

HEALTH REQUIREMENTS FOR FUTURE UPPER DIVISION NURSING STUDENTS



**Important
information**

**MUST COMPLETE ALL
REQUIREMENTS
PRIOR TO SEMESTER OF
ADMISSION**



**Important
information**

**ALL REQUIREMENTS MUST BE COMPLETED PRIOR TO BEGINNING
COLLEGE OF NURSING UPPER DIVISION**

If you are planning to apply for upper division, the following **must be completed PRIOR to enrollment in order to meet hospital requirements for the clinical experience. Students not complete in the following will not be eligible for admission to the upper division.**

The following are required BLOOD TITERS. A blood titer is a blood test to determine if you are immune to the identified diseases. You must obtain the titer (blood test) and a full lab report that shows your results AND the reference range for each blood test. Review below for more complete information

The following MUST BE COMPLETED before enrollment in CON

Titers (Blood Tests)		
Lab Test	Action: If Positive Result	Action: If Negative Result
MMR* (Measles, Mumps and Rubella) (Titer must be IGG)	No vaccines required Keep lab report for future upload to CastleBranch Account*	2 Vaccines; 1 month apart followed by a 2 nd titer report 4 – 6 weeks after 2 nd vaccine.
Varicella * (Titer must be IGG)	No vaccines required Keep lab report for future upload to CastleBranch Account*	2 Vaccines; 1 month apart followed by a 2 nd titer report 4 – 6 weeks after 2 nd vaccine.
Hepatitis B*	No vaccines required Keep lab report for future upload to CastleBranch Account*; Locate previous Hep B immunization series for future upload to CastleBranch	3 vaccines; #1 and #2 – one month apart; #3 – 6 months after #2 followed by repeat titer 4 – 6 weeks after #2
Hepatitis C	If positive – follow up with health care provider	Desired result is Negative

CastleBranch *	An electronic portal where you will upload all of your medical records once admitted to upper division
MMR*	You will be uploading to CastleBranch your initial titer; vaccines #1 and #2 and your follow up titer.

Varicella *	You will be uploading to CastleBranch your initial titer; vaccines #1 and #2 and your follow up titer.
Hepatitis B*	Note: There is a new vaccine out called HEPLISAV - B which requires only 2 vaccines one month apart. Consider this option.

Summary Statement Re: titers (Blood tests): Need MMR, Varicella, Hepatitis B, Hepatitis C. The goal is to reach immunity as demonstrated per a blood titer. If initial titers (blood tests) are negative, must complete the series and post vaccine titers PRIOR to semester of admission. Desired results for MMR, Varicella, and Hep B – POSITIVE; Desired result for Hepatitis C is NEG. Note there is a NEW Hepatitis B vaccine (Heplisav-B) that requires only two vaccines 1 month apart.

All 4 titers can be drawn at the same time. Titers are good for 5 years.

FAQ's (Frequently Asked Questions)

1. Tell me more about CastleBranch:

Answer: As mentioned above, it is an online portal for uploading and storage of your health requirement files. There will be 2 costs that you will be responsible for:

\$35.00 – for CastleBranch

\$ 37.00 – for the Drug Screening (more information later in this document)

(note: costs may increase slightly from above)

2. What do I do with the lab reports once I receive them?

Answer: Keep them in a file. Upon admission to the upper division College of Nursing, you will receive instructions on setting up your CastleBranch account. Once done, you will then upload your files to that site.

3. Why do I have to have the titers and immunizations done before I can be admitted to the College of Nursing

Answer: As a Semester One student, you will be going into the clinical areas. Each student is required to have completed the titers and if negative, the vaccines as described above. Completed medical records must be submitted by the school to the hospitals several weeks PRIOR to beginning in the clinical setting.

4. Are there other shots that I need?

Answer: : Yes, see the chart below

Additional required vaccines for upper division clinical students

Other Required Vaccines	
Requirement	Comments
Tdap	Must have received it within the last 10 years
Flu shot	Must be received annually <u>after August 1st</u> of each academic year. NOTE: Documentation must include: <ul style="list-style-type: none"> • Date received • Location received • Lot number and expiration date
Meningococcal Vaccine	One time dose for students entering college; will need documentation of it to submit to CastleBranch As Per PVAMU Guidelines: https://www.dshs.texas.gov/immunize/school/college-requirements.aspx Students new to PVAMU must submit documentation to the University Health Center and upload to CastleBranch once the site is available for purchase.

