BSN Student Checklist – SPRING 2019

USE THIS CHECKLIST TO KEEP TRACK OF ITEMS THAT NEED YOUR ATTENTION

☐ Return the Acceptance form to the UAB School of Nursing by November 7, 2018 at noon.

☐ Download the spring 2019 BSN Admission Packet from the School of Nursing website: http://www.uab.edu/nursing/home/nursing-quicklinks/catalogs

☐ Attend the spring 2019 BSN Information Session, Friday, November 16, 2018 1:00 pm to 5:00 pm, on the UAB campus in the Nursing Building, room 1054.

☐ Complete a School of Nursing acceptable CPR Certification by January 4, 2019.

☐ New UAB transfer students (without a Bachelor’s Degree) must sign up and attend a UAB Transfer Student Orientation. The UAB Transfer Orientation must be completed before January 2, 2019.

☐ Begin the process of Medical Clearance. Begin locating your Immunization records immediately. You will receive more information about the immunizations required at the BSN Information Session in November.

☐ Order Uniforms at Information Session on November 16, 2018. We highly recommend you order the uniforms at the BSN Information Session in November.

☐ Order Equipment (Clicker, Stethoscope, Lab Kit). The online admission packet has information on required equipment and additional information will be provided at the BSN Information Session in November.

☐ Complete the Background Check and Drug Screen when instructed to do so in late November. Additional information is included in the online admission packet, and questions will be addressed at the Information Session in November.

☐ Register for spring 2019 courses. Your spring class schedule will be provided at the November Information Session, but class times will not be assigned until the first week of classes in January. You will register yourself in nursing courses for spring semester after you attend the November BSN Information session and you resolve all of the School of Nursing holds on our account.

☐ Resolve all financial, administrative, or academic holds. You cannot register for spring nursing classes until all your holds have been resolved.

☐ Send final official transcripts to the UAB Office of Undergraduate Admission by Thursday, December 20, 2018. Please do not send official transcripts to the School of Nursing.

☐ Have final grades emails sent for classes taken outside of UAB only if an official transcript is not available by December 20, 2018. Have them sent to Ms. Gail M. Holmes (gmholmes@uab.edu), by December 20, 2018.

☐ Attend the Mandatory BSN Orientation on Thursday, January 3 & Friday, January 4, 2019
  Thursday, January 3, 2019, 8:30 am – 5:00 pm, UAB Nursing Building, room 1050.
  Friday, January 4, 2019, 8:30 am – 1:00 pm, UAB Lister Hill Library Testing Center.
  Attendance is mandatory and attire is business casual unless otherwise indicated.
UAB School of Nursing
CPR Certification Requirements

The UAB School of Nursing requires all students admitted to the BSN program to be CPR certified before classes begin. There are three CPR certifications approved by the School of Nursing. Please select one of the approved CPR certifications listed below. We recommend you earn your CPR certification as soon as possible.

**Complete one of the approved CPR certifications**

1. American Heart Assn—BLS Provider
2. American Red Cross—Basic Life Support for Healthcare Providers (BLS CPR/AED)
3. American Red Cross—CPR/AED for Professional Rescuers and Healthcare Providers

*Online CPR courses are only acceptable if there is an accompanying ‘classroom component’ where hands-on skills are performed.

The following CPR certifications are not approved for BSN students in the UAB School of Nursing.

1. American Red Cross - Adult & Pediatric First Aid/CPR/AED – not approved
2. American Heart Assn - Heartsaver CPR AED – not approved
3. American Red Cross - Life Guard Training w/CPR certification – not approved
4. Any CPR course that is completely online – not approved

The UAB School of Nursing will be offering CPR courses to our new BSN students. Date and location information will be sent to you via email and provided at the Information session in November.

If you have questions about approved CPR certifications, please email or call Patricia Burgett for clarification, burgett@uab.edu or 205-996-7130.
Dear Student,

Congratulations on your admission to the BSN program! I look forward to seeing you at the Information Session planned for Friday, November 16, 2018. Below is a list of items you need to address. All of this information will be discussed at the Information Session.

