

South Georgia State College School of Nursing Annual Health Information Packet

It is the responsibility of each student to complete the following Health Information Packet and have it uploaded to Medwise the first day of class. See attachment regarding instructions on uploading into Medwise. Always maintain the original documents in your personal file. Each student is responsible for the cost of the clinical agency requirements. SGSC clinical agencies have the right to deny placement to any student. Students with criminal findings on the background check and/or a positive drug screen who are denied clinical placement will not be able to complete the nursing program, therefore, they will be withdrawn from the program. Due to HIPAA and privacy concerns, the SGSC SON faculty and staff cannot provide health care related information and advice related to your results. Please contact the health department or see your health care provider.

1. Physical Examination

Please have the physical exam completed by a health care provider on the attached form. No other physical exam form will be accepted. See Attached Form.

2. PSI Background Check and UDS

Required Criminal Background Check and Urine Drug Screen. Clinical Agencies will review your results and accept or deny you clinical learning experiences based on the results. No other background check or urine drug screen results will be accepted. UDS positive for prescription medications will be reviewed by the Medical Review Officer and they will contact you for Rx verification.

Professional Screening & Information, Inc.

P.O. Box 644, Rome, Georgia 30162, www.psibackgroundcheck.com (706) 235-7574

See Attached Form.

3. CPR Certification:

A current Adult, Child and Infant CPR card is required the first day of class. (American Red Cross or American Heart Association). Online CPR courses without the skills competency checkoff's are not acceptable. Please provide a copy of the front and back of the card.

4. Proof of Personal Health Insurance

Please provide a copy of your current health insurance card (front & back). Nursing students are responsible for all medical expenses associated with accidents, needlesticks, blood and body fluid exposures, and must follow the clinical agency policy for exposures. Acceptable types of insurance include group health insurance, medicare and Medicaid.

5. Seasonal Flu Vaccine is not required until Fall Semester. Instructions will be provided during Fall Semester when the new seasonal vaccine is produced.

Physical Examination

Mental Status _____

Eyes _____

Ears _____

Nose _____

Mouth _____ Teeth _____

Throat _____

Skin _____

Hair _____ Nails _____

Chest _____ Breasts _____

Heart _____

Lungs _____

Abdomen _____

Gastrointestinal _____

Genitourinary _____

Musculoskeletal _____

Neurological _____

Comments _____

Examiner Signature

Address

Date

**South Georgia State College
School of Nursing**

Name: _____

SGSC 988 _____

Date of Birth: _____

Cell Phone: _____

CERTIFICATE OF IMMUNIZATIONS

The immunizations cost, blood titers and testing are the responsibility of the student. This information is required ANNUALLY the first day of class for clinical agency placement.

REQUIRED IMMUNIZATIONS	REQUIREMENT (MM/DD/YYYY)	REQUIRED FOR:
MMR (Measles, Mumps, Rubella) OR Measles (Rubeola) AND Mumps AND Rubella (German Measles)	#1 ___/___/____ #2 ___/___/____ OR #1 ___/___/____ #2 ___/___/____ OR Attached antibody titer (blood test) lab report AND #1 ___/___/____ #2 ___/___/____ OR Attached antibody titer (blood test) lab report AND #1 ___/___/____ OR Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> • Required for all students • If antibody titer does not indicate immunity, injection series required for those who do not have proof of MMR vaccination.
Varicella (Chicken Pox)	#1 ___/___/____ #2 ___/___/____ OR Attached antibody titer (blood test) lab report NOTE: The Varicella (Chicken Pox) Titer is Required!	<ul style="list-style-type: none"> • If antibody titer does not indicate immunity, injection series required. • Self/Parental Reported History Of Disease Is Not Accepted.
Tetanus, Diphtheria, Pertussis (Tdap)	Tdap ___/___/____ (REQUIRED) Td Booster ___/___/___	<ul style="list-style-type: none"> • One dose of Tdap for all students. • Td Booster if Tdap ≥ 10 years prior.
Hepatitis B	#1 ___/___/____ #2 ___/___/____ #3 ___/___/____ AND Attached antibody titer (blood test) lab report	<ul style="list-style-type: none"> • Required of All Nursing Students. • If antibody titer does not indicate immunity, injection series required. • You <u>must</u> submit the antibody titer report on lab letterhead from a certified lab with definitive lab values in English.
Tuberculosis (TB)	Tuberculin Skin Test DATE Read ___/___/____ Results: _____	<ul style="list-style-type: none"> • Required Annually • If a "Positive Reactor" Status (+TST history): submit documentation of your TB screening and negative chest X-ray results

REQUIRED SIGNATURE OF HEALTH CARE PROVIDER

Name _____ Address _____ Phone Number _____

Signature _____ Date _____



Online Background Check Process Overview for Students of South Georgia State College—Division of Nursing

To initiate a background investigation for your company through Professional Screening & Information ("PSI"), it's as simple as 1...2...3...4, and you are done!

