



STUDENT NAME \_\_\_\_\_ Phone # \_\_\_\_\_

<b>HEALTH PROVIDER STAMP OR SIGNATURE (INCLUDE CREDENTIALS &amp; PHONE NUMBER—in each box)</b>	<u>HIV Test</u>	<u>Influenza Vaccine</u>
<b>HIV Test</b> (done within 6 months of starting program) <b>(DO NOT INDICATE RESULTS)</b>	<u>One-time HIV Test</u> <b>Provider:</b>  <b>Phone:</b>  <b>Date of test:</b>	<u>Influenza Annual Vaccine</u> <b>Date:</b> <b>Provider:</b>  <b>Phone:</b> <b>Location</b>
<p><b>*Annual proof of freedom from TB: <u>Initial negative 2-step PPD</u> or <u>QuantiFERON®-TB Gold</u> blood test followed by annual PPD or <u>QuantiFERON®-TB Gold</u>. If PPD is positive, then proof of negative chest x-ray or dates of treatment are required at start of program and annual screening questionnaires thereafter.</b></p>		
<u>*Initial 2-step PPD Skin Test</u> <u>OR</u> <u>QuantiFERON®-TB Gold</u> <b>Results Date:</b> Positive ____ Negative ____ ----- <b>Results Date:</b> Positive ____ Negative ____  <b>Provider:</b>  <b>Phone:</b>	<u>PPD Skin Test</u> <u>OR</u> <u>QuantiFERON®-TB Gold</u>  <b>Results Date:</b> Positive ____ Negative ____  <b>Provider:</b>  <b>Phone:</b>	<u>PPD Skin Test</u> <u>OR</u> <u>QuantiFERON®-TB Gold</u>  <b>Results Date:</b> Positive ____ Negative ____  <b>Provider:</b>  <b>Phone:</b>
<p><b>Criminal background checks will be required as specified by the UAA School of Nursing</b></p>		
<p><b>CPR certification: Cardiopulmonary Resuscitation for Infants, Children and Adults, Two-man Rescue &amp; AED must be current throughout the entire clinical sequence. Provide copy of CPR card.</b>  <u><b>American Heart Association <i>BLS for Healthcare Providers</i> OR</b></u>  <u><b>American Red Cross <i>CPR/AED for Professional Rescuer &amp; Healthcare Provider</i></b></u>  <b>are acceptable. 100% online courses are not acceptable.</b></p>		
<p><b>Alaskan RN Licensure: Copy of current license. (RN→BS and MS students only)</b>  <b>Alaskan LPN Licensure: Copy of current license. (LPN→AAS students only)</b></p>		

This check sheet must be stamped or signed by the health provider or original health documents may be copied. Documentation must be provided prior to beginning of your first clinical course.

The student is responsible for keeping their original health and CPR documents throughout the clinical sequence and for providing copies as requested.

All students enrolled in clinical courses are covered by liability insurance through University of Alaska Statewide Risk Management. The cost of the insurance is covered by fees for the clinical courses.

**Deadlines: July 15<sup>th</sup> for Fall; November 15<sup>th</sup> for Spring; March 15<sup>th</sup> for Summer**