**Student Uniform Required components**

1. **Scrubs** – Students must order uniforms from LeJoy Uniforms at the Information Session planned for Friday, November 16, 2018. You will try on uniforms in a group setting at the Information Session, so please plan your attire (including undergarments), accordingly. It takes 4-6 weeks to get the uniforms after they are ordered so make sure you bring a check, cash, or a credit card with you to the Information Session. **Approximate cost for the uniforms is $175.00, depending on what you purchase.**

2. **School of Nursing Polo Shirt** – You are required to order a green SON polo shirt as an alternative uniform from LeJoy Uniforms. Sample polo shirts will be available at the Information session to determine sizing.

3. **Shoes** – Students must have shoes for clinicals that meet the UAB SON dress code. White leather or vinyl shoes are required for the uniform (scrubs) and solid, leather or vinyl black or brown shoes for the alternative uniform (polo). The UAB SON dress code can be found at [http://www.uab.edu/nursing/home/nursing-quicklinks/catalogs](http://www.uab.edu/nursing/home/nursing-quicklinks/catalogs). Additional questions regarding the required uniform should be directed to Dr. Kate Parris parris67@uab.edu.

**Required Supplies and Approximate Costs**

1. **Classroom Response System** – These are commonly known as a “Clicker” and can be purchased from the UAB Bookstore for approximately $40.00.

2. **Skills Kit Supplies** – Students must purchase skills kit supplies. This one-time, nonrefundable purchase covers the lab equipment and supplies throughout your time in the BSN program. The supplies will be available for purchase in January. Specific days and times will be provided at the Information Session in November. The approximate cost of the Skills Kit Supplies is $225.00. Please direct questions about the skills kits to Dr. Penni Watts, piwatts@uab.edu.

3. **Stethoscope** – Information on the type of stethoscope required will be sent to you by email, and it will be covered at the information session November 16, 2018. Questions about stethoscopes should be directed to Dr. Penni Watts, piwatts@uab.edu.

On behalf of the Office of Student Success, welcome to the School of Nursing.

Sincerely,
Ms. Gail M. Holmes, MEd
Office of Student Success
UAB School of Nursing
UAB School of Nursing Spring 2019 BSN
Background Check & Drug Screen Information

After you attend the Information session in mid-November, you will receive an email (sent to your UAB email address) requesting you complete a Background Check. The email will come from results@es2.com, Employment Screening Services (ESS). Approximately 24 hours after you order and pay for your Background Check, you will receive an email from OTSWEBAPP@Lacorps.com, LabCorp. The email will contain your registration number to complete your Drug Screening.

**The Deadline to complete both the Background check and the Drug Screening is 10 business days from the date of the first background check email you are sent.**

**I recommend you order and pay for your background check within 3 days of receiving the email from results@es2.com.**

Please remember your UAB email account is one of the official forms of communication for UAB. If your UAB email account is forwarded to another email account, please be aware that important emails may be filtered into your junk, spam, or other folder. You are responsible for checking your UAB email and any correspondence missed because you forwarded your UAB email to a different email account (yahoo, Gmail, etc.) does not excuse you from complying with these requirements.

**Missing these important deadlines may jeopardize your seat in the program. The School of Nursing may rescind your admission offer for the spring 2019 BSN program if you fail to comply with these requirements. Please be diligent, and complete the background check and drug screening requirements in a timely fashion.**
Students beginning the BSN program at UAB must upload a number of medical records in the UAB Student Health and Wellness patient portal, before they can be medically cleared to register in nursing classes.

You are required to satisfy the Level 3 Immunization requirements for clinical students. We have provided information on the Immunizations requirements for Level 3 compliance in this packet. Please begin locating your medical records now to help determine if you need to initiate immunizations to comply with our program requirements. Copies of the Health History form and the UAB Physical Exam form are included in your packet for your convenience.

All immunization records and forms must be uploaded in the patient portal on the UAB Student Health and Wellness website. If you have questions about what documentation is required, please submit your questions to the UAB Student Health and Wellness Office while you are logged into their Patient Portal.
# Immunization Requirements

## Clinical Students

- **MMR** *(Measles, Mumps, Rubella)*
- **Tdap** *(Tetanus, Diphtheria, Acellular Pertussis)*
- **Hepatitis B Series**
- **Varicella** *(Chickenpox)*
- **Meningococcal**
- **TB Screening**
- **Physical Exam**

## MEETING THESE REQUIREMENTS

### MMR *(Measles, Mumps, Rubella)*

All students born in the U.S. after 1/1/1957 must satisfy this requirement, either by official documentation of full vaccine series against each of the three diseases or laboratory evidence of immunity to all 3 diseases.

