Health and Safety Compliance Requirements

For

DNP Students

Healthcare requirements are driven by the healthcare field. As a college, we have to ensure that all students, regardless of program, meet compliance requirements necessitated by the larger healthcare system. All students will be held to the same standards.

Fall 2013

MENNONITE COLLEGE OF NURSING—ILLINOIS STATE UNIVERSITY

Dear DNP student:

Enclosed is a packet of information relating to Health and Safety Compliance Requirements and immunization requirements for ALL students who are entering Mennonite College of Nursing at Illinois State University in the Fall 2013. This packet contains very important information with specific deadlines. A detailed checklist can be found on the last page of this packet.

Requirement #1: Illinois State University Immunization Requirements

If you are currently attending Illinois State University in the Summer 2013 or at any time in the past, you will have already completed the ***Illinois State University*** immunization requirements upon admission to the University. Therefore, you will be complete in this area.

If you have never attended Illinois State University you WILL need to complete the ***Illinois State University immunization requirements*** on-line at www.shs.ilstu.edu (i.e. click on "External Health Related Links", Preventative Medicine", State of IL Immunization Requirements"). The state of Illinois requires you to provide proof of immunity for certain vaccine preventable diseases. Please note that this form is required of ALL STUDENTS, regardless of major, who enter Illinois State University. If you have any questions, please contact Student Health Service Health Information Management at 309-438-7559.

Requirement #2: Physical Examination Form- Mennonite College of Nursing

All students are expected to receive a physical examination by a physician or nurse practitioner. The enclosed form entitled: ***Physical Examination Form - Mennonite College of Nursing at Illinois State University*** references all of the requirements that are part of this physical. If you completed a physical examination as an undergraduate student at Mennonite College of Nursing you will need to complete an updated physical.

If you are enrolled (Spring 2013 or Summer 2013) at Illinois State University in at least one course that is NOT on-line, you may make an appointment to have a physical examination at the Illinois State University Student Health Service. If you are NOT currently enrolled in courses at Illinois State University, you will NOT be allowed to obtain your physical examination from the Illinois State University Student Health Service and you will need to schedule an appointment with a physician or nurse practitioner of your choice. This examination must be documented on the enclosed ***Physical Examination form—Mennonite College of Nursing—Illinois State University.****

The enclosed ***Physical Examination Form—Mennonite College of Nursing at Illinois State University*** has been provided to the Student Health Service for the purpose of conducting nursing student physicals, so students do NOT need to provide this form to the physician at the Student Health Service. Students who decide to obtain their physical examination elsewhere must present the enclosed form to the healthcare provider. Verification of completion of the physical examination must be received by the college by **July 1, 2013**.

**Any student needing to arrange a reasonable accommodation for a documented disability should contact Disability Concerns at 350 Fell Hall, 438-5853 (voice), 438-8620 (TTY).*

Requirement #3: ISHIHARA Test

An ISHIHARA color blindness test is to be performed during the physical examination and the results are to be documented on the ***Physical Examination Form - Mennonite College of Nursing - Illinois State University*** by the healthcare provider. This is a component that is often missed by healthcare providers external to the university, so students should verify that this part of the physical form is complete before leaving the appointment. Evidence of completion must be received by the college by **July 1, 2013.**

Requirement #4: Latex Glove Allergies

For students with latex glove allergies even the smallest amount of latex that comes in contact with the body can cause extreme effects. Students must therefore be screened for a latex allergy during the physical examination process. Information should be provided on the enclosed Latex Allergy Screening Form that requires a physician's signature. Students who have a latex allergy will be expected to notify their clinical instructors prior to the 1st nursing clinical rotation. Evidence of completion must be received by the college by **July 1, 2013**.

Requirement #5: Varicella and Rubella Titres

As part of this Mennonite College of Nursing physical examination form students will be expected to obtain blood titres to provide proof of immunity from rubella and varicella (IGG antibody titres). Even if you have been immunized or show evidence of having had these diseases, you will need to obtain these titres-NO EXCEPTIONS. Students who have already completed the titre with immune titer at any time just needs to provide documentation from the healthcare provider (i.e. with your name, date of titer, copy of titer report, physicians or nurse name, of physician or nurse's signature with credentials) to verify completion. Evidence of completion must be received by the college by **July 1, 2013.**

Requirement #6: Hepatitis B Injections and TITRE

All students must obtain Hepatitis B immunization AND a titre. Completion of a series of three injections is required as is a blood titre to prove immunity. The first two doses must be administered prior to being allowed to register for any Fall 2013 coursework. The second dose should be administered one month after the first dose has been administered. The third dose should be administered five months after the second dose has been administered. The titre should be optimally drawn 1-2 months after the 3rd Hepatitis B injection. Students who have already completed a three injection Hepatitis B series with immune titre at any time just need to provide documentation from the healthcare provider (i.e. with your name, date of injections/ titre, copy of titre report, physician or nurse's name, physician or nurse's signature with credentials) to verify completion. Evidence of completion must be received by the college by **July 1, 2013**.

