All School of Nursing students must meet the following health and certification requirements prior to enrollment in any nursing program. Students must keep copies of all health documentation for their personal records.

### My Health & Certifications Requirements Checklist

*Keep this checklist and copies of all health records for your personal files.*

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Clearance Fee**            | $40.00 Initial Clearance Fee (submit with other requirements for initial clearance)  
  - Late Fees are applied if all/any items are submitted after the posted deadlines. Deadlines are listed below; see attached pages for details on late fees.  
  - A fee of $10 is required of continuing students when they submit required semester updates. |
| **Personal Health History**  | Submit the attached ‘health history’ form, completed fully and accurately.  
  - To verify health history, either attach copies of appropriate health records, or have the form signed by your licensed health care provider. |
| **Influenza (flu)**          | Students are required to submit annual documentation of flu vaccines. Incoming spring students are required to submit this documentation by December 15 and again the following fall. |
| **Hepatitis B**              | Initial clearance is met with documentation of one of the following:  
  - Positive titer indicating immunity; OR  
  - Completion of at least 2 doses in the 3-dose Hepatitis B series by the initial deadline; the 3-dose series must be completed on schedule  
    - Upon completion of the 3-dose series, student must submit documentation of a Hepatitis B titer indicating immunity status  
    - If titer does not indicate immunity (i.e., negative titer) after 3-dose immunization series, see instructions on Health History Form. |
| **Tetanus**                  | Tetanus (Tdap) booster must be current within 7 years (Td is no longer acceptable.) |
| **Measles, Mumps, Rubella**  | Documentation of two-dose vaccinations for each disease, OR positive titers indicating immunity are accepted (per CDC recommendations). Adults born before 1957 may be considered immune to measles and mumps. Rubella immunization or evidence of immunity is required of all students. |
| **Varicella (Chicken Pox)**  | Submit a positive titer indicating immunity, or documentation of two-dose vaccination series. History of disease is not sufficient for clearance. |
| **Tuberculin Status**        | A. Two-step TST 1)Skin Test #1 Date_____ Result: Neg__ Pos__ mm__  
  2)Skin Test #2 Date_____ Result: Neg__ Pos__ mm__  
  OR  
  B. QuantiFERON (QFT) Date______ Result ____________  
  OR  
  C. If new positive/exam/x-ray Date ____________  
  OR  
  D. Positive TB/negative x-ray Date:___________  
  Please Note:  
  - TB tine tests are not acceptable.  
  - Students with record of positive PPDs should submit documentation and contact Ruth Kohler at the Health Center, kohlerrm@plu.edu, for additional forms.  
  - Documentation of re-screening is submitted yearly. |
| **CPR Certification**        | Submit a photocopy of current, valid, and appropriate cardiopulmonary resuscitation (CPR) certification. Certification must include 1 person, 2 person, infant, child, choking & AED training. The only acceptable certification is:  
  “CPR for Healthcare Providers” |
| **Health Insurance**         | Submit the attached attestation form. Health insurance must be current at all times while enrolled and yearly updates are required. |
| **OPTIONAL – First Aid**     | First Aid training is optional, but recommended, for persons without experience or formal knowledge of first aid. |
Acceptable Health Requirements Documentation/Verification: Copies of vaccination records, copies of laboratory reports/titer results, or signature of health care professional on Health History form.

Questions: Contact Ruth Kohler, PLU Health Center, kohlerrm@plu.edu, 253.535.8753 (at Student Health Center just two days per week) for questions or concerns. Email contact is best; expect to wait a few days for a response.

<table>
<thead>
<tr>
<th>Health Requirements Submission Deadlines:</th>
<th>New Nursing Students</th>
<th>Current Nursing Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Semester</td>
<td>July 1</td>
<td>August 1</td>
</tr>
<tr>
<td>January Term</td>
<td>December 15</td>
<td>December 15</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>December 15</td>
<td>January 5</td>
</tr>
<tr>
<td>Summer Term(s)</td>
<td>May 15</td>
<td>May 15</td>
</tr>
</tbody>
</table>

Continuing students are notified of required updates at the end of each semester.

Students are responsible for keeping copies of all health documentation for their personal records.

PACIFIC LUTHERAN UNIVERSITY - SCHOOL OF NURSING

HEALTH & CERTIFICATIONS REQUIREMENTS SUBMISSION PROCESS

Health requirements are required of all School of Nursing students. The PLU Health Center collects, validates, and reports student fulfillment of health and certification requirements for the School of Nursing. The Health Center is a separate entity from the School of Nursing. All students in the undergraduate (BSN) and graduate (MSN) nursing programs utilize this service throughout their program.