**How to meet this requirement:**
- Two doses of MMR vaccine given at least 28 days apart with the first dose given after 12 months of age.
- Two doses of each vaccine component (e.g., 2 doses of measles, 2 mumps, 1 rubella).
- Laboratory Evidence of immunity to all three diseases (antibody blood titers).
- If Rubella laboratory titers are non-immune, 1 repeat vaccination must be given.
- If Measles or Mumps laboratory titers are non-immune, 2 repeat vaccinations must be given.

*All students born in the U.S. prior to January 1, 1957 are exempt from this requirement*

### Tdap *(Tetanus, Diphtheria, Acellular Pertussis)*

All students 11-64 must have had one dose of Tdap. If the Tdap is more than 10 years ago and the student was less than 19 when they received the previous Tdap, a Tdap is required. If the student received a Tdap after 19 and 10 years have passed, we recommend a Tdap but will accept a Td Booster. In the absence of proof of immunization, Tdap can be administered regardless of interval since the last Tdap or Td.

### Hepatitis B Series

All students must have a series of three Hepatitis B vaccinations, and a post-vaccine surface antibody titer (to demonstrate immunity) at minimum 1 month after 3rd vaccine dose. Hepatitis B titer has no year limit.

**Hep B Surface Antibody (Titer)**
- If HepB Surface antibody is **reactive**, no additional vaccines are required.
- If HepB Surface antibody is non-reactive, a repeat of the 3 vaccines series and titer series is required.
- If repeat Hep B surface antibody is **reactive**, no additional vaccines are required.
- If repeat Hep B surface antibody is **non-reactive**, Hepatitis B surface antigen is required to rule out acute or chronic Hepatitis B infection.

**Hep B Surface Antigen**
- If Hep B surface antigen is **positive**, appropriate counseling and recommendation to seek medical evaluation will be made.
- If Hep B surface antigen is **negative**, you will be considered a **non-responder** and will be counseled regarding additional precautions.
Varicella (Chickenpox/Shingles)
All students born in the U.S. after 1/1/1980 must satisfy this requirement, either by documented history of Varicella or Herpes Zoster (Shingles), a positive Varicella antibody (VSVIgG) titer, or two doses of Varicella vaccines. History of Varicella (chickenpox or shingles) must be documented by healthcare provider and must include date of disease.

VZV IgG (Titer)
- If VZV IgG positive, no additional vaccines required.
- If VZV IgG negative or equivocal, 2 additional vaccinations are required.
- Titer is NOT necessary after vaccine

Varicella Vaccine
- Two doses of Varicella vaccine, given at least 28 days apart.

Meningococcal
All students 21 and younger must provide proof of an immunization against meningitis (Menactra, Menveo, or Mennomune) given any time after the 16th birthday, even if a vaccine dose was given at a younger age.

All students 22 and older are exempt from this requirement.

TB Screening
All TB Testing (skin, blood, Chest X-Ray) MUST BE PERFORMED IN THE U.S.
If no history of positive Tb Skin Test, two separate skin tests or one IGRA Blood Test (Quantiferon/T-Spot) performed in the U.S. are required.

2 Step TB Skin Test (2 Separate Skin Test) - All Skin Test must be read within 48-72 hours of placement.
- Initial skin test within 12 months prior to start date is acceptable.
- Second skin test must be within 3 months prior to start date.
  Tb skin tests must be placed at least 1 week apart.
- If positive skin test, IGRA Blood Test required.

IGRA Blood Test
- IGRA Blood test must be within 3 months prior to start date
  - Negative IGRA—no additional testing required.
  - Positive IGRA—See below

IGRA result is positive, a Chest X-Ray is required.
- If Chest X-Ray result is negative, no additional testing is required. Students must then complete annual High Risk TB Questionnaire and Annual Chest X-Ray.
- If Chest X-Ray result is positive for TB, proof of initiation of appropriate therapy is required, and the student will not be allowed on campus until cleared by the Jefferson County Department of Health and UAB Student Health Services.

History of Positive Skin Test and IGRA
- If students have documented positive Skin Tests and IGRA, Chest X-Ray within 3 months prior to start and UAB High Risk TB Questionnaire is required.
- Students will have an Annual Chest X-Ray and UAB High Risk TB Questionnaire requirement.
- If a student has completed treatment for TB and has sufficient documentation of completion, one clear Chest X-Ray performed in the United States within the past 2 years is required. Students will then have an Annual UAB High Risk TB Questionnaire requirement only.