Students who show evidence of NON-IMMUNITY from the Hepatitis B titre will be expected to obtain a new Hepatitis B three injection series followed by a new titre.

Requirement #7: TDAP

Students must obtain the TDAP vaccine within the past 10 years. Even if students have been immunized with the TD (tetanus) vaccination within the past 10 years, the TDAP (tetanus, diphtheria, & pertussis) is still required. If you have already completed the TDAP booster you just need to provide documentation from your healthcare provider (i.e. with your name, date of injection, physician or nurse's name, physician or nurse's signature with credentials) verifying completion. Evidence of completion must be received by the college by **July 1, 2013**.

Requirement #8: Fit Test (required only for clinical/research at Advocate BroMenn or their Affiliate)

If you are attending Advocated BroMenn or their Affiliate for Fall 2013 for purposes of course research or clinical placement, you will need to complete this requirement now. If you will not be attending Advocated BroMenn or their Affiliate for Fall 2013 but know that you will be attending their at some point in your educational trajectory, you will need to eventually complete this requirement—so it may be worth completing it now.

Respirator Fit Testing services to safeguard the student against accidental inhalation of contaminants such as Tuberculosis, H1N1, Severe Acute Respiratory Syndrome (SARS), Avian Influenza and other infectious and airborne diseases. Respirator Fit Testing should be conducted in accordance with OSHA's 1910.134 standard.

The Fit Test is typically not available from a primary care provider and instead should be obtained from an Occupational Health Clinic. Services available in the Bloomington-Normal area can be obtained at Advocate Medical Group Immediate Care & Occupational Health (309-556-7556). Evidence of completion must be received by the college by **July 1, 2013**.

Requirement #9: CPR Course

All students are required to have a current CPR card by the beginning of the Fall 2013 semester. One of two CPR courses (i.e. American Heart Association: "BLS Healthcare Provider" - or- American Red Cross: "CPR/AED for Professional Rescuer and Health Care Provider") may be completed to fulfill the requirement. If you are currently a CPR instructor, you may provide documentation of this status for approval of this requirement. Verification of completion must be received by the college by **July 1, 2013**.

Requirement #10: TWO-STEP TB Skin Test

All students are expected to obtain a TWO -STEP tuberculosis skin test from a primary care provider or occupational health clinic. Submission of a previous TWO-STEP tuberculosis skin test with uninterrupted yearly ONE STEP follow up will fulfill this requirement. Evidence of completion must be received by the college by **July 1, 2013**. A one step TB skin test will be required of students on an annual basis following the initial TWO-STEP.

Requirement #11: Influenza

Students will be expected to receive the influenza vaccine when it is available during flu season (i.e. starting in Fall 2013). Students should anticipate obtaining the influenza vaccine when it is available in the Fall. Evidence of completion must be received by the college by **November 8, 2013**.

Requirement #12: Drug Testing

Every student shall obtain a drug test through the approved college vendor. An instruction sheet for ordering both the Drug Test and the Criminal Background Check referenced in the next paragraph is enclosed in this packet. When entering the secure vendor's site at www.VerifyStudents.com, students will be directed to obtain a drug test at an approved clinic closest to the student's requested zip code. Note that after students pay for the drug testing on-line they will be expected to complete the drug test within three days. Results from the drug test must be received by the college by July 1, 2013. ***Students who provide a positive drug test will not be allowed to start the program—no exceptions***

Requirement #13: Criminal Background Check

Every student shall obtain a criminal background check through an approved college vendor. When entering the secure vendor's site at www.VerifyStudents.com, students will be directed to fill out an on-line application entitled: "Authorization for Background Check- Child Abuse and Neglect Tracking System (*CANTS*) Form". This on-line *CANTS* Form must be completed, printed from the website, and returned to the address on the form as soon as possible (i.e. Department of Children and Family Services, 406 E. Monroe, Station #30, Springfield, IL 62701).

In addition to the on-line form referenced in the paragraph above, students need to sign the enclosed "Authorization for Background Investigation Check Disclosure/Consent Form" and return it to the college.

