

South Georgia State College School of Nursing Annual Health Information Packet

It is the responsibility of each student to complete the following Health Information Packet and have it uploaded to Medwise the first day of class. See attachment regarding instructions on uploading into Medwise. Always maintain the original documents in your personal file. Each student is responsible for the cost of the clinical agency requirements. SGSC clinical agencies have the right to deny placement to any student. Students with criminal findings on the background check and/or a positive drug screen who are denied clinical placement will not be able to complete the nursing program, therefore, they will be withdrawn from the program. Due to HIPAA and privacy concerns, the SGSC SON faculty and staff cannot provide health care related information and advice related to your results. Please contact the health department or see your health care provider.

1. Physical Examination

Please have the physical exam completed by a health care provider on the attached form. No other physical exam form will be accepted. See Attached Form.

2. PSI Background Check and UDS

Required Criminal Background Check and Urine Drug Screen. Clinical Agencies will review your results and accept or deny you clinical learning experiences based on the results. No other background check or urine drug screen results will be accepted. UDS positive for prescription medications will be reviewed by the Medical Review Officer and they will contact you for Rx verification.

Professional Screening & Information, Inc.

P.O. Box 644, Rome, Georgia 30162, www.psibackgroundcheck.com (706) 235-7574

See Attached Form.

3. CPR Certification:

A current Adult, Child and Infant CPR card is required the first day of class. (American Red Cross or American Heart Association). Online CPR courses without the skills competency checkoff's are not acceptable. Please provide a copy of the front and back of the card.

4. Proof of Personal Health Insurance

Please provide a copy of your current health insurance card (front & back). Nursing students are responsible for all medical expenses associated with accidents, needlesticks, blood and body fluid exposures, and must follow the clinical agency policy for exposures. Acceptable types of insurance include group health insurance, medicare and Medicaid.

5. Seasonal Flu Vaccine is not required until Fall Semester. Instructions will be provided during Fall Semester when the new seasonal vaccine is produced.

6. COVID Vaccination: Documentation of completed COVID vaccine series or exemption maybe required per agency policy.

**South Georgia State College
School of Nursing
Annual Physical Examination Form**

This physical examination is to be completed by a Physician, a Physician Assistant or an Advanced Practice Registered Nurse. This is an annual requirement and will be at the expense of the applicant.

Name: _____
 Last First Middle Maiden

Address: _____
 Street City State Zip code

Primary Health Care Provider:

Name Address Phone Number

Allergies: _____

Height: _____ Weight: _____

Temperature: _____ Pulse: _____ Respirations: _____ Blood Pressure: _____

Vision Screening with Glasses/Contacts

Corrected Right: _____ Left: _____ Both: _____

Do you wear Hearing Aids: _____ Prosthesis: _____

Assistive Devices: _____

List Medications (Prescription and Over the Counter):

Physical Examination

Mental Status _____

Eyes _____

Ears _____

Nose _____

Mouth _____ Teeth _____

Throat _____

Skin _____

Hair _____ Nails _____

Chest _____ Breasts _____

Heart _____

Lungs _____

Abdomen _____

Gastrointestinal _____

Genitourinary _____

Musculoskeletal _____

Neurological _____

Comments _____

Examiner Signature _____ Address _____ Date _____

Immunizations of Requirement for South Georgia State College School of Nursing

Name: _____ SGSC Student ID: _____ Date of Birth: _____ Cell Phone: _____

CERTIFICATE OF IMMUNIZATIONS

As evidenced by Report Georgia Immunization Registry (GRITS)

The immunizations cost, blood titers and testing are the responsibility of the student. This information is required ANNUALLY the first day of class for clinical agency placement.