5. What other medical requirements are required ?

Answer: See below:

Other Requirements	
Requirement	Comments
Physical Exam	Should be done within three months of your admission month. <ul style="list-style-type: none"> • Spring admission – complete between October and January 1st. • Fall admission – between May and July 31st. • Must be repeated yearly • Must Use CON Physical Form
TB Test	Initially and yearly : Initially for upper division: One of the following completed within the past 12 months is required: <ul style="list-style-type: none"> • 2 step TB skin test (administered 1-3 weeks apart) OR

	<ul style="list-style-type: none"> • 2 consecutive annual tests (administered 10-12 months apart, with the most recent administered within the past 12 months) <p>OR</p> <ul style="list-style-type: none"> • QuantiFERON Gold blood test (lab report required) <p>OR</p> <ul style="list-style-type: none"> • T-Spot blood test (lab report required) OR • IGRA blood test (lab report required) <p>OR</p> <ul style="list-style-type: none"> • If positive results, submit: <ul style="list-style-type: none"> ○ a clear chest x-ray (lab report required) AND ○ physician clearance documented on letterhead following positive results. <p>The renewal date will be set for 1 year.</p>
Health Insurance	<ul style="list-style-type: none"> • Students are required to have their own health insurance. You may be on your parent's policy, but must have a card with your name on it. • A Gold Card is acceptable • Insurance is required to be <u>current for entire time student is enrolled in the University</u>
CPR	<ul style="list-style-type: none"> • Must be a <u>certified American Heart Association BLS (Basic Life Support) course. (Online course NOT accepted)</u> • Must be good for a minimum of 2 years • Will need to upload front and back of card • Back of card must have student's signature
Residency Status	<p>One of the following:</p> <p>List of Acceptable Documents:</p> <ul style="list-style-type: none"> • U.S. Citizenship <ul style="list-style-type: none"> ○ US Birth Certificate - along with government issued photo id OR ○ US Passport <p>OR</p> <ul style="list-style-type: none"> • Naturalization <ul style="list-style-type: none"> ○ Original Naturalization Certification of Citizenship <p>OR</p> <ul style="list-style-type: none"> • Permanent Resident

	<ul style="list-style-type: none"> ○ Valid Permanent Resident Card (Green Card) <p>OR</p> <ul style="list-style-type: none"> ● F-1 International Students <ul style="list-style-type: none"> ○ Form I-20 - Valid ○ Passport - Valid ○ F-1 Visa - Can be Expired ○ I-94 Record ○ Status Letter from International Student Advisor - stating that the student is maintaining legal status
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Drug Screen and Background Check	
Drug Screen *	<ul style="list-style-type: none"> ● Once admitted to upper division, and have set up your CastleBranch account, you will see directions for obtaining the drug screen. ● DO YOUR DRUG SCREEN THROUGH CASTLEBRANCH; drug screens done outside of the CastleBranch directions <u>WILL NOT BE ACCEPTED</u>
Background Check *	<ul style="list-style-type: none"> ● Upon admission to upper division, you will receive an email from IDENTOGO with directions for obtaining a state and federal background check. Once you receive the directions, schedule your appointment <u>IMMEDIATELY</u> ● If background check is clear, you will receive a <u>BLUE COLORED POST CARD</u> which you will upload <u>front and back</u> to CastleBranch ● If you have listed your home address for the blue card to be sent to you, but are not currently living there (such as your parents home); be sure to alert them to watch for the blue card and NOT throw it away.
*Drug Screen and Background Check	<p>If either of these tests comes back as positive, your admission to upper division will be rescinded.</p> <p>If you think that you may have something positive on your background check, please contact a nursing advisor for instructions on completing a declaratory order with the Texas Board of Nursing. If you have been told that an offense has been "expunged" and is not on your record, note this is INCORRECT; it will be on your record. Hence, even if expunged, you must file for a declaratory order with the Board of Nursing BEFORE YOU APPLY FOR ADMISSION.</p>

6. When and how do I set up my CastleBranch account

Answer: Upon acceptance for admission to Upper Division, each student will be given directions for exactly how to set up the CastleBranch account. **It will be important to follow all upload directions very carefully in order for each requirement to be reviewed and accepted as complete.**

7. Am I able to take summer courses (health assessment or pathophysiology) if my requirements are not complete?

Answer: Requirements must be completed by the 1st day of the fall semester. Pathophysiology or Health Assessment may be taken in the summer per advisement of the Semester One Coordinator.

In summary the following is a timeline for completing requirements. Remember, all must be met PRIOR to admission.

