BSN Student Checklist – SPRING 2020

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

☐ Return the Acceptance form to the UAB School of Nursing by **November 6, 2019 at noon.**

☐ Download, print and read the spring 2020 BSN Admission Packet from the School of Nursing website: [https://www.uab.edu/nursing/home/student-resources](https://www.uab.edu/nursing/home/student-resources)

☐ Attend the spring 2020 BSN Information Session, **Friday, November 15, 2019 1:00 pm to 5:00 pm**, on the UAB campus in the Nursing Building, First Floor. Casual/comfortable attire and shoes is recommended (but no sweats).

☐ Complete a School of Nursing acceptable CPR Certification by **January 8, 2020.**

☐ 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 December 17, 2019.**

☐ Begin locating your immunization records immediately. The online packet explains the immunization records required to comply with Level 3 immunizations for clinical students. All immunization records must be upload into the UAB Student Health and Wellness patient portal. Representatives from the Student Health and Wellness Office will address immunization questions at the information session in November.

☐ Order uniforms at the BSN Information Session on **November 15, 2019.** We highly recommend you order the uniforms at the BSN Information Session in November.

☐ Order additional required equipment when instructed (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 or early December. Additional information is included in the online admission packet, and questions will be addressed at the BSN Information Session in November.

☐ Register for spring 2020 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 once you resolve all of the School of Nursing holds on our account. The School of Nursing will place a number of holds on your UAB record prior to November 15.

☐ 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 Admissions by **Thursday, December 19, 2019.** Please do not send final official transcripts to the School of Nursing.

☐ Attend the Mandatory BSN Orientation on **Thursday, January 9 & Friday, January 10, 2020**
  - **Thursday, January 9, 2020, 8:30 am – 5:00 pm,** UAB Nursing Building, First Floor.
  - **Friday, January 10, 2019, 8:30 am – 1:00 pm,** UAB Lister Hill Library Testing Center.
  - Attendance is mandatory and attire is business casual unless otherwise indicated.
The UAB School of Nursing requires all students admitted to the BSN program to be CPR certified by January 8, 2020. 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—Basic Life Support (BLS) for Healthcare Providers
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

If you have questions about approved CPR certifications, please email or call Pat Little for clarification, plittle2@uab.edu or 205-996-7130.
Dear Student,

**Congratulations on your admission to the BSN program!** I look forward to seeing you at the BSN Information Session planned for Friday, November 15, 2019. Below is a list of items you need to purchase in addition to books. All the items will be discussed at the information session in November.

**Student Uniform Required components**

1. **Scrubs** – Students must order uniforms from LeJoy Uniforms at the Information Session planned for Friday, November 15, 2019. 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. **We highly recommend you purchase your uniforms on Friday, November 15, 2019. Approximate cost for the uniforms is $200.00, depending on what you purchase.**

2. **School of Nursing Polo Shirt** – You are required to order at least one (1) green School of Nursing (SON) polo shirt as an alternative uniform from LeJoy Uniforms. Sample shirts will be available at the information session to determine sizing. Approximate cost of the polo shirts with monogramming is around $35.00.

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). Please direct questions regarding the required uniform to Dr. Katie Parris parris67@uab.edu. Dr. Parris will be at the information session to address uniform and shoe questions.

**Required Supplies and Approximate Costs**

1. **Classroom Response System** – Students may be required to purchase a “clicker” from the UAB Bookstore for approximately $40.00. A phone application compatible with the UAB response system may be available for use as well. The response system ‘options’ will be discussed at the information session. We recommend you do not purchase a ‘clicker’ until after the information session.

2. **Skills Kit Supplies** – Students must purchase skills kit supplies. This one-time, nonrefundable purchase covers the lab equipment and supplies you will use throughout your time in the BSN program. The supplies will be available for purchase on Thursday, January 9, 2020 and Friday, January 17, 2020. The 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 is provided in the online packet, and the topic will be covered at the BSN information session. Stethoscope ordering information is also included in your online packet, but you are not obligated to purchase a stethoscope from Redding Medical. 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.

Ms. Gail M. Holmes, MEd
Office of Student Success
UAB School of Nursing
Welcome to nursing school! We look forward to you spending time in the School of Nursing Competency Labs. Any questions, please contact Penni Watts at piwatts@uab.edu or nursinglab@uab.edu

**PLEASE READ CAREFULLY!**

**Skills Kit Supplies**
- Supplies will be **sold Thursday January 9th and Friday January 17th** (Times and place are TBA). These are **required** for your coursework and will be sold on these dates only. These cannot be purchased used or from former students.
- Cost is **$225 payable by cash, check, money order, cashier’s check to UAB SON.**
- **WE DO NOT ACCEPT DEBIT OR CREDIT CARDS.** If paying with cash, please bring **EXACT CASH**. We will not have change.
  - Please be sure your checks are made out correctly to “UAB SCHOOL OF NURSING”
  - Include your name, blazerid, and cell phone number on the check.
- Please note that this purchase includes MUCH MORE than the initial kit contents. Additional components including intravenous, medication administration, advanced lab supplies and other items will be distributed throughout subsequent semesters. A list of these supplies will be provided at the sale.