Physical Exam
All Students must have a physical exam recorded on the UAB Physical Exam form. All portions of the form (including eye acuity) must be complete and signed (and stamp if stamp is available) by a licensed provider and the facility address and contact information.
UAB Student Health & Wellness Immunization Form

Clinical Domestic Students

NAME: __________________________________________________________ DATE OF BIRTH: (mm/dd/yyyy): _______________

ADDRESS: __________________________________________________________________________ PHONE: _________________________

PROGRAM OF STUDY: __________________________________________________ BLAZERID: ____________________@UAB.EDU

IMMUNIZATION HISTORY MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

*Copies of your original immunization records are acceptable in place of this form. Please submit completed form or
immunization records directly to your UAB SH&W Patient Portal.

1. MMR- Measles, Mumps, and Rubella: All students must satisfy this requirement, either by two vaccine doses against each of the
three diseases or laboratory evidence of immunity to all three diseases.

   EITHER

   Two doses of MMR vaccine:
   Date: _____/_____/_____          Date: _____/_____/_____ 

   OR

   Two doses of each vaccine component:
   Measles          Date: _____/_____/_____          Date: _____/_____/_____ 
   Mumps           Date: _____/_____/_____          Date: _____/_____/_____ 
   Rubella         Date: _____/_____/_____          Date: _____/_____/_____ 

   Laboratory evidence of immunity to all three diseases:
   Measles          Date: _____/_____/_____          Result: _______________
   Mumps           Date: _____/_____/_____          Result: _______________
   Rubella         Date: _____/_____/_____          Result: _______________

*If any laboratory titers are non-immune, 2 repeat vaccines are required. Date: _____/_____/_____ Date: _____/_____/_____ 

2. Tdap- Tetanus, Diphtheria, Acellular Pertussis: All students must have had one dose of the adult Tdap given 2006 or later. If the
last adult Tdap is greater than 10 years old, a Td booster is required.

   Tdap Date: _____/_____/_____ 
   Td Date: _____/_____/_____ 

3. Hepatitis B Series: All students must have a series of three Hepatitis B vaccinations (initial dose, dose two at 1 month, dose
three at 6 months). A post-vaccine surface antibody titer (to demonstrate immunity) is required one month after 3rd vaccine
dose.

   Dose 1 Date: _____/_____/_____  Dose 2 Date: _____/_____/_____  Dose 3 Date: _____/_____/_____ 
   Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____ Date: _____/_____/_____ 

*If Hep B surface antibody is non-reactive, repeat series and post-vaccine surface antibody titer are required.

   Dose 1 Date: _____/_____/_____  Dose 2 Date: _____/_____/_____  Dose 3 Date: _____/_____/_____ 
   Hep B surface antibody titer: Reactive: _____ Non-Reactive: _____ Date: _____/_____/_____ 

*If repeat Hep B surface antibody is non-reactive, Hep B surface antigen is required to rule out acute or chronic Hep B infection.

   Hep B surface antigen titer: Positive: _____ Negative: _____ Date: _____/_____/_____ 

**If Hep B surface antigen is positive, visit with SH&W provider is required for additional testing. If negative, student will be
considered a non-responder.

4. Varicella (chickenpox or shingles): All students must have documented history of Varicella, a positive Varicella antibody titer, or
two doses of Varicella vaccines given at least 28 days apart.

   EITHER

   History of Varicella (chickenpox or shingles): Yes: _____ No: _____ Date: _____/_____/_____ 

   OR
Varicella antibody titer
Positive: _____ Negative: _____ Date: _____/_____/

OR
Varicella vaccination Dose 1: _____/_____/
Dose 2: _____/_____/
*If Varicella antibody titer is negative or equivocal, two repeat vaccinations are required.
Varicella vaccination Dose 1: _____/_____/
Dose 2: _____/_____/

5. **Meningococcal**: All students 21 and younger are required to show documentation of a meningitis vaccine given on/after their 16th birthday. Students age 22 and older are exempt. Date: _____/_____/

6. **Tuberculosis**: All clinical students must meet UAB’s Tuberculosis screening requirement. If no history of positive Tb skin test, two separate skin tests or one IGRA blood test are required upon matriculation. Skin tests must be placed at least one week apart.