Health Requirements Clearance Process

- Gather all your health records and schedule any additional required immunizations, titers, CPR course, or other items to be completed prior to the deadline. **Start early** to ensure you can fulfill the criteria before the deadline.
- **MAKE COPIES** (at least two sets) of all your health documentation to keep in your personal files.
- Prepare the $40 initial fee made payable to PLU Health Center. Payment by personal check, money order, or cashier’s check is accepted. (Continuing students pay a $10 update fee when submitting required semester updates.)
- Submit your complete packet, including forms, copies of records, and required fee **BY MAIL** to:
  - PLU Health Center
  - Attn: Ruth Kohler
  - Tacoma, WA 98447-0003
- Health Center staff will send confirmation. If items are missing, invalid, or incomplete, you will be notified.
- **If any item is submitted after the deadline, late fees will be applied:**
  - 1-14 days after due date: $50.00
  - 15-30 days after due date: $75.00
  - 30 days or more: $100.00
- School of Nursing staff and faculty are notified of late and delinquent health requirements. Students with delinquent requirements cannot participate in labs or clinicals; course grades may be negatively affected.
- For any items requiring updates (TB, insurance, CPR), students will be notified by email when updates are due. A $10 update fee is applied when students update health records during the program of study (usually once per year).

**DO:**
- Keep multiple copies of ALL your documentation for your personal files.
- Read the checklist & instructions carefully before contacting Ruth Kohler with questions.
- Include the required fee with the health packet (you cannot be cleared until the fee is paid).
- When possible, submit all items (forms, copies, fee) as a single packet to expedite your clearance.
- Send your complete packet by MAIL.
- Submit all forms and documents prior to the

**DO NOT:**
- Do not submit your only copies of immunizations/clearances to the Health Center. Keep copies!
- Do not walk up to the Health Center reception desk with questions about health requirements.
- Do not ask School of Nursing or Health Center staff to make copies of your health records.
- Do not drop off forms in person. It is strongly preferred that students send the packet by mail.
- Do not send documents by fax. Items will NOT be accepted by fax.
- Do not send cash for fee payments. Payment by
posted deadline (recommend 2 weeks early).

✓ Check your email for notification of missing items.

check is accepted by mail.

**IMPORTANT INFORMATION:** All students must keep copies of all health documentation for their personal records. Clinical agencies may require students to produce these records upon audit or employment. It is not appropriate to request copies of health records from the Health Center or School of Nursing staff.

PLU SCHOOL OF NURSING HEALTH & CERTIFICATION REQUIREMENTS

**FREQUENTLY ASKED QUESTIONS**

**Q. Why do I need to submit these requirements?**
**A.** The PLU School of Nursing Student Handbook states:

School of Nursing health requirements serve many purposes: to comply with the policies of the clinical agencies in which students receive learning experiences; to protect the university by ensuring strict adherence to its guidelines; to ensure that clients receive quality care; and to protect the student in the clinical area. Contractual agreements are made between the School of Nursing and each clinical agency to which students are assigned, which certify that each student has completed the health and certification requirements. It is imperative that the School of Nursing comply with these agreements by requiring that all nursing students have current and up-to-date evidence of having met all health-related requirements before being allowed to participate in any clinical activities (including any activities or instruction outside the classroom setting). Completion of health requirements by the posted deadlines is a professional responsibility expected of all nursing students, including visiting international students. Failure to meet all health and certification requirements will prevent the student from beginning and/or continuing in clinical nursing courses and thereby may alter progression in the program. Students are responsible for the submission, maintenance and record keeping of their own health information. The PLU Health Center and School of Nursing do not store medical records for students, and do not make copies of health requirements documentation for students. Students are also responsible for reporting any physical or psychological changes that may impact their abilities to progress in the nursing program.

**Q. What happens if I turn in some/all of my health requirements after the posted deadline?**
**A.** Submission of health requirements after the posted deadlines will result in late fees. Students will not be cleared for their health requirements until all required fees (including any late fees) are paid and all documentation received. Because on-time health clearance is considered a professional responsibility and is essential for preparedness for clinical courses, failure to obtain clearance by the posted deadline may result in a significant lowering of a student’s clinical course grade, at the discretion of clinical faculty. For newly arriving students, compliance with health requirements and adherence to the deadlines are criteria for admission; incoming students can be administratively removed from the program for non-compliance.

**Q. I already turned in health records to Student Health; is this packet the same thing? (University ‘Medical History Record’ vs. School of Nursing Health Requirements)**
**A.** No. All PLU students submit a medical history record form upon admission to the University. These University requirements are separate from School of Nursing requirements. You must submit the entire School of Nursing Health Requirements packet and attach documentation to be cleared for School of Nursing classes.

