

NIAGARA COUNTY COMMUNITY COLLEGE
WELLNESS CENTER

NURSING STUDENT CHECKLIST

IMPORTANT

Submit the Nursing Student Checklist **with** the NCCC “Physician’s Physical for Clinical Rotations” to the Wellness Center (C-122) via mail..

- Forms will only be accepted by the Wellness Center after **ALL** items on both **Part I** and **Part II** of the checklist have been completed.

PLEASE NOTE:

1. The NCCC “Physician’s Physical for Clinical Rotations” forms will be the **only** form accepted.
2. **Initial** the paragraphs on the front of the form **after** reading and agreeing with the contents. Sign and date the box on the first page with a witness at your Providers office if possible.
3. Please follow instructions contained in the additional form provided to you for all Allied Health students during the pandemic.
4. Students are **not permitted** to write on the Physician pages, with the only exception being if signing the Hepatitis Declination Statement (last page).
 - **Student sections** are the first page and top area of the second page
 - **Physician pages** are the lower area on second page, entire third page and last page

** Please make hard **copies** of all forms for your records **prior** to submitting them to the Wellness Center, if possible.*

*** **Note:** It is **your** responsibility to provide documentation to facilities requesting your information.*

*****If you have questions or require assistance, please feel free to contact the *Wellness Center at (716) 614-6275* and ask to speak to a *Nurse*.**

STUDENT CHECKLIST

Place an "X" in the boxes after completing each item.

PART I:

Student Pages:

First Page:

- 1. Prior to submission of form, **read the first page**
 - Initial all paragraphs
 - Sign/Date form with witness

Top of Second Page:

- 2. Student ID number
- 3. Student name, address, date of birth and phone
- 4. Allergies
- 5. Explain Allergies
- 6. Latex Allergy/Symptoms
- 7. Limitations
- 8. Explain Limitations
- 9. Emergency contact name, relationship, phone numbers
- 10. Signature/Date

PART II:

Physician's Pages:

**** Before leaving the doctor's office, be sure these sections of the checklist are complete.**

Bottom of Second Page:

- 1. Height
- 2. Weight
- 3. Blood Pressure
- 4. Pulse
- 5. Personal medical history – check all that apply; Provide explanation
- 6. **Each box of physical exam is addressed**

Third Page:

- 7. Student Name
- 8. Student Date of Birth
- 9. Evidence of anxiety/problems requiring treatment
- 10. Physical/emotional problems to be followed in college
- 11. Medications (Prescription and Over the Counter)
- 12. Reason/Condition for Medications
- 13. Pregnant/EDD
- 14. Allergies with Explanation
- 15. Professional opinion regarding **physical demands** – BOTH Capable & Restrictions
- 16. Professional opinion regarding **emotional demands** - BOTH Capable & Restrictions
- 17. Explanation of Restrictions/Limitations
- 18. Health care provider:
 - Signature
 - Date
 - Stamp with address and phone

Fourth (Last) Page:

- 19. Name, Date of Birth
- 20. Proof of immunity to Measles, Mumps and Rubella
- 21. Tetanus/Diphtheria (**Tdap** recommended if update is needed)
- 22. Tuberculosis (TB) screening:
 - A. Signs of active TB
 - B. History of BCG
 - C. **Two (2)-Step TB skin test** (Refer to Nursing Student Memo #4)
 - **If provided separately -- Must state: **Date Given, Date Read, Results in mm,***
 - and MD/PA/NP/RN signature***
 - ***Note: TST readings by an LPN are NOT acceptable*****
 - D. Chest x-ray: Required if tuberculin skin test is positive -- (**Attach Copy of Report**)
 - E. Treatment plan if indicated
- 23. Chicken Pox:
 - A. Disease history
 - AND**
 - B. Varicella titer (**Attach Copy of Report**)
 - ⇒ Titer is Mandatory Regardless of Chicken Pox History
 - OR**
 - C. Two (2) Varicella immunizations
- 24. Hepatitis: (3 dose series)
 - A. Vaccination dates
 - B. Titer: Hepatitis B Surface Antibody, **Quantitative** – (**Attach Copy of Report**)
 - OR**
 - C. Declination statement (student signature and date)
- 25. Health care provider:
 - Signature
 - Date
 - Stamp with address and phone