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

THE INFORMATION CAN BE ENTERED BY THE STUDENT. ALL INFORMATION MUST BE IN ENGLISH. THIS FORM REQUIRE 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

<table>
<thead>
<tr>
<th>Basic Life Support for Health Care Certification</th>
<th>The American Heart Association (AHA) – Basic Life Support (BLS) for Healthcare Providers certification must be completed before beginning clinical rotations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of current BLS Provider certification.</td>
<td>An on-line course will not be accepted!</td>
</tr>
<tr>
<td></td>
<td>To find a training center near you, visit the following:</td>
</tr>
<tr>
<td></td>
<td><a href="http://ahainstructornetwork.americanheart.org/AHAECCLASSCONNECTOR.jsp?pid=ahaeclassconnector.home">http://ahainstructornetwork.americanheart.org/AHAECCLASSCONNECTOR.jsp?pid=ahaeclassconnector.home</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://centerem.org/cpr-training/">http://centerem.org/cpr-training/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clearances</th>
<th>Act 33 – Child Abuse Clearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of Act 33, Act 34, and Act 73 clearance.</td>
<td>Act 34 – PA Criminal Record Check Clearance</td>
</tr>
<tr>
<td></td>
<td>Act 73 – Federal Bureau of Investigators (FBI) Criminal Record Clearance</td>
</tr>
<tr>
<td></td>
<td>See page 4 of document for instructions on how to apply for your clearances.</td>
</tr>
</tbody>
</table>
**PART III: Annual Health Requirements due by August 1**

(Health Care Provider to Complete)

<table>
<thead>
<tr>
<th>TETANUS-DIPHTHERIA Primary Series (Tdap) (received in childhood)</th>
<th>Primary series completed? _____ Yes _____ No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date primary series completed: _____ / _____ / _____</td>
</tr>
<tr>
<td></td>
<td>(Primary series completed within past 10 years or tetanus booster within past 10 years)</td>
</tr>
<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>Date of tetanus booster: _____ / _____ / _____</td>
</tr>
</tbody>
</table>

**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 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.

<table>
<thead>
<tr>
<th>Date of reading of TB test #1: _____ / _____ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result of TB test #1: _____ Negative _____ Positive</td>
</tr>
<tr>
<td>Date of reading of TB test #2: _____ / _____ / _____</td>
</tr>
<tr>
<td>Result of TB test #2: _____ Negative _____ Positive</td>
</tr>
<tr>
<td>Date of chest x-ray (if required): _____ / _____ / _____</td>
</tr>
<tr>
<td>Result of chest x-ray: _____ Negative _____ Positive</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Date of reading TB Quantiferon gold blood test 1: _____ / _____ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of chest x-ray (if required): _____ / _____ / _____</td>
</tr>
<tr>
<td>Result of chest x-ray: _____ Negative _____ Positive</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? □ Yes □ No
- Had you had a productive cough lasting longer than 3 weeks? □ Yes □ No
- Have you had unexplained weight night sweats, fever, or fatigue? □ Yes □ No
- Have you had unexplained loss of appetite or weight loss? □ Yes □ No
NAME: ___________________________ / _______________________/ _______________________
(LAST NAME) (FIRST NAME) (Middle Initial)

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.

Updated: 04.01.2021
Instructions:

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.**

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.