**Either**

a. **Tuberculin Skin Test (PPD) within 12 months prior to matriculation:**
   Date Placed: _____/_____/
   Date Read: _____/_____/
   Result (mm): ________ Positive: _____ Negative: _____

b. **Tuberculin Skin Test (PPD) within 3 months prior to matriculation:**
   Date Placed: _____/_____/
   Date Read: _____/_____/
   Result (mm): ________ Positive: _____ Negative: _____

OR

a. **IGRA (Tspot or Quantiferon TB Gold) blood test and UAB TB Questionnaire within 3 months prior to matriculation:**
   Date: _____/_____/
   Positive: _____ Negative: _____

b. **UAB TB Questionnaire**

*If positive skin test or IGRA result, Chest X-Ray within 3 months prior to matriculation and UAB TB Questionnaire required.

  a. Chest X-Ray Date: _____/_____/
     Normal: _____ Abnormal: _____ (*Please attach results)
  b. UAB High Risk TB Questionnaire
  c. Have you been treated with anti-tubercular drugs? Yes: _____ No: _____

If yes, type of treatment: _________________________ Length of Treatment: _________________________ *Please attach supporting documentation.

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**Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:**

Verified by: ___________________________________________ Title: __________________________________________

Address: ______________________________________________________________________________________

Phone: __________________________________________

Signature: ___________________________________________ Date: _____/_____/

Office Stamp (if Available):
Please save this form and upload it to your patient portal for your medical clearance.

Entering Semester: ☐ Fall ☐ Spring ☐ Summer ● Year_____ ● UAB Student No. ___B____________

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<tr>
<th>General Information</th>
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<tbody>
<tr>
<td>Full Name: ___________________________ Gender: ☐ Male ☐ Female</td>
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<td>Last</td>
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<td>Date of Birth:</td>
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<td>School: _____________________________ Program or Major Code: ____________________</td>
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<td>Current Email address: ___________________________ Blazer ID: ________________</td>
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<td>Are you an International Student or Scholar? ☐ Yes ☐ No If Yes, which country? ____________________________</td>
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<td>Telephone number: ___________________ __________________ Height: _______ Weight: _______</td>
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<tr>
<td>Local Address: _____________________________________________________________</td>
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<td>Permanent Address ____________________________________________________________</td>
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<tr>
<td>Primary emergency contact: ______________ Telephone number: ______________ Relationship: __________</td>
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<td>Secondary emergency contact: ______________ Telephone number: ______________ Relationship: __________</td>
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| Personal Health History |

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<tr>
<th>Medical Conditions</th>
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<tr>
<td>Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.</td>
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<td>Name</td>
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<th>Medications</th>
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<td>Please list prescription, non-prescription, vitamins, birth control, etc.</td>
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<td>Name</td>
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<th>Food/Medicine Allergies</th>
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<td>Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.</td>
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<td>Name</td>
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## Family & Personal Health History (to be completed by the student)

### Has any person, related by blood, had any of the following?

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<tr>
<th>Yes</th>
<th>No</th>
<th>Relationship</th>
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<td></td>
<td></td>
<td>High Blood Pressure</td>
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<td>Stroke</td>
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<td>Cancer</td>
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<td>Heart attack before age 55</td>
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<td>Diabetes</td>
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<td>Glaucoma</td>
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<tr>
<th>Yes</th>
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<th>Relationship</th>
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<td>Cholesterol or blood fat disorder</td>
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<td>Blood clotting disorder</td>
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<td>Psychiatric</td>
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<td>Suicide</td>
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<td>Alcohol/drug problems</td>
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### Have ever had or now have: (please check at right of each item and if yes, indicate year of first occurrence)

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<th>Yes</th>
<th>No</th>
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<td>High Blood Pressure</td>
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<td>Rheumatic fever</td>
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<td>Heart trouble</td>
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<td>Pain/pressure in chest</td>
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<td>Shortness of breath</td>
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<td>Asthma</td>
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<td>Pneumonia</td>
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<td>Chronic cough</td>
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<td>Tuberculosis</td>
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<td>Tumor/cancer (specify)</td>
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<td>Malaria</td>
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<td>Thyroid trouble</td>
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<td>Serious skin disease</td>
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<td>Hearing loss</td>
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<td>Sexually transmitted disease</td>
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<td>Severe menstrual cramps</td>
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<td>Irregular periods</td>
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<td>Frequent vomiting</td>
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<td>Gall bladder or gallstones</td>
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<td>Jaundice or Hepatitis</td>
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<td>Rectal disease</td>
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<td>Severe/recurrent abdominal pain</td>
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<td>Sinusitis</td>
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<td>Hernia</td>
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<td>Chicken pox</td>
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<td>Anemia/Sickle Cell Anemia</td>
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<td>Eye trouble besides glasses</td>
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<td>Bone, joint, other deformity</td>
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<td>Shoulder dislocation</td>
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<td>Knee problems</td>
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<td>Recurrent back pain</td>
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<td>Neck injury</td>
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<td>Diabetes</td>
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</tr>
</tbody>
</table>