**Latex Allergy**
- Students are responsible for providing **physician documentation of any Latex allergies** at least 4 weeks prior to the semester to lab director. Email piwatts@uab.edu for information. If you do not contact us at this time, we may not have the appropriate supplies for you.

**Stethoscopes**
- You are required to have a stethoscope with a **two-sided chest-piece** with a diaphragm on one side and a bell on the other side. If you have one that you can hear well with, then no need to purchase one.
- As a service to students, we work with Redding Medical to provide options for students to purchase stethoscopes. They are delivered here in bulk to the school. **You are under no obligation to purchase from this company!! See the included information sheet.**
- Stethoscopes will be available for pick up at the supply kit sales. For questions related to the ordering process or to see if your order was received call 1-800-733-2796 (Redding Medical).
- Contact Penni Watts at piwatts@uab.edu if you have further questions.
- See the stethoscope order form for ordering information****
<table>
<thead>
<tr>
<th>QTY</th>
<th>Item #</th>
<th>Color:</th>
<th>Description</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>5620</td>
<td>Series</td>
<td></td>
<td><em>Littmann Classic III:</em> Lavender, Turquoise, Lemon-Lime, Black, Burgundy, Breast Cancer Pink,</td>
<td>$82.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Caribbean Blue, Ceil Blue, Gray, Navy, Pearl Pink, Plum - Classic III Stethoscopes include a 5 Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Warranty</td>
<td></td>
</tr>
<tr>
<td>5620</td>
<td>Special</td>
<td></td>
<td>*Littmann Classic III: #5870 Black w/ Rainbow, #5811 Black w/ Smoke, #5812 Dark Olive w/ Smoke,</td>
<td>$92.00</td>
</tr>
<tr>
<td></td>
<td>Finish</td>
<td></td>
<td>#5862 Raspberry w/ Smoke, #5867 Navy w/ Black, #5869 Caribbean w/ Black, #5868 Burgundy w/ Black,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>#5803 Black w/ Black, #5807 Caribbean w/ Rainbow, #5809 Chocolate w/ Copper, #5806 Raspberry w/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rainbow, #5873 Gray w/ Violet Gray Stem w/ Smoke, #5875 Lime Green w/ Blue Stem w/ Smoke, #5872</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Turquoise w/ Pink Stem w/ Smoke</td>
<td></td>
</tr>
<tr>
<td>5620</td>
<td>Mirror</td>
<td></td>
<td>*Littmann Classic III: #5861 Black w/ Champagne, #5865 Lavender w/ Mirror, #5863 Navy w/ Mirror,</td>
<td>$96.00</td>
</tr>
<tr>
<td></td>
<td>Finish</td>
<td></td>
<td>#5862 Raspberry w/ Mirror, #5864 Burgundy w/ Champagne, #5874 Caribbean Blue w/ Orange Stem w/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mirror</td>
<td></td>
</tr>
<tr>
<td>6150</td>
<td></td>
<td></td>
<td>*Littmann Cardiology IV: Black, Breast Cancer Pink, Hunter Green, Navy, Plum, Raspberry -</td>
<td>$160.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cardiology IV Stethoscopes include a 7 Year Warranty</td>
<td></td>
</tr>
<tr>
<td>6150</td>
<td>Special</td>
<td></td>
<td>*Littmann Cardiology IV: #6165 Black w/ Rainbow, #6162 Black w/ Smoke, #6163 Black w/ Black,</td>
<td>$180.00</td>
</tr>
<tr>
<td></td>
<td>Finish</td>
<td></td>
<td>#6178 Raspberry w/ Smoke, #6168 Navy w/ Black, #6166 Plum w/ Smoke, #6164 Black w/ Brass, #6171</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Turquoise w/ Smoke, #6201 Black w/ Blue Stem w/ Black, #6200 Black Tube w/ Red Stem w/ Black,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>#6203 Black w/ Violet Stem w/ Black, #6204 Black w/ Champagne Stem w/ High Polish Smoke, #6202</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Navy Blue w/ Blue Stem w/ High Polish Smoke, #6205 Plum w/ Violet Stem w/ Rainbow</td>
<td></td>
</tr>
<tr>
<td>6150</td>
<td>Mirror</td>
<td></td>
<td>*Littmann Cardiology IV: #6170 Burgundy w/ Mirror, #6169 Caribbean w/ Mirror, #6177 Black w/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Finish</td>
<td></td>
<td>Mirror, #6179 Black w/ Champagne, #6190 Caribbean w/ Champagne, #6176 Burgundy w/ Champagne,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>#6206 Hunter Green w/ Orange Stem w/ Champagne,</td>
<td></td>
</tr>
<tr>
<td>768-11A</td>
<td></td>
<td></td>
<td><em>Blood Pressure Unit:</em> Includes Matching cuff &amp; LARGE Zipper Case: Burgundy, Black, Green,</td>
<td>$30.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grey, Magenta, Navy, Orange, Red, Royal, Teal, Purple</td>
<td></td>
</tr>
<tr>
<td>PK</td>
<td>FREE</td>
<td></td>
<td><em>Parts Kit for every Classic III &amp; Cardiology IV stethoscope purchased</em></td>
<td>$0.00</td>
</tr>
<tr>
<td>LitEd</td>
<td>FREE</td>
<td></td>
<td><em>Littmann Learning Institute App - Free Access Code</em></td>
<td>$0.00</td>
</tr>
<tr>
<td>0035E</td>
<td>Deters</td>
<td></td>
<td><em>OPTIONAL: Laser Engraving of Full Name on tubing of stethoscope:</em></td>
<td>$10.00</td>
</tr>
<tr>
<td>0036E</td>
<td>Deters</td>
<td></td>
<td><em>OPTIONAL: Laser Engraving of Full Name on chestpiece of stethoscope:</em></td>
<td>$10.00</td>
</tr>
<tr>
<td>0039E</td>
<td>Deters</td>
<td></td>
<td><em>OPTIONAL: Laser Engraving of 3 Initials on chestpiece of stethoscope:</em></td>
<td>$3.00</td>
</tr>
</tbody>
</table>

