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drug screen who are denied clinical placement will not be able to complete the nursing program, therefore, they will be withdrawn from the program.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.

6. COVID Vaccination: Documentation of completed COVID vaccine series or exemption maybe required per agency policy.

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Annual Physical Examination Form

This physical examination is to be completed by a Physician, a Physician Assistant or an Advanced Practice Registered Nurse. This is an annual requirement and will be at the expense of the applicant.

Name:_____
      Last   First   Middle   Maiden

Address:_____
      Street   City   State   Zip code

Primary Health Care Provider:

_____
Name   Address   Phone Number

Allergies:_____

Height:_____   Weight:_____

Temperature:_____ Pulse:_____Respirations:_____Blood Pressure:_____

Vision Screening with Glasses/Contacts
Corrected   Right:_____Left:_____Both:_____
Do you wear Hearing Aids:_____Prosthesis:_____
Assistive Devices:_____

List Medications (Prescription and Over the Counter):

_____
_____
_____
_____
_____
_____

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

Immunizations of Requirement for South Georgia State College School of Nursing

Name: _____   **SGSC Student ID:** _____   **Date of Birth:** _____   **Cell Phone:** _____

CERTIFICATE OF IMMUNIZATIONS
<mark>*As evidenced by Report Georgia Immunization Registry (GRITS)*</mark>

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**) & Mumps & Rubeola (**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 _ _ / _ _ / _ _ _ _	• Required for all students • If antibody titer does not indicate immunity, injection series requires for those who do not have proof of MMR vaccination.
Varicella (Chicken Pox**)**	#1 _ _ / _ _ / _ _ _ _ #2 _ _ / _ _ / _ _ _ _ **OR** Attached antibody titer (blood test) lab report	• 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 _ _ / _ _ / _ _ _ _	• 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	• Required of All Nursing Students. • If antibody titer does not indicate immunity, a booster is required followed by another titer. If you are still negative, finish that series and then another titer. If the titer still indicates a negative immunity, the student will be a non-converter and a note from MD/NP/PA is 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 Given** _ _ / _ _ / _ _ _ _ **Date Read** _ _ / _ _ / _ _ _ _ **Results:** _____	• Required Annually • If a "Positive Reactor" Status (+TST history): submit documentation of your TB screening and negative chest X-ray results

Revised: 10/2018; Reviewed 4/2019; Reviewed/Revised 10/2019; 3/2022

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

To initiate a background investigation for your company through PSI Background Screening ("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 *Background Screening* 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 **$86.00 (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 initally 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 <mark>**PP3**</mark>.

- Choose Location/Campus and Position/Program and click Continue.
  <mark>**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.**</mark>

- 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 <mark>**$45.00**</mark>.

- <mark>**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</mark>.

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