

Pre-Licensure - Bachelor Science in Nursing students who are accepted at The Christ College of Nursing and Health Sciences are required to complete a health screening and provide documented immunity to specific diseases prior to starting classes as a condition of enrollment. BSN students must be current and compliant with each health requirement at all times throughout their enrollment with the College. Schedule the health assessment appointment no earlier than 3 months prior to the first day of classes.

The Christ Hospital Employee Health Services

Through a mutual agreement between The Christ Hospital Employee Health Department and TCCNHS, BSN students are required to complete their health assessment through the Employee Health Department. TCCNHS will post a \$300 one-time Health Service Fee to the student's first semester tuition statement. ONLY Christ Hospital Health Network employees will receive a reduced rate. Financial aid will cover this fee for qualifying students.

The medical assessment will take place in the Employee Health / Disability Management Department, on the campus of The Christ Hospital, Medical Office Building (MOB), Suite 234.

Call the Employee Health Department at [\(513\) 585-4555](tel:513-585-4555). Identify yourself as a new student entering TCCNHS when scheduling your appointment.

Health Screening and Immunization Requirements prior to ENTRY into the Nursing Program includes:

- Urine drug screen - Drug testing is required by the College for BSN students as a condition of enrollment. Failure to comply or achieve a satisfactory outcome will result in the student's admission offer being rescinded, and attempts to re-apply to the College in the future will not be considered. Students may be drug tested any time due to "reasonable suspicion". Circumstances which constitute reasonable suspicion include, but are not limited to, physiological signs of possible impairment from drugs or a pattern of abnormal behavior. Clinical agencies may require additional drug tests prior to beginning clinical.

Refusal to permit testing will be an automatic dismissal from the College. If the student fails a drug screen and cannot produce valid prescription documentation that is reviewed and confirmed by Employee Health, the student will be automatically dismissed from the College. Two (2) dilute drug tests will constitute a failed drug test. Students who are dismissed from the College due to a failed drug test will not be permitted to reapply to the College. Students will be notified in writing by the Dean of Academics of the failed drug test. **A failed drug test will be communicated to Human Resources, by Employee Health for those students who are also employees of The Christ Hospital Health Network.**

- Brief physical health examination
- Vision screening
- Tuberculin (TB) test – Quantiferon Gold (QFT) blood test
If a student has a positive TB test, documentation must be provided of the amount of induration at the skin test site and a chest x-ray showing no evidence of disease must be on file. The chest x-ray is valid for a period of time as designated per clinical agency.

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HEALTH ASSESSMENT

- Documentation with dates of the following vaccines/immunizations. If documentation cannot be obtained, titers will be drawn.
 - a. Tetanus-Diphtheria-Pertussis (Tdap) booster after the age of 12 years, must include pertussis and be within last ten (10) years. Documentation of booster must be provided if over ten (10) years. (Documentation only, titers cannot be drawn for Tdap.)
 - b. Documentation of two Measles, Mumps and Rubella (MMR) vaccinations or titer value greater than 1.10 from each disease.
 - c. Varicella (chicken pox) vaccine or proof of immunity through one of the following:
 - Physician statement of having history of chicken pox disease.
 - Two doses of the Varicella vaccine.
 - Copy of actual lab results indicating a positive Varicella titer (value over 1.10).
 - d. At least two doses of the three dose Hepatitis B vaccine series are required prior to the start of the first clinical day. The series of three vaccines must be complete and a positive serologic test for Hepatitis B surface antibody at 10 IU (international units) or greater is required.

Requirements for BSN students after admission include:

- An annual TB test is required during the annual TB screening period for The Christ Hospital Health Network.
- An annual Flu vaccine is required by the date specified by the clinical agency and/or as required by The Christ Hospital Health Network.
 - a. If the student is not able to receive the vaccine due to a medical condition, a physicians' letter must be provided including the reason (i.e. allergy). If the student does not want to be vaccinated for a religious or sincere belief, a declination form is completed and filed with Employee Health.
 - b. Annual flu vaccination is required for all students in peri-natal area (i.e. declination and masking is not allowed).
 - c. The student must follow the protective stipulations of The Christ Hospital Health Network and the clinical agency.
- Clinical agencies may also require additional immunizations and it is the student's responsibility to schedule the immunization(s), pay for the immunization(s), and provide official proof of having met the immunization requirement.

If one or more of the above health requirements are not complete by the due date, the student will be suspended from all classes, clinical and blackboard access blocked.