The School of Nursing and PLU Student Health Center maintain separate student records, and cannot share student medical information with one another.

**Q. Where can I take a CPR Certification class? What kind of certification do I need?**
**A.** In the Tacoma area, CPR for Health Care Provider classes are offered at:

- St. Joseph Medical Center, Tacoma, WA: 253-426-6624
- Medical Training Consultants (locations in Tacoma & Olympia); 253-566-8282 or 1-800-900-6760

CPR certification must include 1 person, 2 person, infant, child, choking, and AED.

The only acceptable certification is **CPR for Healthcare Providers**.

- Other certifications are **NOT ACCEPTABLE**, such as ‘CPR for the Professional Rescuer,’ ‘Health Saver CPR,’ ‘Community CPR,’ ‘Adult CPR,’ or ‘Heart Saver CPR.’

- The CPR card must say “CPR for Healthcare Providers”; syllabi for other levels of certification will not be reviewed for equivalency.
PLU SCHOOL OF NURSING HEALTH & CERTIFICATION REQUIREMENTS

PERSONAL HEALTH HISTORY

Please type or print. All health information is kept confidential.

Contact Information

Name: ____________________________________________________________

Last                                                    First                                                MI

Birth date: __ / __ / ___ PLU ID: ______________________________

Mo.       Date        Year i.e., 1234-5678

PLU E-mail: ___________________________________________ Personal E-mail: _________________________

Mailing Address: _______________________________________________________________

City, State, Zip: ____________________________________________________________

Home Phone: __________________________ Work / Cell: __________________________

In an emergency please notify: ___________________________________________

Name ___________________ Relationship ____________________________

General Health Information

Date of last physical examination: ____________________________

Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc) to medications?

☐ No     ☐ Yes - List all medications: Med: ___________________ Type of reaction: _______________

Med: ___________________ Type of reaction: _______________

Indicate existing conditions which might impair/affect functioning in the health care setting or the safety of patients/clients.

☐ Hearing or vision impairment  ☐ Heart condition  ☐ None

☐ Seizure disorder/fainting spells  ☐ Physical limitations  ☐ Other - please specify: ___________________

☐ Acute infection  ☐ Any chronic disease

☐ Emotional problems  ☐ Diabetes

List any drugs (Rx or Over the Counter) you use:

Name of drug: ___________________ Frequency of use: ___________________

Name of drug: ___________________ Frequency of use: ___________________

Name of drug: ___________________ Frequency of use: ___________________

Health Requirements and Immunizations

Supply complete information for each item. Verification of each item is required; either attach copies of records OR have the form signed by an authorized health care provider (licensed nurse practitioner, physician, or physician’s assistant only).

All health requirements must be met before student may participate in clinical activities.

Tuberculosis Screening: (PPD)

Must meet one of the following criteria by the deadline:

1. If you have had annual PPDs, submit last year’s PPD result and a recent PPD result that is valid through the entire semester.

2. If you have not had yearly PPDs, submit 2-Step PPD results (series of two PPD tests administered 1-3 weeks apart).

3. If you have a Positive PPD: submit the positive PPD & contact Ruth Kohler at the Health Center (253-535-7516) for more information.

Tetanus: (Tdap only; Td is no longer acceptable)

Documentation of immunization/booster from within the last 7 years.

Varicella: (Chicken Pox)

Positive titer indicating immunity or two-dose immunization. History of disease is not sufficient for clearance.
## Measles, Mumps, Rubella: (MMR) Two injections or titer.

*If born prior to 1957, Measles and Mumps immunizations are not required.*

If the health care agency to which you are assigned requires evidence of immunity to measles and mumps, you will be responsible for obtaining the required documentation/immunization. Rubella immunization or evidence of immunity is required for all students.

### MMR Immunization Dates

1. 
2. 

**Note:** If MMR series not completed, indicate completion of each (Measles, Mumps and Rubella) below:

<table>
<thead>
<tr>
<th>Measles (Rubeola): For persons born on or after January 1, 1957, date of immunization must be 1968 or later with two doses after 1st birthday.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

**OR**

Titer Date: 
Result: 
- Immune
- Not Immune

<table>
<thead>
<tr>
<th>Mumps: For persons born on or after Jan. 1, 1957, date of immunization must be 1967 or later.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

**OR**

Titer Date: 
Result: 
- Immune
- Not Immune

<table>
<thead>
<tr>
<th>Rubella: Date of immunization must be 1969 or later.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

**OR**

Titer Date: 
Result: 
- Immune
- Not Immune

### Hepatitis B:

Positive titer indicating immunity is sufficient for clearance.