Students should begin this process now as the results can take a lengthy period of time to obtain. A detailed policy relating to the criminal background check process is included in this packet. The enclosed *Authorization for Criminal Background Investigation Consent Form* and the results from the criminal background check must be received by the college by July 1, 2013.

Requirement #14: Disclosure Authorization: Student Health Services Form:

Students need to sign the enclosed "Disclosure Authorization: SHS Form" and return it to the college by July 1, 2013.

Due Dates

Failure to complete these requirements by July 1st will result in an inability to register for ANY nursing course until the deficiency is completed and a minimum $50 administrative compliance fee. Deficiencies that still exist the week before scheduled Fall 2013 courses may result in an inability to start the program as planned, resulting in increased time to degree.

Please read over the information in this packet very carefully as it contains a high level of detail. If you have specific questions about the material enclosed that go beyond the information provided, please send your questions in writing to mcninfo-L@ilstu.edu. I hope you have found this information useful.

Sincerely,

Janeen Mollenhauer

Janeen Mollenhauer, MS, LCPC
Assistant Dean- Student & Faculty Services
Mennonite College of Nursing at Illinois State

Mennonite College of Nursing at Illinois State University

Policy on Criminal Background Checks

Criminal background checks are becoming standard requirements by many healthcare institutions. Because the clinical experience is an essential component of the curriculum, if you are unable to participate, you could not successfully complete the curriculum. Criminal background checks and fingerprinting are required in many states to apply for licensure. All Mennonite College of Nursing students will be required to complete criminal background checks prior to enrollment. Students who have been convicted of committing or attempting to commit certain crimes specified in the Health Care Worker Background Check Act (225 ILCS 46/25, et seq.) (hereinafter "the Act") may be ineligible to continue in the nursing program. Students who do not give permission to conduct the criminal background check will be barred from enrollment in the nursing program at Mennonite College of Nursing.

Policy:

Mennonite College of Nursing will require that ALL undergraduate and graduate students complete criminal background checks. The criminal background checks will be conducted through a company selected by Mennonite College of Nursing (which may be an online company). Students will pay the cost associated with the background check process. Students receiving a positive criminal background check whose offense prohibits them from being hired by a health care employer under the Act must obtain a waiver from the Illinois Department of Public Health (IDPH) to continue in the nursing program.

Procedure:

1. Upon acceptance to the nursing program, students will be provided detailed information regarding the procedure for completing this requirement.

2. Students will be required to sign a consent form (Authorization for Criminal Background Investigation and Disclosure/Consent Form) that allows the college to conduct the criminal background check and to release results of criminal background checks to clinical agencies upon their request. Failure to sign the consent and provide all necessary information shall result in the student being unable to begin or progress in the nursing program.

3. The criminal background check must be completed by the chosen company no sooner than 60 days prior to enrollment in the nursing program . Students may NOT use similar reports on file at other agencies to satisfy this requirement.

4. Background checks must be completed by the dates specified. Additional checks may be required if: 1) clinical agencies require criminal background checks more frequently or 2) the nursing student interrupts his/her program for one semester or longer. In such cases, the student will be required to have another criminal background check. The college of nursing reserves the right to require an additional background check during the program at the college's discretion.

5. Results of Criminal Background checks must be submitted to the College of Nursing. Results will be confidentially maintained by the College of Nursing separately from their academic record. Results will be maintained until the student graduates from the University.

6. The student is responsible for all fees for background checks. Costs may be subject to change and are beyond the control of the University or the College of Nursing.

Management of Results:

1. The Assistant Dean or designee will access the electronic report from the selected company.

2. A student whose background check results in a status of “no record” may enroll in clinical placement and continue in the nursing program.

3. A student whose background check results in a positive history (a background check that results in a criminal history) will be notified by the Assistant Dean or designee as soon as possible. Students may view their own results on the vendor website.

4. The Assistant Dean or designee will meet with the student to verify whether the criminal record is valid or invalid.

5. If the student believes that a record or conviction is erroneous, the student may request a fingerprint-based background check. The student is responsible for the cost of fees for fingerprint checks. If the fingerprint check reveals no criminal convictions, the student may continue in the nursing program and enroll in clinical courses. **Results must be received prior to the beginning of the semester for the student to remain enrolled.**

6. If the student knows and/or the conviction is found to be valid and the offense is on the “crimes that disqualify” list from IDPH, the student will be required to secure a waiver from IDPH.

