



College of Health & Human Services
School of Nursing
1600 Holloway Avenue, Burk Hall 371
San Francisco, CA 94132
Office: 415.338.1802
FAX: 415.338.0555

Clinical Rotation Requirements

All incoming nursing students are required to submit Health/Immunization/CPR Information on the Certified Profile website and are required to undergo a Background Check and Drug Test once upon entry into the program thru Certified Profile

Some clinical sites may require additional testing e.g. Drug screening, Fingerprinting, T spot blood assays, and fees may be required. All health requirements are determined by each clinical site and are subject to change at any time with limited notice.

Failure to meet initial and ongoing Health-Immunization requirements will prevent a student from entering a clinical practicum until such time as student submits requirements, and may jeopardize student's academic progress/and or standing.

REMINDER:

- Start Early!! Check with the SFSU Clinical Coordinator if you have any questions.
Cindy Medakovic - 415-338-3440 cmedakov@sfsu.edu
- Keep up to date with your health records online and maintain your own personal file.

I NEED HELP!!!

If you need assistance with your immunization tracker please visit the help section located in the upper right corner of the website.

Here you will find tutorials that you can watch that will show you how to create your account all the way through completing each requirement.

The Certified Profile Service Desk is available to assist you via phone, chat and email:
Monday-Thursday 8am - 8pm, Friday 8am - 6pm & Sunday 10am - 6:30pm EST
888-914-7279 or cpservicedesk@certifiedprofile.com

It is your responsibility to ensure you are CLEAR for clinical rotations.

NOTE:

While the University requires proof of immunizations, the College of Health and Human Services, School of Nursing requires titers/screens

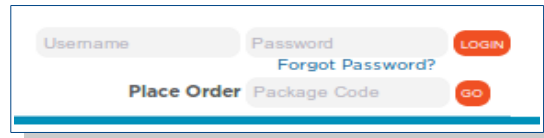
San Francisco State University - Nursing
Instructions for Order Placement

Welcome to CertifiedProfile!

When you place your initial order, you will be prompted to create your secure CertifiedProfile account. From within your CertifiedProfile, you will be able to:

- ✓ View your order results
- ✓ Manage the requirements specific to your program
- ✓ Complete tasks as directed to meet deadlines
- ✓ Upload and store important documents and records
- ✓ Place additional orders as needed

To place your order, go to www.certifiedprofile.com



The screenshot shows a login form with fields for 'Username' and 'Password'. There is a 'LOGIN' button, a 'Forgot Password?' link, and a 'Place Order' button. Below the 'Place Order' button is a 'Package Code' field and a 'GO' button.

In the "Place Order" field, enter the following package code specific to your school and program:

AF56bgdtim – Background Check, Drug Test & Medical Document Manager (\$127.75)

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your CertifiedProfile and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

TO-DO LISTS

You can respond to any active alerts or To-Do List items now, or return later by logging into your CertifiedProfile. You will receive alerts if information is needed to process your order and as requirements approach their due dates. Access your CertifiedProfile anytime to view order status and completed results. Authorized users at your school will have access to view your requirements and compliance status from a separate CertifiedBackground portal.

Medical Document Manager Requirements

Indicate Your Program

-Select the program you are in.

Measles

-Submit a positive antibody titer (lab report OR Employee OR Occupational Health Report required) from within the past 10 years.

Mumps

-Submit a positive antibody titer (lab report OR Employee OR Occupational Health Report required) from within the past 10 years.

Rubella

-Submit a positive antibody titer (lab report OR Employee OR Occupational Health Report required) from within the past 10 years.

Hepatitis B

-Submit a positive antibody titer (lab report OR Employee OR Occupational Health Report required) from within the past 10 years.

Varicella

-Submit a positive antibody titer (lab report OR Employee OR Occupational Health Report required) from within the past 10 years.

TB Skin Test

-One of the following will be required based upon your answer:

- 2 step TB skin test administered within the past 3 months.
- QuantiFERON blood test administered within the past 3 months.
- T-Spot blood test administered within the past 3 months.

Download TB Symptom Review Form

-Download Annual TB Symptom Review Form and confirm receipt.

TB Convertors Chest X-Ray

-A chest x-ray is required if QuantiFERON or TB Skin test results are positive. Are you going to submit a clear chest xray? If yes, a clear chest x-ray with lab report administered within the past 3 months is required. You may not choose "no" unless you have submitted documentation to either the TB Skin Test or QuantiFERON test requirement. May provide documentation of INH treatment in lieu of chest x-ray.

TB Convertors Annual TB Symptom Review

-If test results are positive, an annual TB Symptom Review is required. Are you going to submit an annual TB Symptom Review? If yes, submit documentation. You may not choose "no" unless you have uploaded documentation to either the TB Skin test or QuantiFERON test requirement. You may not choose "no" upon renewal. Renewal date will be set at 1 year. Form provided by school is the only acceptable form for this requirement.

Physical Examination

-Download, print, complete, and resubmit the San Francisco University physical exam form. This document must be completed and signed by a medical professional.

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Medical Document Manager Requirements

Tetanus, Diphtheria & Pertussis

-One of the following is required:

- Documentation of a Tdap booster within the past 10 years
- Positive titer for all 3 components of the vaccine.