- If 3-dose vaccination series previously completed, complete a Hepatitis B titer and submit result/lab report.
- If vaccination series was not previously completed, submit documentation of 3-dose vaccination and titer result.
  - At minimum, 2 doses must be complete by the deadline. Submit titer result when the 3rd dose is completed.
  - If titer is negative (i.e., titer does not show immunity), student must repeat 3-shot series. Another titer must be drawn after the 2nd series is completed (6 shots total). Submit complete documentation of all titers and immunizations for clearance.
  - Student is fully cleared ONLY with documentation of a positive titer OR 6 shots and 2 negative titers.

### Hepatitis B Titer:

- Titer Date: 
  - Results: 
    - Immune
    - Not Immune

### Verification of Health History Form:

Attach documentation of all items and initial below (A), or have this section signed by a licensed health care provider (B).

- **A.** I have attached complete documentation (copies of immunization/lab reports, as needed) for all requirements.
- **B.** Signature of licensed health care provider (if documentation is not attached) verifying all information on this 2-page form:

  Signature: __________________________ Date: ___________ Check one: 
  - Physician
  - Nurse Practitioner
  - Physician’s Assistant

  Name of Health Facility: __________________________ City/State: ______________________ Phone: ______________________

### Statement of Understanding (to be signed by the student):

- I have read the “Physical and Psychological Expectations of Nursing Students Preparing for Professional Nursing Practice” (attached) and I am aware of and am able to meet all expectations outlined in the document.
- I verify the information on this form and any attached documentation to be accurate. I understand that falsification of health records will result in disciplinary action and may result in dismissal from the School of Nursing.
- I understand that if I have a current physical or psychological condition, or if I develop a physical or psychological condition which may pose potential danger/harm to me or to the patients for whom I am caring, I may not be able to complete the clinical portion of the course of study in which I am enrolling. I also understand if I am not able to complete all required nursing courses without limitations, I may not be qualified to sit for the NCLEX-RN or other appropriate nursing examinations as regulated by the Washington State Nursing Commission.*
- I understand that it is my responsibility to report any physical or psychological changes to the School of Nursing.

*For questions, contact the PLU School of Nursing (253.535.7672) or the WA State Nursing Care Quality Assurance Commission (360.236.4700).

---

*PLU School of Nursing Health Requirements – Updated 1/22/2013*
I. Indicate the type of medical insurance coverage you have by checking one of the boxes below:

- Employer group coverage (as the primary insured or as a dependent), COBRA group coverage, or an individually purchased policy. Benefits must include primary health care, emergency services and hospitalization, and minimum lifetime benefit must be at least $500,000
- Washington Basic Health or Medicare coverage
- Washington Medicaid coverage (month-to-month eligibility)

II. Provide the following information about your insurance coverage:

- Insurance Company Name: ________________________________
- * Name of Employer: ________________________________
- * Insurance Company Contact: ________________________________
- Group Policy Number: __________________________ ID #: __________
- Name of Primary Insured: __________________________ DOB: ___ / ___ / _____
- Your relationship to primary insured: ________________________________
- ** Deductible Amount: $ ________________________________
- ** Dates of Coverage: From: __________________________ To: __________________________

* Not required for Medicare or WA Medicaid Coverage
** See attestation below – read carefully.

III. Attach proof of current insurance (i.e., photocopy of insurance card or certificate of coverage).

IV. Attestation: I certify that I will maintain the insurance declared on this affidavit at all times. If I lose this insurance at any time during the school year, I will submit documentation of a new qualifying plan within 30 days of such termination. I certify that I will maintain financial reserves to meet my deductible medical expenses. I understand that this affidavit will not be considered without appropriate documentation, and that I am subject to sanctions up to and including permanent dismissal from the School of Nursing for intentionally providing misinformation in this document. I affirm that the statements in this affidavit are true to the best of my knowledge:

Signature of Student: __________________________ Date: __________________________
To be admitted to and progress in the Pacific Lutheran University School of Nursing, a student must be aware of and meet the requirements identified in the following description of work performance of practicing nursing professionals.