### Mental Health History

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mononucleosis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hay fever</td>
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<tr>
<td></td>
<td></td>
<td>Head/neck radiation</td>
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<tr>
<td></td>
<td></td>
<td>Arthritis</td>
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<tr>
<td></td>
<td></td>
<td>Concussion</td>
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<tr>
<td></td>
<td></td>
<td>Frequent/severe headache</td>
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<tr>
<td></td>
<td></td>
<td>Dizziness/fainting spells</td>
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<tr>
<td></td>
<td></td>
<td>Severe head injury</td>
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<tr>
<td></td>
<td></td>
<td>Paralysis</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Epilepsy/seizures</td>
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<tr>
<td></td>
<td></td>
<td>Blood transfusion</td>
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<td></td>
<td></td>
<td>Protein in blood or urine</td>
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<tr>
<td></td>
<td></td>
<td>Ulcer (duodenal/stomach)</td>
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<tr>
<td></td>
<td></td>
<td>Intestinal trouble</td>
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<tr>
<td></td>
<td></td>
<td>Pilonidal cyst</td>
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<tr>
<td></td>
<td></td>
<td>Allergy injection therapy</td>
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<tr>
<td></td>
<td></td>
<td>Back injury</td>
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<tr>
<td></td>
<td></td>
<td>Broken bones</td>
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<tr>
<td></td>
<td></td>
<td>Kidney infection</td>
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<tr>
<td></td>
<td></td>
<td>Bladder infection</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Kidney stone</td>
<td></td>
</tr>
</tbody>
</table>

### Substance Use History

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Symptom</th>
<th>Year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Alcohol/drug problem</td>
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<tr>
<td></td>
<td></td>
<td>Smoke 1+ pack cigs/week</td>
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</tbody>
</table>

### Relationship

- Yes
- No
UAB SH&W PHYSICAL EXAMINATION *(Please print in black ink)* To be completed and signed by physician or clinician. A physical examination is required for all clinical students within 1 year prior to matriculation.

You may schedule a physical exam at Student Health & Wellness if you do not have a physician. Schedule an appointment through your patient portal or call 205-934-3580 and ask our receptionist for details.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th><a href="mailto:BlazerID@uab.edu">BlazerID@uab.edu</a></th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone Number</th>
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<tbody>
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</table>

Height __________ Weight __________ TPR _____/_____/____ BP _____/_____ REQUIRED

Vision: Corrected Right 20/_____ Left 20/_____ Uncorrected Right 20/_____ Left 20/_____ Color Vision _________________________________

Are there abnormalities? If so, describe full

<table>
<thead>
<tr>
<th>WNL</th>
<th>ABN</th>
<th>DESCRIPTION (attach additional sheets if necessary)</th>
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<tbody>
<tr>
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</tbody>
</table>

1. Head, Ears, Nose, Throat
2. Eyes
3. Respiratory
4. Cardiovascular
5. Gastrointestinal
6. Musculoskeletal
7. Metabolic/Endocrine
8. Neuropsychiatric
9. Skin
Other

A. Is there loss or seriously impaired function of any organs? _____No _____Yes
Explain ____________________________________________________________

B. Recommendation for physical activity (physical education, intramurals, etc.) _____Unlimited _____Limited
Explain ____________________________________________________________

Signature of Physician/Physician Assistant/Nurse Practitioner Date
Print Name of Physician/Physician Assistant/Nurse Practitioner Date

Office Address/Stamp *(Required)* Area Code/Phone Number
Nursing education requires the acquisition of academic knowledge, clinical and specialized communication skills as well as professional attitudes and behaviors. All pre-licensure degrees certify that the student has acquired the broad base of knowledge and skills required for entry into professional nursing practice. This foundational education includes both academic and professional nursing courses that provide a base for clinical competence and informed judgements about health and patient care in a variety of settings. Since the treatment of patients is an essential part of the educational program, the University of Alabama at Birmingham School of Nursing (UABSON) must act to protect the health and safety of patients.