Please place all orders online at  www.reddingmedical.com/uab-bsn

Visa, MasterCard, Discover: 

3 digit code: ____________ Exp. Date: ____________

Name: ___________________________ Phone Number: ______________

Address: _________________________ Email: ____________________

Sub-Total: $ _______  
Shipping $ _______ FREE  
Total $ _______
UAB School of Nursing spring 2020 BSN
Background Check & Drug Screen Information

All BSN students in the School of Nursing are required to consent to and pay for a criminal background check and urine drug screening at least once per year. You will receive an email in late November or early December (sent to your UAB.EDU email address) requesting you to 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. We will tell you the exact date the background check email will be sent out at the information session in November.

**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 2020 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.**
Immunization Requirements for the UAB BSN program

Before you register in nursing courses for spring semester, you must upload a number of medical records in the UAB Student Health and Wellness patient portal.

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 online packet. Please begin locating your medical records immediately 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 online packet for your convenience. The forms are also available on the Student Health and Wellness website.

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.
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: _____/_____/_____

   OR

   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.

---

**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____

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Name:</strong> __________________________</td>
</tr>
<tr>
<td>Last  First  MI</td>
</tr>
<tr>
<td><strong>Date of Birth:</strong>  Month: ___________  Day: ______  Year: ______________</td>
</tr>
<tr>
<td><strong>School:</strong> __________________________</td>
</tr>
<tr>
<td>CAS, Med, Dent, SHP, Nurs. etc.</td>
</tr>
<tr>
<td><strong>Current Email address:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Are you an International Student or Scholar?</strong> ☐ Yes  ☐ No</td>
</tr>
<tr>
<td><strong>Telephone number:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Home</strong>  <strong>Cell</strong></td>
</tr>
<tr>
<td><strong>Local Address:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Permanent Address:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Primary emergency contact:</strong> __________________________</td>
</tr>
<tr>
<td><strong>Secondary emergency contact:</strong> __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Health History</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Conditions</strong></td>
</tr>
<tr>
<td>Please list any surgeries, asthma, diabetes, ADHD, injuries, hospitalizations, etc.</td>
</tr>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Medications</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list prescription, non-prescription, vitamins, birth control, etc.</td>
</tr>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Food/Medicine Allergies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please list penicillin, codeine, insect bites, antibiotics, specific food or chemical, etc.</td>
</tr>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

### Mental Health History

- Sleep problems
- Self-injurious Behavior
- Depression/bipolar
- Anxiety/panic
- LD/ADD/ADHD
- Eating Disorder
- Obsessive compulsive
- Self-induced vomiting

### Substance Use History

- Alcohol/drug problem
- Smoke 1+ pack cigs/week
**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>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Area Code/Phone Number</th>
</tr>
</thead>
</table>

Height __________   Weight ___________   TPR _____/_____/_____   BP _____/_____   

**REQUIRED**

Vision: Corrected   Right 20/_____ Left 20/_____

Uncorrected   Right 20/____ Left 20/_____  

Color Vision _________________________________

<table>
<thead>
<tr>
<th>Are there abnormalities? If so, describe full</th>
<th>WNL</th>
<th>ABN</th>
<th>DESCRIPTION (attach additional sheets if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Metabolic/Endocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Background Check/Drug Screening, CPR, HIPAA, or OSHA
Pat Little
plittle2@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

Student Dental Program or Waiver
Kim Ransom
kransom@uab.edu
205-934-5234

VA Nursing Academy
Randy Moore
rlmoore@uab.edu

Immunization Questions?

If you have questions about what immunizations are required or what immunization documents to submit, please submit your questions to the Student Health and Wellness Office while logged into the Student Health and Wellness Patient Portal.

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