

**PHYSICAL INFORMATION:**

**MOLLOY COLLEGE  
DIVISION OF NURSING**

The following is a checklist of requirements for attending clinical practice at Nursing Homes, Hospitals and Community Agencies. Each and every item must be completed:

1. \_\_\_\_ Physical examination, completed on a **DIVISION OF NURSING PHYSICAL FORM. FORM MUST BE SIGNED, STAMPED AND DATED BY HEALTH CARE PROVIDER AND MUST INCLUDE:**
  - **ALL STUDENTS MUST HAVE QUANTIFERON TB TEST**  
**OR**  
**TWO STEP PPD On Initial Physical Only (2<sup>ND</sup> PPD MUST BE PLANTED 1-3 WEEKS AFTER FIRST PPD); Thereafter One (1) PPD only.**  
**OR**  
**YOU CAN AVOID A 2<sup>ND</sup> PPD IF YOU CAN PROVIDE DOCUMENTATION OF PREVIOUS PPD WITHIN THE PAST 365 DAYS**  
PPD-Must be read between 48 and 72 hours-  
Please refer to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5202a2.htm>
  - Chest X-Ray if QUANTIFERON or PPD is positive-A COPY OF CHEST X-RAY REPORT MUST BE ATTACHED TO PHYSICAL FORM
  - Laboratory Titre Reports (**LAB SHEETS**) for: Rubella; Rubeola; Varicella; Mumps- **Numerical Values Required**

Physicals are due:

**Summer Semester:** Completed after March 15<sup>th</sup> and submitted before April 15<sup>th</sup>.

**Fall Semester:** Completed after June 15<sup>th</sup> and submitted before July 15<sup>th</sup>.

**Spring Semester:** Completed after November 1<sup>st</sup> and submitted before December 1<sup>st</sup>.

**PHYSICAL AND PPDs MUST BE DONE YEARLY AND SUBMITTED TO JEANNE RYAN-CASEY RM. 224**

2. \_\_\_\_ CPR-Cardio pulmonary resuscitation certification must be completed.... CPR cards must be submitted with your Physical Information to Casey 224.

Accepted Program: **American Heart Assoc. – BLS for Health Care Providers**

3. \_\_\_\_ Order your Molloy Nursing Uniform and white professional shoes.
4. \_\_\_\_ Order Name Pin and Molloy College School Patch which is to be sewn to the left sleeve of the uniform.  
Order early enough to be ready before your clinical begins.
5. \_\_\_\_ Obtain: a) Stethoscope (Dual Head/Professional Color)  
b) Sphygmomanometer – Blood Pressure Machine  
c) Watch with second hand
6. \_\_\_\_ LPN, RN & GRADUATE NURSING STUDENTS MUST ALSO SUBMIT A COPY OF THEIR BLS, LICENSE REGISTRATION CERTIFICATE AND MALPRACTICE INSURANCE – GRADUATE STUDENTS MUST ALSO SUBMIT A COPY OF THEIR CERTIFICATE OF INFECTION CONTROL TO JEANNE RYAN –CASEY RM. 224.
7. \_\_\_\_ Review the Molloy College Nursing Handbook and review policies and health requirements.

**Attention All Nursing Students**

**For Clarification of the Attached Checklist, Physical Form, Latex Allergy Form, Flu Vaccine Form, and Student Uniform Information please come to Casey 224 between the hours of 8am - 4pm**

**Or**

**Call Jeanne Ryan at (516) 678-5000 Ext. 6794 – or-**

**Krissy Hill at (516) 678-5000 Ext. 6793**

**Between 8am – 4pm**

**MOLLOY COLLEGE  
DIVISION OF NURSING – PHYSICAL FORM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First MI/Maiden

Address \_\_\_\_\_  
Street Apartment City State Zip

Student ID \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell Phone( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**LAB REPORTS REQUIRED ON INITIAL PHYSICAL ONLY-  
MUST BE ATTACHED TO THIS FORM:**