REQUIRED IMMUNIZATIONS	REQUIREMENT (MM/DD/YYYY)	REQUIRED FOR:
MMR (Measles, Mumps, Rubella) OR Measles (Rubeola) & Mumps & Rubeola (German Measles)	#1 __/__/____ #2 __/__/____ OR #1 __/__/____ #2 __/__/____ OR Attached antibody titer (blood test) lab report AND #1 __/__/____ #2 __/__/____ OR Attached antibody titer (blood test) lab report AND #1 __/__/____	<ul style="list-style-type: none"> Required for all students If antibody titer does not indicate immunity, injection series requires for those who do not have proof of MMR vaccination.
Varicella (Chicken Pox)	#1 __/__/____ #2 __/__/____ OR Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> If antibody titer does not indicate immunity, injection series required. Self/Parental Reported History Of Disease Is Not Accepted.
Tetanus, Diphtheria, Pertussis (Tdap)	Tdap __/__/____ (Required) Td Booster __/__/____	<ul style="list-style-type: none"> One dose of Tdap for all students. Td Booster if Tdap ≥ 10 years prior.
Hepatitis B	#1 __/__/____ #2 __/__/____ #3 __/__/____ AND Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> Required of All Nursing Students. If antibody titer does not indicate immunity, a booster is required followed by another titer. If you are still negative, finish that series and then another titer. If the titer still indicates a negative immunity, the student will be a non-converter and a note from MD/NP/PA is required. You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English
Tuberculosis (TB)	Tuberculin Skin Test Date Given __/__/____ Date Read __/__/____ Results: _____	<ul style="list-style-type: none"> Required Annually If a “Positive Reactor” Status (+TST history): submit documentation of your TB screening and negative chest X-ray results



Online Background Check Process Overview for Applicants of

South Georgia State College Background and Drug Screen Package

To initiate a background investigation and drug screen for your school through PSI Background Screening ("PSI"), it's as simple as 1...2...3...4...5 and you are done!

STEP 1: Click the below link-If you have trouble clicking the link, copy and paste it into your internet browser. Please note that the link below is a single sign-on link. If you exit without completing the entire process, your information will not be saved. Be sure your pop-up blocker is disabled when using the site so that electronic consents and the drug test registration site can generate in a new window.:

- https://psibackgroundcheck.bgsecured.com/c/p/unsolicited_portal?guid=Xv1LeFFUjCpV1eArqbUfqCWz00sK2Bqc
- Once you navigate to link, review the instructions at top of screen and click "Continue to Next Step".

STEP 2: Input Required Information-Your Demographics Section

- All fields in red are required, please complete as thoroughly as possible. Once all fields are complete click "Continue to Next Step" at the bottom of Your Demographics section.
- **INTERNATIONAL NOTE:** If you are not a current resident of the United States or do not have a Social Security Number, please enter 999-99-9999 into the field for Social Security Number.

STEP 3: Consent and Disclosures.

- Click consent to digital signatures and authorization and then click Continue to Next Step-Review/Sign Forms.
- Complete all required consents and disclosures under the "Please Fill-Out/Sign Documents". The circle beside each required document will change from red to green once the document is properly executed.
 - PLEASE NOTE: If you are using a mobile device, the forms may pull up in a separate window. You may need to go back to the first window to proceed with the forms if this happens.
- If you would like to print a copy of the forms, please do so from the screen, then Click "Continue to Next Step"

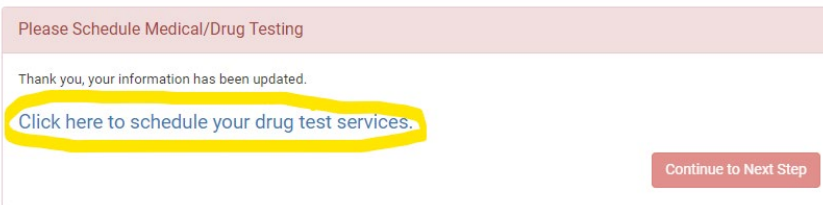
STEP 4: Payment.

