

MARQUETTE UNIVERSITY COLLEGE OF NURSING
DIRECT ENTRY HEALTH REQUIREMENT CHECKLIST

Student Name: _____ MUID: 0 0 - _____ - _____
(Last Name) (First Name) (MI)

Please submit this checklist and all documentation to: Marquette University
Emory Clark Hall, Room 209
P.O. Box 1881, Milwaukee, WI 53201-1881
Ph: (414) 288-3810 Fax: (414) 288-1597

Documentation must be provided for the following items by May 27, 2008 for the 10th cohort.
Documentation is test results signed by your healthcare provider.

Tetanus-Diphtheria Booster within the past 10 years*

Upon expiration of the booster it is the students' responsibility to turn in documentation of a current booster.

TB Skin Test **

To be completed annually. Documentation must include the dates and results of the test. If test results are positive, provide the date of your chest x-ray and results. It is the students' responsibility to turn in documentation of this test on a yearly basis.

Chickenpox Varicella*

Provide history of Varicella disease or proof of immunity by titer, or 2 doses of Varicella vaccine, 4 weeks apart.

2 MMR (measles, mumps, rubella) Vaccines OR 2 Measles, 1 Mumps, 1 Rubella Vaccine*

Dose 1 on or after the first birthday; Dose 2 must be at least one month after the 1st dose.

If immunization date is not available, a laboratory report of a blood test (titer) showing immunity to Rubeola, Mumps and Rubella will be accepted. Vaccine/Titer not required for those born prior to 1957.

Hepatitis B Virus (HBV/HBSAB Series) OR Titer

If titer documentation indicates no immunity you must be immunized and provide documentation of the 3-dose series.

I request to have the requirement for HBV Series waived.

Student's Signature and Date

Physical Exam

The physician, nurse practitioner or physician assistant signature on this checklist counts for the physical only.

This form or other documentation regarding your last physical exam must be signed by a physician, nurse practitioner, or a physician assistant. If another form of documentation is used, it must contain the name and address of the person signing the form. Provider signature attests the student is in satisfactory health to participate in Marquette University's College of Nursing Program including engaging in clinical practice.

Physician, Nurse Practitioner, or Physician Assistant Signature

Date

CPR Certification

Provide a copy of your card. Only American Heart Association BLS certification will be accepted. New Direct Entry students will have Training sessions provided for them. Sign up sheets will be available on their first day of classes.

Wisconsin Professional Nursing License

Provide a copy of your nursing license upon completion of NCLEX (after first 15 months of study).

Health Insurance Portability and Accountability Act (HIPAA)

Provide proof of HIPAA training. *Direct Entry MSN students will meet this requirement in first course sequence.*

Do you have a latex allergy? Yes No If yes, provide documentation.

Is there any other information regarding your health status we should know?

To the best of my knowledge, the above information is correct and I do not currently have a communicable disease that would put clients or patients at risk. I grant permission to the College of Nursing to release this information to agencies at which I have practicum courses.

Signature

Date

* Required by the Marquette University Student Health Service

** This test is only required by the Marquette University Student Health Service under certain circumstances.