**NEGATIVE TITRES FOR RUBELLA, RUBEOLA AND MUMPS REQUIRE PROOF OF TWO (2)  
MMR's, A NEGATIVE VARICELLA TITRE REQUIRES PROOF OF TWO (2) VARICELLA  
VACCINES.**

<b><u>Titre</u></b>	<b><u>Value</u></b>	<b><u>Date</u></b>	<b><u>Result</u></b>	<b><u>VACCINES (IF REQUIRED)</u></b>
*Rubella	_____	_____	_____	_____
*Rubeola	_____	_____	_____	_____
*Mumps	_____	_____	_____	_____
*Varicella	_____	_____	_____	_____

**Diphtheria/Tetanus Pertussis: [Within Last 10 Years] (Tdap)\_\_\_\_\_ (Td)\_\_\_\_\_**

If, as an adult, you haven't had a vaccine that contains pertussis (whooping cough) one of **the doses you receive needs to have pertussis in it.**

**RELEASE OF HEALTH RECORDS**

**I, the undersigned, authorize release of information from my Health Record to affiliating clinical agencies.**

**SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_**

***COPIES OF BLS/CPR CARD  
AND  
UNIVERSAL OR NORTSHORE-LIJ ORIENTATION  
MUST BE SUBMITTED***

**MOLLOY COLLEGE  
DIVISION OF NURSING – PHYSICAL FORM**

**\*\*Hepatitis B Vaccine:**      1. Date \_\_\_\_\_ 2. Date \_\_\_\_\_  
3. Date \_\_\_\_\_ Follow-Up Titre \_\_\_\_\_  
(Recommended)

**\*\*Nursing students are required to be immunized with Hepatitis B Vaccine prior to the beginning of clinical practice or must sign a Declination statement.**

**Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B Vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name (Print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUBERCULIN TESTING**

**PPD** tuberculin test must be read 48-72 hours after implantation. Annual PPD required **OR**  
Date of **QuantiFERON TB Gold** \_\_\_\_\_ **Lab Report Must Be Attached**

**PPD**

Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Result \_\_\_\_\_

**2<sup>nd</sup> PPD Required on Initial Physical Only-Must Be Planted 1-3 Weeks After First PPD**

Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Result \_\_\_\_\_

**If positive PPD, chest X-Ray is required every two years.**

**Date: \_\_\_\_\_ Report must be attached.**

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**MOLLOY COLLEGE**  
**DIVISION OF NURSING – PHYSICAL FORM**

I certify that (print name of student) \_\_\_\_\_ is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments which may be of potential risk to patients or other personnel or which may interfere with the performance of his or her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior. This individual is able to participate in clinical learning experiences as a student of Nursing.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ HGB: \_\_\_\_\_ HCT: \_\_\_\_\_

U/A: \_\_\_\_\_ WBC: \_\_\_\_\_ Diff: \_\_\_\_\_ Latex Allergy: \_\_\_\_\_

Teeth \_\_\_\_\_ Mouth \_\_\_\_\_ Tongue \_\_\_\_\_ Throat \_\_\_\_\_ Thyroid \_\_\_\_\_ Reflexes \_\_\_\_\_  
Chest \_\_\_\_\_ Heart \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Varicosities \_\_\_\_\_

Allergies: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Injuries: \_\_\_\_\_

Restriction on  
Activity: \_\_\_\_\_

Medications: \_\_\_\_\_

\*\*Disabilities: \_\_\_\_\_

\*\*Students with disabilities are considered on an individual basis. Students must be able to meet program objectives.

I have, this day, given \_\_\_\_\_ a careful examination and found him/her in  
\_\_\_\_\_ health.

Are you the family health care provider? Yes \_\_\_\_\_ No \_\_\_\_\_ How long have you known the  
Applicant? \_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION:**

**Name: (Please Print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ License Number \_\_\_\_\_ State of License \_\_\_\_\_

Date of Examination \_\_\_\_\_

MOLLOY COLLEGE  
DIVISION OF NURSING  
Latex Allergy Policy

**Background:** Over the last ten years, latex allergy has become a serious healthcare problem. Experts have described it as a disabling occupational disease among healthcare workers (American Nurses Association, 1997).