- The fee for the background and drug screen is \$90.00. **Payment is accepted via credit card ONLY.**

- *If you have resided in a New York County that requires the Office of the Court Administration (OCA) search in the past 7 years, there is an additional \$101.00 fee for This is charged by the courts in the state of New York. You will be contacted by a PSI Background Screening representative to collect the additional \$101.00 payment.
- Save the link from the Confirmation screen if you would like to be able to check the status of your report as it is being processed.

STEP 5: Drug Screen Scheduling.

- Immediately after payment has been processed, you will see a red link instructing you to schedule your drug test. Click the blue hyperlink to move forward with scheduling your drug test. **PLEASE NOTE: There is not an option to come back to this screen once you move away from this screen. If you move away, contact PSI to receive a registration email.**



- The registration site will pull up in a separate window. **Be sure to turn off your pop-up blocker to enable the registration site to pull up.** Select "I'm ready to begin."
- On the collection site page, location can be changed if you need to submit somewhere outside your current zip code. Please note that the registration will pull up all available sites by zip code. We are unable to locate a closer site to you. If a site is not located in the 50-mile radius, please contact us.



- After selecting your location and intended submission date (this is NOT an appointment), select "Place my Order." Your chain of custody form which is required by the site will be generated. On this screen, you can print or download the form, but you will also receive a copy via email. An electronic version of the form is acceptable at the collection site.

Next: You may need to complete the MedWise process as detailed in the MedWise Instructions.

You're done!!

Once you have completed your submission, you can choose to save the link provided in your confirmation in order to check on the status of your report.

**Questions or comments?
Call PSI at (706) 235-7574
PSI Background Screening**

Post Office Box 644
Rome, Georgia 30162
www.psibackgroundcheck.com



MedWise, Medical Record and Immunization Tracking, Overview for students of:

South Georgia State College

To initiate your MedWise, Medical Record and Immunization Tracking, for your school through PSI Background Screening ("PSI"), it's as simple as 1...2...3...4, and you are done!

STEP 1: Click the below.

If you have trouble clicking the link, copy and paste it into your internet browser. Please note that the link below is a single sign-on link. If you exit without completing the entire process, your information may not be saved. Be sure your pop-up blocker is disabled when using the site so that electronic consents and the drug test registration site can generate in a new window.:

https://psibackgroundcheck.bgsecured.com/c/p/unsolicited_portal?guid=TwGVkFzE81hQ0mr0O0qEaGY0MkiHIcCB

Once you navigate to link, review the instructions at top of screen and click "Continue to Next Step".

STEP 2: Input Required Information-Your Demographics Section

- All fields in red are required, please complete as thoroughly as possible. Once all fields are complete click "Continue to Next Step" at the bottom of Your Demographics section.
- **INTERNATIONAL NOTE:** If you are not a current resident of the United States or do not have a Social Security Number, please enter 999-99-9999 into the field for Social Security Number.

STEP 3: Consent and Disclosures.

- Click consent to digital signatures and authorization and then click Continue to Next Step-Review/Sign Forms.
- Complete all required consents and disclosures under the "Please Fill-Out/Sign Documents". The circle beside each required document will change from red to green once the document is properly executed.
 - PLEASE NOTE: If you are using a mobile device, the forms may pull up in a separate window. You may need to go back to the first window to proceed with the forms if this happens.
- On the South Georgia State College MedWise form, you will be inputting date details regarding your vaccination and medical record history. **Please gather these files before going online to complete your MedWise submission.** Follow the instructions listed on the MedWise form. This form will also provide a list of required documents that will need to be uploaded. **For any document that contains more than one of the required immunizations and/or titers, please upload that document in EACH place holder.**

- When you have completed all required dates and/or information. Select the "Check this box when you are ready to upload required documentation." Then select "Submit Document."
- If you would like to print a copy of the forms, please do so from the screen, then Click "Continue to Next Step"

STEP 4: Payment.

- The fee for MedWise is \$45.00. **Payment is accepted via credit card ONLY.**
- Save the link from the Confirmation screen if you would like to be able to check the status of your report as it is being processed.

You're done!!

**Questions or comments?
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