

Memo

To: Health Care Providers
From: Amy Cosimano, EdD, RN, Assistant Dean for Student Affairs
Re: Attestation of Physical Exam & Review of the Safety & Technical Standards – Undergraduate Student

As the personal health care provider for the undergraduate nursing student named below, please complete the following attestation concerning a physical examination required for participation in the College of Nursing's clinical experiences. In addition, please read the attached College of Nursing Safety and Technical Standards document for undergraduate nursing students and verify whether or not the student is able to meet those standards.

Each student has already completed a self-attestation when accepted into the College of Nursing graduate program. At that time and annually, students state whether they meet those standards with or without reasonable accommodation. It is the student's responsibility to request reasonable accommodations.

My signature attests to the facts that:

1. I conducted a physical examination for _____ (print name) on _____, 20____ (date and year). On the basis of the results of the examination, this individual was free from evidence of contagious disease on this date and would not otherwise present a health hazard to hospitalized patients, residents of long-term care facilities, or any other persons with which this individual may come into contact while participating in the clinical nursing program.
2. I reviewed the Safety and Technical Standards of the College of Nursing with this individual, and determined that this individual:
_____ can meet these standards
_____ cannot meet the standards (please provide the rationale).

Provider's Signature _____

Provider's Name and Credentials Printed _____

Provider's Address _____

Today's Date _____

INFORMATIONAL COPY ONLY FOR HEALTH CARE PROVIDER EXAM

**Safety and Technical Standards
Creighton University College of Nursing**

Name: _____
Last First MI

1. If you had sufficient educational preparation would you be able to perform, with or without reasonable accommodations, the customary techniques for physical assessment such as auscultation (listening with a stethoscope), percussion (tapping of the chest or abdomen to elicit a sound indicating the relative density of the body part), palpation (feeling various body parts such as the breast or abdomen with the ability to discern the size, shape and consistency of masses), and visual observation sufficient to note such changes as skin and eye color, and body positioning as well as to use such instruments as an otoscope (magnifying instrument for examining the ear) and ophthalmoscope (magnifying instrument eye examinations)?

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform the procedures described above:

2. If you had sufficient educational preparation would you be able to perform, with or without reasonable accommodations, basic nursing procedures such as giving injections of medications, inserting intravenous lines, transferring, lifting, and turning patients and assisting patients in their activities?

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform the procedures described above:

3. If you had sufficient educational preparation would you be able to perform quickly and effectively, with or without reasonable accommodations, such emergency procedures as cardiopulmonary resuscitation and suctioning of obstructed airways?

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform the procedures described above:

4. Are you able to communicate orally and in writing and receive communication so as to conduct patient interviews, to provide patient education, and to make your assessments and plans known to others on the health care team?

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform the procedures described above:

5. Are you able to withstand the physical and psychological rigors of nursing education and practice? Both may entail long classroom and clinical hours, strenuous physical activity, exposure to latex and other allergens and taking care of patients with serious illnesses, contagious diseases, terminal diseases, and severe emotional disorders. Consistent class attendance is mandatory due to the clinical nature of the nursing program.

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform the procedures described above:

6. Can you meet the immunization requirements for Health Science students (see list below and go to the following website for more information:

<http://www2.creighton.edu/studentservices/studenthealthservices/immunizationrequirements/index.php>

- **MMR vaccine requirement:** 2 MMR vaccines given after the 1st birthday and at least 30 days apart are required
- **Tuberculosis screening requirement:** Initial TB screening – 2 separate PPD tests within one year (a.k.a., “two step”) or Provider Review if history of positive PPD. Then annual TB screening is required.
- **DPT/Td requirement:** A series of 3 doses of DPT, DTaP, or Td -- one within past 10 years; one dose Tdap (Adacel or Boosterix) (date must be after vaccine release day of May 2006
- **Polio requirement:** A series of 3 vaccines or positive Polio titer is required.
- **Hepatitis B vaccine requirement:** A series of 3 vaccines and a positive blood titer is required.
- **Varicella/Chicken Pox Immunity requirement:** If a student has a history of chicken pox disease, a positive blood titer is required. If a student has no history of chicken pox disease, a 2 dose series of vaccine is acceptable.

Yes_____ No_____ If no, why?

7. Are you able, with or without reasonable accommodations, to listen, speak, read, write, reason and perform mathematical functions at a level which allows you to process and understand materials which are presented to you (in either a verbal or a written format)?

Yes (with accommodations)_____ Yes (without accommodations)_____ No _____

Use this space for explanation should you so desire, or to request a reasonable accommodation which would permit you to perform all of the functions described above at a level which allows you to process and understand materials which are presented to you (in either a verbal or a written format):

8. Having read the Safety and Technical Standards for Creighton University College of Nursing, do you require reasonable accommodations, consistent with the Americans with Disabilities Act, to meet any of these requirements?

Yes _____ No _____

If “yes”, please indicate below the nature of the accommodation requests. These requests can include, but are not limited to, extended time for examinations, isolated testing environment, or note taker.

**THIS IS AN INFORMATIONAL COPY OF THE SAFETY & TECHNICAL STANDARDS
FORM DOES NOT NEED TO BE COMPLETED OR RETURNED WITH THE PHYSICIAN
MEMO. IT IS PROVIDED TO ASSIST THE HEALTHCARE PROVIDER IN HIS/HER
ATTESTATION.**