- 9 Document lists name of provider
- 9 Document lists student name
- 9 Document lists service name
- 9 Document lists service date
- 9 Result with quantitative reference range and/or full interpretationreading
- 9 If document has a field which indicates a provider signature, document must reflect a provider signature or signature **stap**

Pleasedo not send any personal health records to W@sUVGUcannot accept or store personal health information in accordance willIPAA regulations. Adompliancedo 0 T2 4.8r111enatd0or-0.6 (I5A Td [(P)ccc

MMR (Measles,Mumps, and Rubella):Two (2) doses of MMR **s**erological evidence of MMR immunity via an IgG antibody titer screening.

- 2. Tetanus Diphtheria and acellulaPertussis (Tdap)Update upon expiration; younust have a tetanus, diphtheria, and acellular pertussis vaccination within the st ten years
- 3. Varicella Two (2) doses of varicella **se**rological evidence of varicella immunity **aria**lgG antibody titer screening.
- 4. Influenza vaccineA seasonal flu vaccination is required an annual basis. Declining the flu shot may preclude you from being able to attend a field cement. If you choose to decline the flu shot, you must complete Va/GU exemption form. To obtain this form please contact Health Placement Team.
- 5. Tuberculosis (TBAnnual submission, ou must have documentation afcurrent tuberculosis screening very year while at WGU. Acceptable testing includes either ab, or c:
 - a) AnnuaPPDTB screening
 - b) Annual IRGAQuantiFERON Gold or T-spot) blood TB test
 - c) If you have a Positive PPD: You must supply printed proof of the date you



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below) from your provider. This report mustase that you, the patient, are 'negative' for signs and symptoms of tuberculosis.

- 6. Hepatitis B: Three (3) doses of hepatitise B: B: Three (3) doses of hepatitise B: Three (3) dose
- 7. CPR Certification: Expires every two years. You must have a commentation Heart Association (AHA) Basic Life Support (BLS) CPR Certificationse enter the date issued and submit a copy of the front and back of your CPR card to **your**pliance account.
- 8. Registered Nurse (RN) License: Update upon expiration; typicarley two yearsYou must have a valid RN license on file before the beginning of your Field Example. Please enter the expiration date and submit a copy of your license to your compliance accolorut.can obtain the documentation for your RN license from Nursys online Service. The website address is, https://www.nursys.com. Please submit a screeoustro validate yourcurrent RN license.
- p(e)43 revi5.6 (dr t)2.7 1-3.9 (t)2. (e)-3.7 (fye)-38 u(t)2..abo(h)1.4 ye tp(e)43 revi5.6 (dr t)2.7
 9. Health Insurance:Updateupon expiration;typically,annually.Youmust showevidenceof



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WGU Annual TB Screening Form

Annual Health Screening Questionnaire for History of Positive TB Skin Test

<u>Instructions</u>:Annual symptom screening is required for all students who have a history of a positive tubercule (TB) test. Students are required to complete this form yearly **bhl**ey have a history of a positive TB test.

When did you have **p**ositiveTB test?_____ What is the date of your la**st**testx-ray?_____ Result<u>:</u>_____

Do you CURRENTLY have symptoms of any of the following:

	YES	NO
Weight loss (unrelated to dieting)	ſ	"
Loss of appetite for >2 weeks	í	"
Bloody sputum	٢	"
Night sweats/fever	"	"

Unusual fatigue for > t ' 'g:



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Physical Examination As part of your programyou must have a licensed MD, ND, DO, ARNP, or PA complete the form below and document that you can physically fulfill the essential job functions of a nursing or allied health professions student

