□ Pre licensure □ BSN Completion

WESTERN ILLINOIS UNIVERSITY

School of Nursing

Student Health Form

Student Name:	**WIU ID:**
The following immunization and screening information is mandatory! **Documentation from the healthcare provider is mandatory.**	
Immunization and titer record*	
Opthalmic Exam Date:_____ Within past year	Hearing Exam Date:_____ Within past year
Health History Updates (required annually)	#1 _____ #2 _____
TB Skin Test QFT Gold or 2 Step required on admission – 1step TBST or QFT required annually thereafter)	Type: / Date of Test / Read / Results Step 1 Step 2 #3 #4 Or QFT Gold Blood Test:_____ If positive, date of last chest x-ray and symptoms review _____
MMR Measles/Mumps/Rubella Vaccine* *In instances of non-immunity after repeated documented immunization, this requirement is waived. Date of Immunization: #1_____ #2_____	Rubella Titer Date: _____ □ Immune □ Non-Immune Rubeola Titer Date: _____ □ Immune □ Non-Immune Mumps Titer Date: _____ □ Immune □ Non-Immune Date of booster (if needed): _____
Varicella Date(s) of Vaccine #1 _____#2 _____	Date of Titer _____ □ Immune □ Non-Immune
10-Panel Drug Screen To Include: Amphetamines, Barbiturates, Benzodiazepines, Cocaine metabolites, Marijuana metabolites, Methadone, Methaqualone, Opiates, Phencyclidine, Propoxyphene	Date of Test / Results / Date of Test / Results Tested thru CastleBranch
Tetanus – diphtheria immunization (Tdap) (booster within 10 years)	Date of immunization: _____
Meningococcal	Date of immunization: _____
Hepatitis A	Date of immunization: #1 _____ #2 _____

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Hepatitis B Date of immunizations: #1_____ #2_____ #3_____	Date of titer: _____ □ Immune □ Non-Immune Date of booster (if needed): _____
Influenza (required 30 days after vaccine available from Beu Health Center)	Date of immunization: #1 _____ #2 _____

Health Care Provider Signature_____

Date:_____

Health requirement & policies apply to all students in patient care areas. It is the student's responsibility to submit accurate and timely information. To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.

_____ _____

Student signature Date

* Beu Health Center can do immunizations and titers for students if they are currently registered students paying tuition and fees at WIU. There is a cost for all services through Beu Health Center. Prospective students not currently enrolled at WIU will have to seek those services elsewhere, e.g. private physician or public health department.
*Students must provide documentation of past immunizations no later than August 1.

**Students enrolled in 9 hours or more of on-campus classes will be assessed WIU student insurance per university policy – they may apply for a waiver through the student insurance office no later than the 10th day of the semester. Waivers are approved if equal or better coverage. The Student Insurance program administrator (298-1882) and she will answer any questions regarding the program.

Safety Requirements

***HIPAA, Bloodbourne Pathogens/Standard Precautions** (may be obtained and updated during the semester) This requirement is taken care during nursing student orientation each year..	Date: #1 _____ #2 _____ Training during orientation
Malpractice/Liability Insurance (Required annually)	Coverage Date Company #1 _____ #2 _____
Professional CPR (adult, child, infant, please submit a copy of card) There will be an opportunity to obtain CPR Certification as part of NURS 310	#1 _____ #2 _____
Criminal Background Check	#1 Conducted through CastleBranch
License to Practice Professional Nursing **(RNs only)** (Submit current copy of license)	Expiration Date #1 _____ #2 _____