Georgetown University School of Nursing & Health Studies – Health Care Management and Policy

Undergraduate HCMP
Health Screening Form
2014-2015 Academic Year

Return to:
Rebecca Warren
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School of Nursing & Health Studies
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- Return to HSA Program Coordinator in person or via scanned emailed document by July 1, 2014, for the 2014 Fall term.
- If not submitted by due date, you may be restricted from your Practicum Site and will be responsible for making up time lost. See your HESY 376 professor for more details.
- Influenza Vaccinations are required and will be available in the Fall

STUDENTS UNDER 18: Parental permission or consent of legal guardian is needed to provide medical or surgical care to minors. The following statement should be signed by parents or guardians of students under 18 years of age to avoid delays in treatment in the event of an illness or accident.

I hereby authorize the staff of Georgetown University Student Health Center to interview, assess, test and if necessary treat my son or daughter as deemed advisable.

Signature: __________________________ Date: ________________
Parent or Guardian

DEMOGRAPHIC INFORMATION | Completed by student (Please print)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUID Number</td>
<td>Phone Number</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
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IMMUNIZATIONS | Completed, signed and dated by health care provider

1. Tetanus/Diphtheria/Pertussis (Tdap): / / /

2. Varicella Blood Titer: / / OR
   Varicella Date of Dose 1: / / / AND
   Varicella Date of Dose 2: / / /

3. MMR Titer: / / OR
   MMR #1: / / / AND
   MMR #2: / / /

   Hepatitis B Titer: / / /

Signature: __________________________ Date: ________________
Health Care Provider

TB TEST | Completed, signed and dated by health care provider.

Two-Step PPD required. 2nd PPD should be placed 13 weeks after first PPD.

1. PPD Placed: __________________________
   Mo/Day/Yr
   Negative / Positive

2. PPD Placed: __________________________
   Mo/Day/Yr
   Negative / Positive

   OR

   If PPD is positive, or student has history of a positive tuberculin skin test, a normal chest X-ray is required within 12 months, unless history of INH therapy is documented.

   Date of INH Treatment: __________________________
   X-ray Date: __________________________
   Mo/Day/Yr

Signature: __________________________ Date: ________________
Health Care Provider

PHYSICAL | Completed within 1 year of practicum start date, signed and dated by the health care provider.

I have examined this patient, __________________________, and he/she is in good health, adequate for participation in a clinical setting.

Signature: __________________________ Date: ________________
Health Care Provider

DRUG SCREEN | Completed, signed and dated by the health care provider.

NOTE: If test is positive due to prescribed medication, please submit documentation of such.

The urine drug screen results for the patient __________________________ are negative.

Nine (9) panel non-DOT panel screening for amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine metabolite, ethyl alcohol, methadone, opiates, phencyclidine, propoxyphene, and tricyclic antidepressants, completed 12 (twelve) months to start.

Signature: __________________________ Date: ________________
Health Care Provider

CRIMINAL BACKGROUND CHECK | Paid for and completed by student

NHS only accepts background checks completed through the vendor CertifiedBackground.com. Go to CertifiedBackground.com and click on "Students." In the package code box, enter the package code GE27 (note: you will receive a message indicating that the package is for NURS students, but this is the correct code). Select a payment: VS, MC or money order.

Once you have submitted your portion of the background check, please email rlw90@georgetown.edu to alert Rebecca Warren that the background

BE SURE TO MAKE AND KEEP A COPY FOR YOUR RECORDS