Annual Flu Shot or Declination Form

-One of the following is required:

- Documentation of a flu shot administered during the current flu season.
- Signed school declination waiver. Waiver can be obtained by contacting Cindy Medakovic @ cmedakov@sfsu.edu.

Health Insurance

- Submit a copy of your health insurance card. Must be front and back.

CPR Certification:

- Must be the American Heart Association Healthcare Provider course. Submit front & back of your card. Certification that states it follows the AHA guidelines is also acceptable.

Emergency Contact Form

-Download, Print and Complete the Emergency Contact Form, then resubmit to the requirement.

California RN License

-Are you a licensed RN in the SFSU Masters or SFSU APO Licensed, or Family Nurse Practitioner student? If yes, provide a copy of current RN License or verification of licensure through state website

Professional Liability Insurance

-Are you in the Family Nurse Practitioner program? If yes, submit a copy of your current liability insurance coverage. The limits must be \$1 million/\$6 million or higher. \$2 million/ \$4 million is considered to be "higher" and is acceptable.



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CONFIDENTIAL

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ENTRANCE PHYSICAL EXAMINATION REPORT

An entrance physical examination is required for every student in the nursing program as a means of ascertaining the student's health status. This must be completed before the student enters the nursing program.

The physician or nurse practitioner is requested to review and validate the student's health history. The physical examination is expected to support the statement signed below and include, at least, an assessment of heart, lungs, back, eyes, and ears.

Student's Name: _____
(typed or printed)

Date of Examination: _____

The above named student is enrolled in the nursing program and will be caring for client in homes, hospitals, offices and other institutions.

I have reviewed the patient's history and have performed a physical examination and find that this student: (check one)

_____ is in good health and has no condition (physical, mental, emotional) which limits his/her functioning in the nursing program.

_____ is unable to perform the required duties safely in the nursing program.

Explanation: _____

Signature of Examiner: _____

Examiner's Name: _____
(typed or printed)

California License Number: _____

Examiner's Address: _____

Examiner's Telephone: _____



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EMERGENCY CONTACT FORM

Date:	ID Number:	Date Entered Program:
Last Name:	First:	Middle:
Address:	City:	Zip Code:
Tel. Home:	Cell:	Work:
Date of Birth:	E-Mail:	Your Advisor:

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name:	Relationship:	
Address:	City:	Zip Code:
Tel. Home:	Work:	Cell:

OPTIONAL

The following information will allow the School of Nursing to gather data regarding the students we serve in terms of gender, veteran status, disability, and ethnicity. Check correct responses/answer questions:

Male Female Veteran

1) American Indian/Alaskan Native 2) Asian 3) Black or African-American

4) Hispanic/Latino 5) Native Hawaiian/Other Pacific Islander 6) White

Status: Single Married Separated/Divorced Widowed Co-Habiting

Number of dependents: _____

Do you have healthcare related work experience? Yes No

Number of hours of work per week: _____ Number of hours volunteering per week: _____

Commute distance to school in miles (one way): _____

School status: Full time (6.1 units or more) Part time (up to 6.0 units)

Using the definition below, I qualify as a low-income student based on my family size and current income:
 Yes No

Size of Family * <i>* Includes only dependents listed on federal income tax forms.</i>	Income Level ** <i>** Adjusted gross income for previous calendar year rounded off to \$100.</i>
1	\$17,960
2	\$24,240
3	\$30,520
4	\$36,800
5	\$43,080
6	\$49,360



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Annual Tuberculosis Symptom Review

This form must be completed by students with a history of positive TB skin test.
The information requested below is designed to protect the health of our students and the patients they
serve. All responses will remain confidential. If your answers suggest that further evaluation is needed,
you will be asked to see a provider for appropriate medical follow-up.

Name / Date of Birth / SF State ID Number
Program /Level / Email Address / Cell Phone / Home Phone

TB History
Date of Positive Skin test: _____ Size in millimeters _____
Date of Last Negative Skin Test: _____
Did you take INH? [] Yes (Please indicate dates) _____
[] No (Please schedule an appointment with the Clinical Placement Coordinator.)

- 1. Were you born in the United States? [] Yes [] No
If no, where were you born? _____
2. Have you ever received BCG (TB vaccine)? [] Yes [] No
If yes, when? _____
3. Have you had a chest x-ray in the past? [] Yes [] No
If yes, when? _____

In the PAST 12 MONTHS:

- 4. Have any of your family or friends been diagnosed with active tuberculosis? [] Yes [] No
5. Have you entered a TB isolation room? [] Yes [] No
6. Have you had an exposure to a known case of TB? [] Yes [] No
7. Have you traveled or lived outside the United States? [] Yes [] No
If yes, where? _____
8. Have you had a cough that lasted longer than 3 weeks? [] Yes [] No
9. Have you coughed up any blood? [] Yes [] No
10. Have you experienced night sweats? [] Yes [] No
11. Are losing weight without trying to do so? [] Yes [] No
12. Has there been a significant decrease in your level of energy (not due to school or work load)? [] Yes [] No

By signing this form, you declare and certify that the answers provided are true and correct.

Student Signature / Date

Note: SF State School of Nursing will review and
approve.