



HEALTH POLICY INFORMATION

Upload this information at CastleBranch.com in the document tracker. The health policy documentation below is required by many of our cooperating clinical agencies. Nursing students must have documented proof of these items prior to field experience and may not participate in field experience without **all** needed documentation on file in the nursing office. Some clinical agencies may require further verification of health status. Some of the required immunizations are available at [NSU Student Health Services](#) at little cost to currently enrolled NSU students.

Measles, Mumps and Rubella (MMR)	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 vaccinations OR • Positive antibody titer for all 3 components. Any result documented by a medical professional is acceptable • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer is negative or equivocal, new alerts will be created for you to receive one booster vaccine (administered after your titer).
Varicella (Chicken Pox)	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 vaccinations OR • Positive antibody titer (any result documented by a medical professional is acceptable) OR • History of disease on the school form. Form is available to download from this requirement. • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer is negative or equivocal, new alerts will be created for you to receive one booster vaccine (administered after your titer).
Hepatitis B	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 3 vaccinations OR • Positive antibody titer (lab report required) OR • Declination Waiver. Form is available for download. • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer is negative or equivocal, new alerts will be created for you to repeat the series.

Tuberculosis (TB)	<p>One of the following completed within the past 12 months is required:</p> <ul style="list-style-type: none"> • 2 step TB skin test (administered 1-3 weeks apart) OR • A one step with the most recent in the past 12 months OR • QuantiFERON Gold blood test (lab report required) OR • If positive results: submit a clear chest x-ray (lab report required) from the last 5 years AND a symptom free TB Questionnaire (any form is acceptable) from the last 12 months. • The renewal date will be set for 1 year. <p>Upon renewal, one of the following is required:</p> <ul style="list-style-type: none"> • 1 step TB skin test OR • QuantiFERON Gold blood test (lab report required) OR • If previous positive results: a TB questionnaire will be required annually (any form is acceptable). a NEW chest x-ray is required every 5 years.
Tetanus, Diphtheria & Pertussis (TDaP)	<p>Submit documentation of a Tetanus, Diphtheria & Pertussis (TDaP) vaccination, administered within the past 10 years. The renewal date will be set for 10 years from the date administered.</p>
CPR Certification	<p>Submit your American Heart Association Healthcare Provider CPR certification. The front AND back of the card must be submitted at the same time and the "Holder's Signature" line on the back of the card must be signed. An American Heart Association Healthcare Provider eCard is also acceptable. The renewal date will be set based on the expiration of your certification.</p>
Influenza (flu)	<p>Submit documentation of flu shot administered during the current flu season (September-March). Flu Season (i.e. 2016/2017) MUST be on the documentation. Renewal will be set for 11/01 of the following flu season.</p>
Professional Liability Certificate Holder Form	<p>Please confirm receipt of the available form. If you are a RN student, you will submit this form to either Proliability (Mercer) or CM&F and once complete the document must be faxed to the number on the form.</p>
Professional Liability Insurance	<p>Are you currently an Associate Degree nursing student or pending NCLEX? If "YES," a new alert will be created for you to submit your liability insurance. If "NO," this requirement will be marked complete.</p>
Liability Insurance	<p>If you have indicated that you are currently an RN: Provide documentation of your current Professional Liability Insurance policy (Information document is available for download). Professional liability insurance carrier Professional must be either: Mercer: http://www.proliability.com OR CM&F: http://ww.cmfgroup.com Documentation must have the following: Student name MUST be RN coverage, student coverage is NOT acceptable. Minimum limits MUST be 1 million per incident and 3 million per aggregate. Expiration date The renewal date will be based on the expiration of your policy.</p>
RN License	<p>Provide documentation of current RN License or verification of licensure through the state website. The renewal date will be based on the expiration of your license.</p>