

South Georgia State College School of Nursing Annual Health Information Packet

It is the responsibility of each student to complete the follow Health Information Packet and bring it with them the first day of class. Instructions on uploading this information in D2L will be provided. 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drug screen who are denied clinical placement will not be able to complete the nursing program, therefore, they will be withdrawn from the program.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, laboratory work (Hemoglobin, Hematocrit and Urinalysis) 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.

**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):

Required Laboratory Data:

Hemoglobin _____ **Hematocrit** _____

Routine Urinalysis

Specific Gravity pH Glucose Albumin WBC RBC

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

**South Georgia State College
School of Nursing**

Name: _____

SGSC 988 _____

Date of Birth: _____

Cell Phone: _____

CERTIFICATE OF IMMUNIZATIONS

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) AND Mumps AND Rubella (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 ___/___/____ OR Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> • Required for all students • If antibody titer does not indicate immunity, injection series required for those who do not have proof of MMR vaccination.
Varicella (Chicken Pox)	#1 ___/___/____ #2 ___/___/____ AND Attached antibody titer (blood test) lab report NOTE: The Varicella (Chicken Pox) Titer is Required!	<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, injection series 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 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

REQUIRED SIGNATURE OF HEALTH CARE PROVIDER

Name _____ Address _____ Phone Number _____

Signature _____ Date _____

You're done!!

After PSI receives your payment, the background investigation will be completed within three to five days. During this period, feel free to login and check the status of your background investigation. Once complete, each user has fourteen days to download and/or print a copy for retention. Additionally, maintaining continuous enrollment at this school, provides each user the ability to change an unlimited number of times the client/clinical site which can view a background investigation. This can be done from the "Your Background Check Information" screen, when returning users login.

Questions or comments?
Call PSI at (706) 235-7574
Professional Screening & Information, Inc.
P.O. Box 644
Rome, Georgia 30162
www.psibackgroundcheck.com



Online Background Check

Process Overview

For students of...



School of Nursing

STEP 1: Create an account and enter personal information or login.

- Access our website at www.psibackgroundcheck.com. Click the Login button at the top right hand corner of the screen. Click *LOGIN* under "Background Wise for Individuals" under the Individuals Login section on the right.
- New users should create an account using their email address, and then enter required personal information. **You will then receive an email to confirm your account. Click on the link in the received email to activate your account. NOTE: Please give the system 10-15 minutes for the email confirmation to be received before contacting PSI for assistance.**
- Returning users should login using the information used when their account was established.
- If a user forgets their password, select the "Forgot Password" button and after answering your security questions, the user's password will be emailed to the address on record.

STEP 2: Selecting background type and completing required information.

- Once you are logged into the system, select "Start a New Background" or select "Continue A Background" if you are returning to a request that was not completed. Verify your personal information. ****PLEASE NOTE- "Background" in a generic term all services.**
- Enter the organization code for the background composition the school has selected, which is **CUST_134**.
- Enter the school's package code, which is **PP1**.
- Select the location or campus attending.
- Select the program for which the background investigation is requested.
- Select the clients or clinical site that will need access to the background investigation (This is optional and may not be required for your program). To select multiple, press and hold control while selecting. You may leave this blank on your initial background check application. You will be able to edit this later when you receive your clinical assignments.

After completing the background type, complete all required information. Some key points to remember are:

- All fields are required to be completed.
- After an entry is complete, re-read responses to ensure spelling and format are correct.
- Save each set of responses for an entry prior to selecting done.
- There are suggested requirements for the amount of information to be supplied (i.e. years of residency history), be as complete as possible when answering these questions.

STEP 3: Acknowledgment and payment.

- After completing all required information, read the acknowledgment page, check the appropriate boxes and enter the date for your electronic signature
- The fee for the drug screen is \$34.00. Payment is accepted via Visa, Mastercard or money order. Please follow the instructions to complete your payment.

STEP 4: Drug Testing.

After completing your background request you will receive an email with instructions for completing your drug test the next business day. Your drug screen results will then be reported along with your background investigation results.

Solstas Laboratories are the designated collection point for the PSI Urine Drug Screen. Urine Drug Screens from other agencies will not be accepted!