Blood Titers	Time Frame
Initial Titers (blood tests) : MMR, Varicella, Hepatitis B, Hepatitis C	Complete during semester PRIOR to admission Note for Hepatitis B; locate your previous vaccine records and have in your file ready to upload
For negative titers: Complete vaccine series; Complete follow up titer 4 – 6 weeks after last vaccine.	Complete during semester PRIOR to admission
Hep C - Negative titer is desired outcome	For positive Hep C titer; follow up with health care provider.
Other Vaccines	Time Frame
Tdap, Meningococcal Vaccines	Complete during semester PRIOR to admission
TB (2 step);	Complete within 3 months of enrollment – repeated annually
Flu Shot	Complete after August 1 st annually

Other Requirements	Time Frame
CPR	Complete within 3 months of admission – BSL (Basic Life Support per American Heart Association)
Physical Exam	Complete within 3 months of admission – repeated annually
Residency Status	Gather needed documents as described above for upload when CastleBranch account is set up semester PRIOR to admission.
Drug Screen/Background Check	Time Frame
Drug Screen	Complete as soon as you are granted access to set up CastleBranch account.
Background Check	Obtain within ONE WEEK of receiving email notice from IDENTOGO



Contact:

Margie Landson MSN, RN, CNE Semester One Coordinator Houston Nursing Center	Phone: 713-797-7023 Email: mjlandson@pvamu.edu (preferred over phone calls)
Dr. Forrest Smith Director of Admissions and Student Services, College of Nursing	Phone: 713-797-7000 Email: fdsmith@pvamu.edu
Dr. Philisie Washington Director, BSN Program	Phone: 713-797-7000 Email: pmwashington@pvamu.edu
Pre Nursing Advisors 2 nd Floor Anderson Hall	They will either answer your question or refer you or question to one of the above

MEDICAL HISTORY FORM
Prairie View A & M University College of Nursing
 Houston, Texas

GENERAL INFORMATION (To be filled in by student)

DATE: _____

Name in full _____
LAST NAME FIRST NAME MIDDLE NAME

Local Address _____

Home Address _____

Email: _____ Phone Number: _____

Date of Birth _____ Place of Birth _____
MONTH / DAY / YEAR

Age _____ Gender _____ Marital Status _____ Citizenship _____

PERSONAL HISTORY (To be filled in by student)

Have you been addicted or treated for the abuse of alcohol or other substances within the past five (5) years? (You may answer no if you have completed and/or are in compliance with TPAPN for substance abuse). YES NO If yes, explain: _____

Have you, to the best of your knowledge, ever had any of the following: (yes or no). If yes please explain below this box.

<input type="checkbox"/> Anemia <input type="checkbox"/> Antisocial Personality Disorder <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Back Problem <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Gastrointestinal Disorder	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Hepatitis <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Defects <input type="checkbox"/> Hernia <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Major Depression <input type="checkbox"/> Migraines <input type="checkbox"/> Paranoid Personality Disorder <input type="checkbox"/> Pneumonia	<input type="checkbox"/> Psychotic Disorders <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Seizures <input type="checkbox"/> Sexually Transmitted Disease(s) <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Skin Disorders <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Ulcers <input type="checkbox"/> Other
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Explanation for conditions noted in the above box:

Have you had any serious illness, operations or injuries? ____ If yes, explain: _____

MEDICATION: Medications you are routinely taking including alternative medication and herbs:_____

Allergies-medications, foods, **latex**, etc.:_____

Date Form Completed by student: _____

Date form reviewed by Healthcare Provider: _____

Licensed Healthcare Provider (Printed)

(Signature) M.D. | D.O. | P.A. | N.P. (Circle correct title) Other

ANNUAL PHYSICAL EXAMINATION FORM
Prairie View A & M University College of Nursing
6436 Fannin, Houston, Texas 77030

Name in Full _____
LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID # _____

PHYSICAL EXAMINATION (To be filled by Physician)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Please check abnormal or normal as appropriate. If any area(s) is (are) abnormal please describe in Remarks below.

Eyes & Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Heart: Murmur	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Ears & Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Heart: Rhythm	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Nose	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Lungs	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Throat (Adenoids and Tonsils)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Breasts	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Gums	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Abdomen	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Tongue	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hernias	<input type="checkbox"/> Yes <input type="checkbox"/> No
Teeth	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Pelvis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Sinuses	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Spine Posture	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Skin	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Upper Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Thyroid	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Lower Extremities	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Heart: Size	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Nutrition	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Heart Sounds	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		

Explain any abnormal findings in the physical examination: _____

Explain previous medical history that may affect participation in clinical nursing activities: _____

Two-Step TB Test Required, one-three weeks apart.

_____ TB Skin Test or CXR	_____ Date given	_____ Date read	_____ Result	_____ Signature of provider
_____ TB Skin Test or CXR	_____ Date given	_____ Date read	_____ Result	_____ Signature of provider

Date

Licensed Healthcare Provider (Printed)

(Signature) M.D. | D.O. | P.A. | N.P. (Circle correct title) Other

Address: _____

City State Zip Code

Phone: _____

Students are required to have a physical exam annually while enrolled in the nursing program. Should a student become pregnant or experience any change in health status during the annual year of the physical examination, the Semester Coordinator must be notified and an updated physical examination must be filed within two (2) weeks. Also, there must be a meeting with the Semester Coordinator to review requirements of course enrollment.