

Jefferson State Community College
Nursing Education Program Medical Form

Student Name: _____ A# _____

Person to call in case of emergency: _____ Relationship: _____

Phone number: _____ Alternate number: _____

***This medical form MUST be completed by the date established in your acceptance letter.
Failure to do so may forfeit your placement in the nursing program.***

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable/transferable disease or illnesses. The College will provide instruction regarding safe health care practices when caring for patients with communicable/transferable conditions. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this physical. I understand that my personal protection against communicable/transferable conditions is my responsibility. The physician performing this physical examination has permission to release the findings to the JSCC Nursing Education Program. **Medical information may be released to clinical affiliates. I attest that this information is true. I am aware that falsification of results will result in disciplinary action which may include dismissal from the Nursing Program.**

NOTE: Additional medical examinations and a specific release from a physician may be required at any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) if it is deemed necessary for the faculty to evaluate the state of health.

► Student's Signature: _____ Date: _____

2-step TB Skin Test: (Mantoux only):

You may submit proof of **3 annual** negative TB results in place of the 2-step TB testing.

Date: _____ 48-72-hour Results: _____ HCP Signature: _____

Students must wait 1-3 weeks between the first and second TB tests.

Date: _____ 48-72-hour Results: _____ HCP Signature: _____

Chest X-ray (required only if TB test is positive; suggested for smokers)

Date: _____ Results: _____

► Provider Name (please print): _____ Signature _____

Agency _____

IMMUNIZATIONS:

- All the following must be addressed by checking **EITHER vaccination OR positive titer – they are not optional.**
- If a titer finding is **“Non-Immune” (negative)**, discuss with physician/CRNP whether you need to restart the series again or obtain a vaccination booster.
- A copy of the **actual titer results** must be submitted.
- **MMR, CP, and Hepatitis B series** require **1 month** between 1st and 2nd doses. Please keep this in mind when considering the deadline dates posted.

Measles: 1st dose Date: _____ 2nd dose Date: _____ Titer results: ☐ Immune ☐ Non-Immune Date: _____

(Rubeola)

Mumps: 1st dose Date: _____ 2nd dose Date: _____ Titer results: ☐ Immune ☐ Non-Immune Date: _____

Rubella: 1st Dose Date: _____ 2nd dose Date: _____ Titer results: ☐ Immune ☐ Non-Immune Date: _____

Chicken: 1st Dose Date: _____ 2nd dose Date: _____ Titer results: ☐ Immune ☐ Non-Immune Date: _____

Pox (Varicella)

IMMUNIZATIONS (Cont'd):

Hepatitis B: (Must have proof of #1 and #2 injections before participating in clinical activities)

#1 Date: _____ #2 Date: _____ #3 Date: _____

Titer: Date _____ Titer results: ☐ Immune ☐ Non-Immune
(Repeat Adult series x3 per CDC protocol)

Tetanus: Date: _____ (must be within 10 years)

Influenza Vaccine Date: _____ (administer when Seasonal Flu Vaccine/ Mist is available)

Provider Name (please print): _____ Signature _____

Agency _____ Date _____

Note to healthcare providers:

Students often get immunizations and TB testing at different facilities. HCPs can cross out what is not provided at their facility and still submit the form's physical exam portion. Students will be responsible for gathering the additional information.

Physical Exam: Students are expected to be in good health as they will deal directly with patients in health care settings. The Nursing Education Program requires proof of a satisfactory level of health and may require proof of physical ability to meet program Essential Functions. Admission or progression may be denied if a student's level of health is unsatisfactory or if physical limitations prevent a student from maintaining personal or patient safety during campus and clinical laboratories. Students are expected to be physically fit to undertake clinical assignments, be free of chemical dependency, and be mentally competent.

****Based on the history and your examination, is this student's mental and physical health sufficient to perform the classroom and clinical duties of a Nursing student? (See Alabama College System Nursing Education Program: ESSENTIAL FUNCTIONS)

► Physician/CRNP's Initials Required: Yes _____ No _____

Additional Comments: _____

► Physician / CRNP Name (Please Print) _____ Signature: _____

Address: _____ Date of Exam _____

Phone Number _____

**THE ALABAMA COLLEGE SYSTEM
NURSING PROGRAMS
ESSENTIAL FUNCTIONS**

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to:

- 1) Sensory Perception
 - a) Visual
 - i) Observe and discern subtle changes in physical conditions and the environment
 - ii) Visualize different color spectrums and color changes
 - iii) Read fine print in varying levels of light
 - iv) Read for prolonged periods of time
 - v) Read cursive writing
 - vi) Read at varying distances
 - vii) Read data/information displayed on monitors/equipment
 - b) Auditory
 - i) Interpret monitoring devices
 - ii) Distinguish muffled sounds heard through a stethoscope
 - iii) Hear and discriminate high and low frequency sounds produced by the body and the environment
 - iv) Effectively hear to communicate with others
 - c) Tactile
 - i) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics
 - d) Olfactory
 - i) Detect body odors and odors in the environment
- 2) Communication/ Interpersonal Relationships
 - a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
 - b) Work effectively in groups
 - c) Work effectively independently
 - d) Discern and interpret nonverbal communication
 - e) Express one's ideas and feelings clearly
 - f) Communicate with others accurately in a timely manner
 - g) Obtain communications from a computer
- 3) Cognitive/Critical Thinking
 - a) Effectively read, write and comprehend the English language
 - b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
 - c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
 - d) Satisfactorily achieve the program objectives
- 4) Motor Function
 - a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
 - b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
 - c) Maintain balance from any position
 - d) Stand on both legs
 - e) Coordinate hand/eye movements
 - f) Push/pull heavy objects without injury to client, self or others
 - g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
 - h) Walk without a cane, walker or crutches

- h) Function with hands free for nursing care and transporting items
 - i) Transport self and client without the use of electrical devices
 - j) Flex, abduct and rotate all joints freely
 - k) Respond rapidly to emergency situations
 - l) Maneuver in small areas
 - m) Perform daily care functions for the client
 - n) Coordinate fine and gross motor hand movements to provide safe effective nursing care
 - o) Calibrate/use equipment
 - p) Execute movement required to provide nursing care in all health care settings
 - q) Perform CPR and physical assessment
 - r) Operate a computer
- 5) Professional Behavior
 - a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective nursing care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
 - i) Not to pose a threat to self or others
 - j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
 - n) Provide nursing care in an appropriate time frame
 - o) Accepts responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with nursing care or learning

STUDENT STATEMENT

I have reviewed the Essential Functions for this program, and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the nursing faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program. Describe any special accommodations requested on a separate sheet.



Student's Signature

Printed Name

Date