Candidates for any pre-licensure degree must have skills and abilities in ten core performance standards with or without reasonable accommodations. These ten standards include, but are not limited to, the following skills and abilities (bulleted examples included, not all-inclusive):

1. **Critical Thinking**: Critical thinking ability sufficient for clinical judgment.
   - Identifies safety issues in clinical situations
   - Identifies cause/effect relationships in clinical situations, develops, evaluates, and revises nursing plan of care as appropriate
   - Has the ability to make safe judgments when planning and implementing all psychomotor nursing prescriptions
   - Manages multiple priorities in stressful situations
   - Responds instantly to emergency situations
   - Exhibits arithmetic competence that would allow the student to read, understand and perform accurate calculations for computing medication dosages and intravenous flow rates

2. **Interpersonal**: Interpersonal abilities sufficient to interact with individuals and groups from diverse backgrounds
   - Establishes appropriate rapport with clients and colleagues
   - Has the ability to work in groups on course activities
   - Maintains therapeutic relationships with clients and colleagues
   - Respects cultural diversity and rights of others
   - Works effectively in small groups as a team member and as a team leader
   - Practices verbal and non-verbal therapeutic communication
   - Recognizes and attempts to resolve adverse events for both clients and colleagues

3. **Communication**: Communication abilities (hearing, speaking, reading, and writing) sufficient for interaction with others in verbal, written, assisted, and electronic form.
   - Writes and speaks English effectively so as to be understood by the general public
   - Has the ability to complete written assignments, participate in classroom discussion/activities, and complete group projects
   - Has the ability to focus in class without making disruptive interruptions
   - Communicates therapeutically with clients, families, and groups in a variety of settings
   - Documents client data and nursing care completely and accurately
   - Provides health teaching information for clients, families, and/or groups based on assessed needs, available resources, age, lifestyle, and cultural considerations
   - Has the ability to use a variety of computer programs and platforms
   - Must be able to give and receive constructive feedback, process feedback, and utilize it to conform behavior to expected professional standards
4. **Physical Mobility:** Physical abilities sufficient to move from room to room and maneuver in small spaces.
   - Able to attend and participate in class
   - Has the ability to push, pull and/or lift a minimum of 30 lbs. of weight
   - Has mobility and stamina sufficient to function for up to a 12-hour clinical experience in various settings
   - Lifts, moves, positions, and transports clients without causing harm to client or self
   - Has the ability to move around client’s room, work spaces and treatment areas, in all clinical settings
   - Has the ability to stoop, bend, squat, and reach overhead as required to deliver care safely in emergent and non-emergent situations
   - Performs cardiopulmonary resuscitation according to recommended procedures and professional standards

5. **Gross and Fine Motor Skills:** Gross and fine motor abilities sufficient to provide safe and effective nursing care
   - Performs physical activities necessary to accomplish nursing skills, including but not limited to: putting on sterile gloves, donning mask and gown, operating a manual and electronic blood pressure cuff, using sterile technique and performing essential client care
   - Performs correct hand washing technique
   - Provides or assists with activities of daily living
   - Administers all routes of medications to maintain client safety
   - Has the ability to use computers and other electronic devices
   - Performs electronic keyboarding/documentation and/or extensive writing
   - Calibrates and uses equipment correctly (e.g. syringes, vials, ampoules, medication packages)
   - Has the gross and fine motor ability to grasp small objects (e.g. IV tubing, syringe, dropper)

6. **Auditory:** Auditory ability sufficient to monitor and assess health needs
   - Has the auditory ability to participate in class lectures and contribute to discussions
   - Hears verbal exchanges among health care personnel and clients
   - Has the auditory ability to monitor alarms, emergency signals, and cries for help
   - Has the auditory ability to hear and distinguish changes in tone and pitch for example when listening to a client’s respirations, cardiac, and abdominal auditory characteristics when using a stethoscope

7. **Visual:** Visual ability sufficient for observation and assessment
   - Has the visual ability to observe audio-visual aids and client, peer, and faculty responses.
   - Has the visual ability to read medical documents; see small calibrations on sphygmomanometers, syringes, and thermometers; observe patient responses to interventions or health problems; and detect color changes
   - Performs nursing skills such as inserting urinary catheters and IV devices, counting respirations, and preparing or administering medications
   - Has the visual ability to discriminate colors, changes in color, size, and contour of body part
   - Has the visual ability to identify, prepare, and administer medications accurately and safely by all routes