The allergic reaction to latex is evoked by direct contact with products containing latex rubber or by inhaling powder from latex gloves. Responses may range in severity from a rash to asthma attacks to death from anaphylaxis (New York State Nurses Association, 1999).

The increased need to don gloves in both medical and non-medical settings has increased the prevalence of latex allergies. A 1997 alert published by the National Institute of Occupational Safety (NIOSH) indicated that about 1% to 6% of the general population and 8% to 12% of regularly exposed healthcare workers are sensitized to latex. These statistics indicate that an increasing number of entering nursing students may already have a latex sensitivity. Beginning one's professional life with a latex allergy presents unique problems for students and faculty.

In light of this growing problem the Division of Nursing has developed the following policy related to latex exposure.

**Initial Steps:** All Molloy Division of Nursing Student and Faculty History and Physical Forms to have a category, which indicates *Latex Allergy*. The healthcare provider completing the form must specifically respond to this item.

**Follow-Up:** In those instances where a latex allergy has been indicated, faculty/student will need to be contacted by Health Services: The following actions should be initiated:

- Faculty/Student will be given literature on latex allergies
- Faculty/Student will be counseled regarding acceleration of sensitivity with repeated exposures
- Faculty/Student will be encouraged to wear a Medi-Alert bracelet as suggested by NIOSH
- Faculty/Student acknowledgement of this policy will be kept on file in department

**Agency Contact:** The faculty/student will be responsible for sharing information about themselves regarding latex allergy with the respective clinical agency.

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I am a faculty member/student in the Molloy College Division of Nursing. I have read the Molloy College policy concerning Latex Allergy.

☐

I do not have any allergy to latex, or

☐

I have a latex allergy and I have previously so notified Molloy College. I am fully aware of the dangers arising out of exposure to latex and I agree to exercise appropriate caution. I hereby release Molloy College, its Board of Trustees, officers and administrators and employees from any claim or liability arising out of my exposure to latex either on the campus of Molloy College or in any clinical setting.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MOLLOY COLLEGE**  
**DIVISION OF NURSING**

**FLU VACCINE FORM**

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***Student Name***

***ID Number***

***Seasonal Flu Vaccine***

***Manufacturer of Vaccine***

\_\_\_\_\_

***Lot Number of the Vaccine***

\_\_\_\_\_

***Dose Administered***

\_\_\_\_\_

***Date Administered***

\_\_\_\_\_

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***Name of Provider***

***License Number***

***Office Seal***



## **UNIFORM REQUIREMENTS**

Lakeville Uniforms  
271-11 Union Turnpike  
New Hyde Park, NY 11040

(718)-343-8947  
Ask for: Judy Chu

Life Uniforms  
249 Old Country Road  
Carle Place, NY 11514

(516)-747-6090

**Students must purchase a uniform/patch/name pin at:**  
**LAKEVILLE UNIFORMS or LIFE UNIFORMS**

In addition to the uniform, you will need white shoes and stockings (women), stethoscope (**Dual Head/Professional Color**), sphygmomanometer (B/P machine) and a watch with second hand. **You may purchase equipment and shoes at Lakeville Uniforms , Life Uniforms or on your own.**

### **Female Uniforms:**

Top: Cherokee	# 2878
Pants: Cherokee	# 4001
<b>OR</b>	
Dress – Barco	# 4801

### **Male Uniforms:**

Top: Adar Jacket	# 607
Pants: Landau	# 8550

### **Name Pins:**

Red with white lettering

Name Badge should read: Example...M. Smith, N.S.

Molloy College Students

### **Molloy Patch**

**Review the Nursing Student Handbook regarding Dress Code.**

**\*\*\*Bring this letter with you to the store!!!\*\*\***

Revised Summer 2013