or “Passport.” You MUST bring the ID you choose with you to the fingerprint location – if you do not bring it you will not be able to get them done
- Schedule date/time to be fingerprinted by entering your zip code.
- Your results will be sent to the mailing address listed on the application, so be sure to use a non-campus mailing address.
- Please be aware that results on the Act 73 application can take up to 12 weeks to come back.
- **Do not apply through the Department of Education.**

Outside of Pennsylvania at: https://www.fbi.gov/services/cjis/identity-history-summary-checks
- Follow option 1, 2, or 3.
- Your results will be sent to the mailing address listed on the application. Please be aware that results on the Act 73 application can take up to 12 weeks to come back.
- **Do not apply through the Department of Education.**
**ACT 168: Pennsylvania Sexual Misconduct/Abuse Disclosure Release** is to be completed by traditional BSN students prior to the start of senior year. The ACT 168 form is attached to this email.

- Fill out section 1 of the form then sign and date. You will upload to Project Concert **BEFORE** Section 2 is completed by the School of Nursing.

Copies of these clearances should be uploaded to Project Concert by the due date. Clearances can take up to 12 weeks to receive results. Please plan accordingly. You will not be permitted to attend clinical rotations without the clearances.