**Title:** Baccalaureate Nursing Student (also applies to Entry-Level MSN students)

**Work Hours:** Varies with clinical rotation and setting and includes 12-hour shifts; includes travel to clinical sites throughout the Puget Sound area

**Full/Part Time:** Full and Part Time

**General Responsibilities/Requirements:** The nursing student is responsible for performing patient assessment, planning care delivery, performing nursing intervention and teaching patients, family members and communities about health and illness. Responsibilities include reviewing the patient’s chart, assessing the patient’s medical condition, complaints and concerns, assessing biopsychosocial and spiritual aspects of the patient’s health, carrying out physician’s orders, and determining appropriate treatment and medication. Direct care includes administering medications and completing nursing procedures such as catheterization, suctioning, dressing changes and responding to emergencies as they occur, as well as counseling, teaching and crisis intervention. The student also assists patients with meals, positioning, transporting and transferring in and out of bed, and in walking. Information gathered about the patient is regularly and appropriately communicated to the health care team. The student also engages in community-based activities in which care to families, groups and target populations is delivered. This requires participation in agency and independent activities.

**Machines, Tools, or Moving Equipment:** The student uses a variety of medical supplies and equipment; e.g., stethoscope, blood pressure cuff, IV poles, tubing and pumps, portable monitoring units, needles, clamps and scissors, syringes, patient support bars, hospital bed, wheelchairs, etc.

**Percent of Time Spent:**

<table>
<thead>
<tr>
<th></th>
<th>Sitting</th>
<th>Standing</th>
<th>Walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>10%</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**While Working the Student Must:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twist</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stoop/bend</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Squat</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kneel</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Crawl</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Climb</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Push/pull</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Grasp/handling</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reach over shoulders</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reach at waist</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Reach below waist</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kneel</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Required:**

- Occasional twisting while working around tables and chairs in a patient’s room, as well as occasional stooping and/or bending to retrieve supplies from lower storage areas.
- Pushing and pulling various pieces of medical equipment on wheels as well as continual grasping and handling of medical supplies, equipment, medications and items.
- The capacity to reach full range of motion.

*(Continued on following page)*
### Physical and Psychological Expectations of Nursing Students Preparing for Professional Nursing Practice – Cont’d

<table>
<thead>
<tr>
<th>While Working the student must:</th>
<th>Required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift to 10 lbs.</td>
<td>YES</td>
</tr>
<tr>
<td>Lift 11-20 lbs.</td>
<td>X</td>
</tr>
<tr>
<td>Lift 21-50 lbs.</td>
<td>X</td>
</tr>
<tr>
<td>Lift over 50 lbs.</td>
<td>X</td>
</tr>
<tr>
<td>Carry to 10 lbs.</td>
<td>YES</td>
</tr>
<tr>
<td>Carry 11-20 lbs.</td>
<td>X</td>
</tr>
<tr>
<td>Carry 21-50 lbs.</td>
<td>X</td>
</tr>
<tr>
<td>Carry over 50 lbs.</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Personal Strengths:** The student is expected to accept persons whose appearance, condition and behavior and values may be in conflict with his/her own. Nursing care including all needed personal health services must be carried out regardless of the patient’s race, ethnicity, age, gender, religious preference or sexual orientation.

In collaboration with other health team members, the student works toward the goal of easing the burden of physical and emotional pain of those assigned to his/her care. In order to assist others in regaining health, it is essential that the student maintains his/her own level of wellness.

**Working Environment:** There are many settings in which the nursing student gains experience, e.g., hospital, nursing home, public health and community agencies, home visits, school setting and clinics. The most physically demanding may be in the hospital or nursing home setting where there is a nursing station with patient rooms in the surrounding area. The flooring often varies and students are expected to walk distances while monitoring patients’ conditions. These active, busy environments require the ability to keep track of a large number of activities at a time.

**Overall Requirements:** Essential functions necessary to complete the program of study leading to a BSN degree at Pacific Lutheran University include the use of all the senses to gather information, e.g., observing color changes in the skin, hearing heart and lung sounds through a stethoscope, palpating pulses and feeling hot/cold skin. The program requires sufficient fine motor abilities to manipulate equipment in a safe and effective manner. The program requires the use of speech, reading and writing to communicate with clients, families, and other health care professionals. Patient care requires the ability to synthesize information from a variety of sources and apply it in making decisions regarding safe client care. The student always maintains a level of consciousness and alertness that ensures patient safety. The student has the emotional stability and flexibility to direct care functions, to engage in therapeutic communications and counseling, and to function effectively in situations of stress; this includes the capacity to function outside the personal comfort zone, placing clients’ needs first.

During each shift or clinical experience, the nursing student is assigned patient care which includes medication administration and direct care functions. Assistance in lifting is usually available for items that are too heavy. The student can be relieved of emergency response duties, but must be prepared to administer emergency care if other personnel are not available.

The student must notify the School of Nursing of any restrictions or modifications that may need to be considered.

Students are not expected to directly participate in medical procedures that are in conflict with personal beliefs and values. This does not preclude, however, the obligation to learn the underlying principles and take care of clients before and after such procedures.