8. **Tactile:** Tactile ability sufficient for physical assessment
   - Performs palpation functions correctly for physical examination and therapeutic interventions such as pulses, temperature, texture, firmness, softness, and physical landmarks

9. **Emotional Stability:** Emotional stability sufficient to tolerate rapid and changing conditions and environmental stress
   - Establishes therapeutic interpersonal boundaries
   - Provides clients with emotional support and respect differences in patients, families and other students
   - Complete all responsibilities in the assessment and implementation of nursing care for patients in a timely, safe and effective manner
   - Adapts to stressful situations and changing environments while maintaining professional conduct and standards
   - Have adequate environmental awareness and emotional stability to remain calm and function effectively in multiple, complex settings that may be stressful, noisy and may be potential harmful
• Take responsibility for their own actions
• Poses no threat to self or others
• Performs potentially stressful tasks concurrently

10. **Professional Behavior**: Behave in a respectful, ethical and professional manner with others
• Interacts respectfully with peers, faculty, superiors, clients, and families
• Strives to provide quality client care
• Applies knowledge and clinical reasoning
• Reflects on own behavior and clinical performance with clients; engages in self-evaluations
• Has the ability to interact with peers and colleagues appropriately
• Has the ability to collaborate with clients, families, and others in nursing situations
• Integrates ethical behavior in nursing practice
• Performs activities safely, so as to not injure or harm others or self
• Recognizes that all students represent the nursing profession and must behave accordingly
• Respects and adheres to the policies and procedures of the School of Nursing and clinical agencies

**Application for Accommodation Prior to Matriculation:**

The UAB School of Nursing will provide reasonable accommodations to qualified individuals with approved accommodation(s). In order to request accommodations, students must contact the UAB Office of Disability Support Services and follow the registration process. UABSON faculty collaborate with Disability Support Services (DSS) within the scope of the core performance standards to establish reasonable accommodations. Throughout a student's career, the UABSON will work with the student and DSS to make ensure accommodations are reasonably facilitated and maintains safety for the student and patient.

**Application for Accommodation After Matriculation:**

Students seeking accommodations will be referred to the UAB Office of Disability Support Services. Personnel in the Disability Support Services Office will follow established protocol to determine if the student is eligible for accommodations. Any financial cost for documentation, assessment or evaluation will be the sole responsibility of the student. The Office of Disability Support Services will review the results of the evaluations to determine whether a condition exists, and whether accommodations are necessary. If DSS determines that accommodations are necessary to allow a nursing student to meet the Pre-licensure Core Performance Standards then they will educate students on the process of forwarding those recommendations to the appropriate faculty. The appropriate faculty will work with the student and DSS to determine if there are reasonable accommodations. If reasonable accommodations cannot be made, the student will be informed, if the student is unable to meet the Pre-licensure Core Performance Standards. A nursing student who is dismissed based on inability to meet the Pre-licensure Core Performance Standards of the UABSON will have the right of appeal through the established grievance process used in the UABSON Student Handbook. If the accommodation is approved, the UABSON will work to make sure that the accommodation is reasonably facilitated from that point forward. Retroactive accommodations will not be allowed.
Important Contacts

BSN Program Manager
Gail M. Holmes
gmholmes@uab.edu
205-975-7529
Fax 205-934-5490

Scholarships
Stephanie Hamberger
ssallen@uab.edu
205-934-5483
Fax 205-996-7157

Drug Screen/Background Check,
HIPAA, OSHA, CPR
Patricia Burgett
burgett@uab.edu
205-996-7130
Fax 205-996-7157

Competency Lab Information &
Lab Equipment Requirements
Penni Watts
piwatts@uab.edu

LeJoy Uniforms
Janet Spear
janet@lejoyuniforms.com
205-252-8654

Dental Program Screenings/Waiver
Susie Talley
Swatts66@uab.edu
205-934-5234

VA Nursing Academy
Randy Moore
rlmoore@uab.edu

Immunization and Medical Clearance Questions

The Office of Student Health and Wellness suggests students submit questions about Immunization and Medical Clearance while logged into the Student Health and Wellness Patient Portal.

Visit http://www.uab.edu/students/health/ to access the Patient Portal.