



**New Jersey City University
Nursing Department
Clinical Clearance Checklist
2039 Kennedy Boulevard
Jersey City, New Jersey 07305**

Requirements Each student is required to submit the following documents to the Nursing Department.
PLEASE NOTE: YOU MUST KEEP A COPY OF ALL OF THESE DOCUMENTS FOR YOUR OWN RECORDS.

√	ITEM	DOCUMENTATION
	Completed Student Health Record & Physical Examination	All nursing students are required to have a completed physical examination . It is imperative that the physical exam be current, no more than 6 months prior to the start of the program. Students must use the 4 page NJCU form and additional Nursing Department Health Clearance Form.
	TB Screening – 2-Step Method	A current 2-Step PPD is required . Students must complete a 2-Step PPD prior to the start of clinical but may have completed a 2 step PPD no more than 3 months prior to the start of the program. The second PPD may be done 1 week after the initial PPD has been placed. Provide proof of two negative PPD results by attaching PPD results to the Student Health Record. Exceptions: Students who have had a positive PPD will be required to have a chest x-ray to document freedom from disease as well as complete a TB Symptom Questionnaire. Attach copy of radiology report and TB Symptom Questionnaire to the Student Health Record.
	CPR	All nursing students are required to provide proof of current CPR certification. Acceptable CPR courses are BLS for Health Care Providers from the American Heart Association. A copy of the CPR card must be submitted.
	Liability Insurance	Each student is required to possess professional liability (malpractice) insurance. You will be provided information about how to purchase this. It is approximately \$30.00 per year.
	Student Statement of Release	New Jersey City University Nursing Department respects the confidentiality of the student's health information and is required by law to protect the student's health information. All student health forms are secured as mandated by the New Jersey State Board of Nursing. Disclosure of health information to clinical agencies requires the student's authorization. A signed Statement of Release authorizes New Jersey City University Nursing Department to disclose health information to clinical agencies and/or to contact the student's Healthcare Provider for clarification of information.
	Measles, Mumps & Rubella	Proof of measles, mumps and rubella immunity is required . Attach titer reports to the Student Health Record. If you are not immune, you will need to receive the required vaccinations (such as the MMR or provide valid proof of an acceptable exemption - pregnancy, non-responder, etc).
	Hepatitis B	Proof of Hepatitis B Surface Antibody titer is required . Attach titer report to the Student Health Form. Exceptions: History of Hepatitis B disease – Attach copy of Anti-HBc positive report. If declining Hepatitis B vaccination – Attach signed waiver Incomplete Hepatitis B Series immunization – Attach signed Incomplete Hepatitis B Series Vaccine form.
	Varicella/Chicken Pox	Proof of Varicella immunity is required . Attach titer report to the Student Health Form. If you are not immune, you will need to complete the varicella vaccine series and provide proof of vaccination.
	Tetanus	Documentation of Td or Tdap within the last 10 years.



DECLINATION OF HEPATITIS B VACCINE

I understand that as part of my clinical experiences as a nursing student, I may be exposed to blood or other potentially infectious materials and that as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life-threatening illness and that taking the series of three vaccinations would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I elect not to take the required series of vaccinations and assume responsibility for all arrangements, costs, and complications arising from not taking the Hepatitis B Vaccine Series. I also understand that if the hospital or clinical agency where I have been assigned for my clinical requires students to be immunized for Hepatitis B, the New Jersey City University Nursing Department assumes no responsibility for reassigning me to another clinical agency, and therefore, I will not be able to take the required course.

Print Full Name: _____

Signature: _____

Date: _____



WAIVER FORM FOR INCOMPLETE HEPATITIS B SERIES VACCINE

I have started, but not completed the Hepatitis B Series vaccine. I understand that as a part of my clinical experiences as a student, I may be exposed to blood or other potentially infectious materials and therefore may be at risk of being infected by the Hepatitis B virus. I understand that this waiver is valid only until the date that my series is complete. I agree to provide the Chair of the Nursing Department with immunization verification immediately upon completion of the series.

Print Full Name: _____

Signature: _____

Date: _____



STUDENT STATEMENT OF RELEASE

Prior to participation in any clinical experiences, I understand that I must submit a completed Student Health Record, Physical Examination form, and proof of required immunizations. I hereby authorize New Jersey City University Department of Nursing to release my health information to clinical agencies upon their request and/ or to contact my Healthcare Provider for clarification of information. I am aware that if during the course of the academic year my health status should change in a way that would impact my ability to perform in clinical, I must notify the Nursing Department Chairperson. The need for additional clearance will be determined at that time.

Print Full Name: _____

Signature: _____

Date: _____