STEP 1:

Create an account and enter personal information or login.

- Access our website at www.psibackgroundcheck.com.
- Click the *Login* button at the top right hand corner of the screen.
- Click *LOGIN* under "Background Wise for Individuals" under the Individuals Login section on the right.
- New users should create an account using their email address, and then enter required personal information. **You will then receive an email to confirm your account. Click on the link in the received email to activate your account. NOTE: Please give the system 10-15 minutes for the email confirmation to be received before contacting PSI for assistance.**
- Returning users should login using the information used when their account was established.
- If a user forgets their password, select the "Forgot Password" button and after answering your security questions, the user's password will be emailed to the address on record.

STEP 2:

Selecting background type and completing required information.

- Once you are logged into the system, select "New Request" or select "Requests Pending Submission" if you are returning to a request that was not completed.
- Verify your personal information.
- Enter the school's organization code, which is **CUST_134**.
- Enter the package code, which is **PP1**.
- Select the location of the school campus you are attending.

- Select the program for which the background investigation is requested as "Nursing."
- **NOTE: Under the Clients Section please select ALL of the clinical sites to be able to view your information as all sites will need access to your information. You can select multiple sites by holding down CTRL and clicking each clinical site.**
- After completing the background type, complete all required information. Some key points to remember are:
 - All fields are required to be completed.
 - After an entry is complete, re-read responses to ensure spelling and format are correct.
 - Save each set of responses for an entry prior to selecting done.
 - There are suggested requirements for the amount of information to be supplied (i.e. years of residency history), be as complete as possible when answering these questions.

STEP 3:

Acknowledgment and Payment.

After completing all required information, read the acknowledgment page, check the appropriate boxes and enter the date for your electronic signature.

The fee for the background and drug screen is **\$74.00 (please see additional payment information below regarding immunization/medical record tracking requirement)**.

Payment is accepted via credit card or money order. PLEASE NOTE: if you submit payment via money order, your request will not be initiated until payment has been received via postal mail. Please follow the instructions to complete your payment.

STEP 4:

Drug Screen.

After completion your request, you will receive an email with instructions for completing your drug test. This email will be sent the following business day. Please be sure to check your spam or junk inbox on the next business day, if you do not initially see your registration/instructions.

STEP 5:

Completion of Student Immunization/Medical Record Tracking Requirements.

- Click on "New Request" or if returning to a submission that was already started click "Requests Pending Submission".
- Verify personal information.

- Enter the institution's organization code, which is **CUST_134**.
- Enter the Applicant Package Code for MyMedWise which is **PP3**.
- Choose Location/Campus and Position/Program and click Continue.
NOTE: Under the Clients Section please select ALL of the clinical sites to be able to view your information as all sites will need access to your information. You can select multiple sites by holding down CTRL and clicking each clinical site.
- On the following Required Information screen click "Edit" next to MyMedWise.
- Provide information as requested on the following screen.
- IMPORTANT: Once you have provided all information as requested on MyMedWise entry screen you must upload supporting documentation via the upload feature on this screen.
- Once all requirements are complete AND documents are uploaded (if applicable) click Save at the bottom of the screen.
- Click Save and Continue from the Required Information screen and complete Notification and Acknowledgement forms on the following screens for this part of the process.
- Submit payment as instructed, the fee for this service is **\$30.00**.
- **NOTE: If information is missing or documentation provided is insufficient, you may be contacted by a PSI Staff Member to request additional information and/or documentation. Please respond promptly so as not to delay the process of approval for clinical participation.**

You're done!!-Please remember to look for communication regarding your drug screen and any additional documentation or clarification needed for the MyMedWise process.

Questions or comments?
 Call PSI at (706) 235-7574
 Professional Screening & Information, Inc.
 Post Office Box 644
 Rome, Georgia 30162
www.psibackgroundcheck.com