Prior to your appointment complete and bring the following important documents:

- Complete the [Consent-to-Test/Right-to-Know](#) and the [Medical History](#) forms **before** arriving at Employee Health. [Scroll to the bottom of this document for medical forms.](#)
- Bring your immunization records to the appointment.
- Bring a photo ID with you, typically your driver's license or state identification card. A copy will be made of this card.
- Bring a list of your current medications to your appointment (including short-term prescriptions).
- **If you cancel within 24 hours of your appointment, you will not be able to secure another appointment within a 2-week period.**

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Your scheduled appointment may be cancelled by Employee Health if:

- The student arrives late and/or unprepared (complete and bring documents as outlined above).
- Employee Health is a treatment area and the staff is not able to supervise children while servicing you, the patient. Children that accompany you must remain in the waiting room and be strictly supervised by another adult at all times. Biohazards exist within the treatment area and the SAFETY of all is our highest priority.
- If Employee Health cancels your appointment, you will not be able to secure another appointment within a 2-week period.

Other benefits include:

- Health fee cost to students is much lower than off campus charges.
- Annual vaccinations (flu and TB) are covered each year of enrollment.
- Employee Health staff will track students for compliance.
- Employee Health Services is conveniently located on the campus of The Christ Hospital, in the Medical Office Building, across the driveway from the College.
- Convenient location eliminates the run-around between the student, the doctor's office and the College.

To schedule or cancel an appointment, please contact the Employee Health Department at **(513) 585-4555**.

Employee Health / Disability Management Department
2123 Auburn Avenue
MOB, Suite 234
Cincinnati, OH 45219
(513) 585-4555

(Continue to scroll for medical forms)

Employee Health/Disability Management Department Consent-to-Test / Right-to-Know

Informed Consent:

I, _____, understand that I will provide blood and urine specimens.
(Print Name)

The urine will be used to test for the presence of drugs. The blood will be used to evaluate immunization status and presence of tuberculosis. You may receive 1 or more vaccinations the day of your appointment, if required.

DO NOT FAST for this testing.

Please eat regular meals and drink plenty of fluids.

Complete forms prior to your appointment.

Bring immunization records to your appointment.

Check the Appropriate Line

____ At the present time I am not taking any Prescription or Over-the-Counter Medication.

____ At the present time or within the last 30 days, I am taking the following Prescription or Over-the-Counter medications. Please include any vitamins, birth control, pain, cold or cough or nicotine replacement medications:

If the test results are positive, and I have reported the usage of this medication under the supervision of a physician, I give permission for The Christ Hospital Employee Health/Disability Management Department to contact my physician regarding my treatment plan.

Release of Information:

Employee Health is hereby authorized to release any of the above information and related test results to The Christ College of Nursing and Health Sciences **and to The Christ Hospital Health Network if I am currently an employee.** I also hereby agree to subsequent physical examinations and/or tests of urine, blood, breath or other physical specimens as may be deemed necessary by the College during my matriculation.

Signatures:

Student: _____ Date: _____

(For student
Under age 18) Parent/Guardian _____ Date: _____

Witness: _____ Date: _____

This form is to be signed **ONLY AT APPOINTMENT** with witness present



Please Print

MEDICAL HISTORY

Name _____ Gender Male/Female

Address _____ City _____ St _____ Zip Code _____

Phone # Home _____ Cell _____

Date of Birth _____ Age _____ Social Security # _____

Department The Christ College of Nursing and Health Sciences Job Title STUDENT

Physician _____ Phone# _____

Emergency Notification _____ Phone# _____

Medical History

Illness	Yes	No	Year	Illness	Yes	No	Year
Diabetes				Chronic Indigestion			
Rheumatic/Scarlet Fever				Frequent Headache			
Epilepsy				Frequent Colds/Earache			
Hernia				Back or Neck Trouble			
Chest Pain/Pressure				Paralysis/Numbness			
Shortness of Breath/Asthma				Chronic Weakness			
Heart Trouble/Hypertension/Murmur				Chronic Fatigue			
Chronic Hoarseness/Cough				Depression/Stress			
Skin Disorder/Latex Allergy				Communicable Disease			
Kidney Trouble				List Other:			
Food/Environmental Allergies List:				Drug Allergies List:			

List all Previous Surgery	Year	List Medication You are Taking

List Past Serious Illness/Accidents	Year	Have you ever worked with, or been exposed to, hazardous chemicals? If Yes, list work or chemical:	Yes	Year

General Information

Circle

Tobacco Use	Yes	No	Amount/Day	Years

Date of Last Tetanus/Tdap _____

I certify that the information documented on this form, is true and complete to the best of my knowledge. I understand that any untrue statements on this questionnaire will be just cause for dismissal.

Signature

Date