

TO: Health Care Providers

FROM: Jerilyn Kamm  
Assistant Dean for Student Affairs



**RE: Attestation of Physical and Mental Health**

Creighton University College of Nursing requires that all students comply with the Creighton University College of Nursing Safety and Technical Standards for participation in the College of Nursing's clinical experiences.

Each student has already completed a self-attestation when accepted into the College of Nursing. Upon admission and annually, students state whether they meet the standards with or without reasonable accommodation. It is the student's responsibility to request reasonable accommodations.

*As the personal healthcare provider for this student, I have reviewed thoroughly the patient's health, referring to the patient's health history provided to me, medical records on file, and the attached program description. Based on the information contained in the patient's medical records and provided to me by the patient, as well as my current observation of this participant, to the best of my knowledge: (Initial below)*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ NETID: \_\_\_\_\_

**HEALTH PROVIDER STATEMENT:**

Initial

Patient is **NOT CLEARED**. There are medical or mental health contraindications to participating in this program that result in the patient being unable to meet the Safety and Technical Standards. Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial

Patient is **CLEARED**. I have reviewed the patient's medical history and the College of Nursing Safety and Technical Standards. There are no medical or mental health contraindications to participation in this program. The patient is free from evidence of contagious disease on this date and would not otherwise present a health hazard to hospitalized patients, residents in long-term care facilities, or any other persons with which this individual may come into contact while participating in this program.

\_\_\_\_\_  
Printed Name of Health Provider (MD, DO, NP, PA)

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Health Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Address or Stamp: \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student: This form should be uploaded to your Personal Records in eValue once completed. Thank you.**

## Creighton University Safety and Technical Standards

1. If you had sufficient education would you be able to perform, with or without reasonable accommodations, the customary techniques for physical assessment such as auscultation (listening with a stethoscope), percussion (tapping of the chest or abdomen to elicit a sound indicating the relative density of the body part), palpation (feeling various body parts such as the breast or abdomen with the ability to discern the size, shape and consistency of masses), and visual observation sufficient to note such changes as skin and eye color, and body positioning as well as to use such instruments as an otoscope (magnifying instrument for examining the ear) and ophthalmoscope (magnifying instrument eye examinations)?
2. If you had sufficient education would you be able to perform, with or without reasonable accommodations, advanced nursing procedures as required by the practice locations or specialties in which you will receive your training?
3. If you had sufficient education would you be able to perform quickly and effectively, with or without reasonable accommodations, such emergency procedures as cardiopulmonary resuscitation and suctioning of obstructed airways?
4. Are you able to communicate orally and in writing and receive communication so as to conduct patient interviews, to provide patient education, and to make your assessments and plans known to others on the health care team?
5. Are you able to withstand the physical and psychological rigors of nursing education and practice? Both may entail long classroom and clinical hours, strenuous physical activity, exposure to latex and other allergens and taking care of patients with serious illnesses, contagious diseases, terminal diseases, and severe emotional disorders. Consistent class attendance is mandatory due to the clinical nature of the nursing program.
6. Are you able, with or without reasonable accommodations, to listen, speak, read, write, reason and perform mathematical functions at a level which allows you to process and understand materials which are presented to you (in either a verbal or a written format)?
7. Having read the Safety and Technical Standards for Creighton University School of Nursing, do you require reasonable accommodations, consistent with the Americans with Disabilities Act, to meet any of these requirements?
8. Can you meet the immunization requirements for Health Science students? (see list below)

### **COVID-19**

#### **Measles, Mumps, & Rubella (MMR)**

Two doses MMR vaccine given after the 1st birthday and at least 30 days apart

**OR**

Positive blood tests showing immunity for Measles, Mumps and Rubella (Measles IgG, Mumps IgG, Rubella IgG lab antibody titers)

#### **Tetanus-Diphtheria-Pertussis (Tdap)**

One dose of Tdap with subsequent Tetanus or Tdap booster every ten years

**Hepatitis B Surface Antibody Titer (HBsAb titer)**

Hepatitis B surface antibody titer is required. If Hepatitis B Surface Antibody titer is negative (non-reactive), additional doses of vaccine and repeat titer will be necessary

**Varicella (Chicken Pox)**

Two doses of Varicella vaccine

**OR**

Positive blood test showing immunity (Varicella IgG lab test). History of illness does NOT meet this requirement

**Initial Tuberculosis Screening**

TB Quantiferon or T-SPOT (IGRA testing) -single blood test

**OR**

Two Step TB skin test which involves two TB skin tests given one to three weeks apart

**Annual Tuberculosis Screening**

TB Quantiferon or T-SPOT (IGRA testing) or single TB skin test required annually Students with a positive TB skin test and subsequent positive IGRA testing need:

- Documentation of Chest X-ray
- Annual Provider Review

**Annual Influenza Vaccine**

Due before November 1st each year

**Meningitis Vaccine (if living on campus)**

One dose of Meningitis A,C,W,Y vaccine given after 16 years of age (N/A if over the age of 21)