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 Immunization Tracker the first day of class. See attachment regarding instructions on uploading to the Immunization Tracker. 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drug screen who are denied clinical placement will not be able to complete the nursing program, therefore, they will be withdrawn from the program.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. CISIVE/STUDENTCHECK Background Check and UDS- DO NOT START THIS UNTIL YOU RECEIVE AN EMAIL FROM CISIVE

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.

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 checkoffs 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.

Immunizations of Requirement for South Georgia State College School of Nursing

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

CERTIFICATE OF IMMUNIZATIONS

As evidenced by Report Georgia Immunization Registry (GRITS)

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 _ _/ _ _/ _ _ _ _	**MMR Requirement Options:** Option 1) 2-dose vaccine series. Option 2) Positive antibody titer (titer can be quantitative or qualitative). *If a titer results in non-immunity, a repeat 2-dose vaccine series is required. No repeat titer needed.
Varicella (Chicken Pox**)**	#1 _ _/ _ _/ _ _ _ _ #2 _ _/ _ _/ _ _ _ _ **OR** Attached antibody titer (blood test) lab report	**Varicella Requirement Options: *No History of Disease Accepted*** Option 1) 2-dose vaccine series. Option 2) Positive antibody titer (titer can be quantitative or qualitative). *If a titer results in non-immunity, a repeat 2-dose vaccine series is required. No repeat titer needed.
Tetanus, Diphtheria, Pertussis (Tdap**)**	Tdap _ _/ _ _/ _ _ _ _ **(Required)** Td Booster _ _/ _ _/ _ _ _ _	**Tdap Requirement Options:** Option 1) A Tdap vaccine dated within the past ten years. Option 2) A Tdap vaccine documented and a TD booster dated within the past ten years.
Hepatitis B	#1 _ _/ _ _/ _ _ _ _ **#2** _ _/ _ _/ _ _ _ _ **#3** _ _/ _ _/ _ _ _ _ **AND** Attached antibody titer (blood test) lab report	**Hep B Requirement Options:** Option 1) A 2-dose Heplisav-B or 3-dose Engerix Vaccine series ***AND*** a positive antibody titer (titer can be qualitative or quantitative). *If a titer results in non-immunity, a booster dose is required, followed by a repeat titer. If repeat titer (titer #2) is also negative, you must complete the remainder of the vaccine series and repeat the titer again. **THREE negative/non-immune titers requires a non-converter letter from your physician.
Tuberculosis (TB**)**	**Tuberculin Skin Test** **Date Given** _ _/ _ _/ _ _ _ _ **Date Read** _ _/ _ _/ _ _ _ _ **Results:**_____**Signature of provider** _____	**TB Requirement Options:** Option 1) TB blood test (T-spot or QuantiFERON) within 12 months of the current date. Annual update required. Option 2) A single skin test within 12 months of the current date. Annual update required. *If test is positive, a clear/negative chest x-ray AND a TB Screening Questionnaire required annually.

Revised: 10/2018; Reviewed 4/2019; Reviewed/Revised 10/2019; 3/2022; 2/2024; 4/2026

South Georgia State College
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Health Requirements

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):

_____
_____
_____
_____
_____

South Georgia State College
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Health Requirements

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