7. The student is responsible for contacting IDPH (217-782-2913) for instructions and application for waiver. **The process for a waiver may take several weeks or longer. The student may not enroll in nursing courses prior to attaining the waiver.**

8. The IDPH waiver must be submitted to the Assistant Dean upon receipt.

9. The student may be allowed to continue in the program only after the IDPH waiver has been received by the Assistant Dean. Enrollment will be based on program capacity and availability of courses. If a waiver is not granted, the student will be withdrawn from the nursing program.

10. The college is not responsible for any student being ineligible for coursework, continued enrollment in the program, or subsequent licensure as a registered nurse.

11. The student is responsible for keeping the college updated on any and all changes in his/her criminal background status. False information or failure to disclose correct information at any time may be a basis for dismissal from the program.

Authorization for Criminal Background Investigation
Disclosure/Consent Form

I hereby authorize The Board of Trustees of Illinois State University, on behalf of its Mennonite College of Nursing, (hereafter "Mennonite College of Nursing") or any qualified agent, or clinical facility to receive a copy of my criminal history background. This criminal background investigation must be conducted and is for the purpose of assisting Mennonite College of Nursing and clinical facilities in evaluating my suitability for clinical experiences. The release of information pertaining to this criminal background investigation to those persons necessary to determine my suitability to participate in the clinical education experience is expressly authorized.

I understand that information contained in the criminal background report may result in my being denied a clinical experience and may result in dismissal from the nursing program. If negative information is contained in my report, I understand that I will be notified by Mennonite College of Nursing and I have the right to contest the accuracy of the report.

If a facility refuses the student access to the clinical experience at its facility, Mennonite College of Nursing will make reasonable efforts to find an alternative site for the student to complete the clinical experience. A student who cannot be reasonably assigned will be dismissed from the program.

I hereby give Mennonite College of Nursing permission to obtain and release criminal background information to facilities to which I may be assigned for clinical experience prior to beginning the assignment. I hereby release The Board of Trustees of Illinois State University and Mennonite College of Nursing, its trustees, employees, agents, and assigns, from any and all claims including but not limited to, claims of defamation, invasion of privacy, negligence or any other damages resulting from or pertaining to the collection and dissemination of this information. I understand that I am responsible for all costs associated with this process.

I also agree that any future criminal convictions will be reported immediately to the Mennonite College of Nursing Assistant Dean. Failure to report future criminal convictions may result in program dismissal.

My signature below certifies that all information given is true and reliable. Any false information given or refusal to adhere to the clinical background investigation will result in dismissal from the nursing program.

_____ _____

Printed Full Name Signature

_____

Date

Please sign and return this form no later than July 1, 2013 to:

Illinois State University, Campus Box 5810, Normal, IL 61790, ATTN: Health & Safety Requirements.

Physical Examination Form

Mennonite College of Nursing - Illinois State University

This form is to be completed by a physician or nurse practitioner and returned to the college by July 1, 2013.

_____ _____ _____

Last Name First Name MI

_____ _____ _____

Date of Birth (mo/day/year) UID (Program- Trad Prelic, Accel Prelic, RN/BSN, MSN, PhD)

	NORMAL	ABNORMAL	COMMENTS
Skin			
Ears			
Eyes			
Nose			
Throat			
Mouth/Dental			
Cardiovascular			
Respiratory			
Gastrointestinal			
Neurological			
Musculoskeletal			
Spinal Examination			
Nutritional Status			
Other			

Height_____Weight_____ Blood Pressure_____ Pulse_____ Respiration_____Vision L/R_____/_____Ishihara_____

TDAP date: _____

Titres Required:

IGG Rubella titre date: _____ IGG Varicella titre date: _____

Must submit lab report to verify immunity Must submit lab report to verify immunity

Hepatitis B: Dates of the 3 injections: #1_____ #2_____ #3_____With documentation of titre

Must Provide Proof of Freedom from Tuberculosis:

1) 2-step TB skin test (PPD): The first step is to be administered and read within 48 – 72 hours. The second test is to be administered not prior to 7 days but no later than 21 days after the first test, and read within 48-72 hours.

Step 1 Date given_____ Date read _____ Result _____mm ❑ neg ❑ pos

Step 2 Date given_____ Date read _____ Result _____mm ❑ neg ❑ pos

Date of chest x-ray if positive: _____ Healthcare Provider Summary & Treatment Plan Attached

-OR-

2) Lab Assay:

a) QuantiFERON TB Gold Test (Circle One) Negative Indeterminant Positive

b) T Spot (Circle One) Negative Indeterminant Positive

Date of chest x-ray if positive or indeterminant: _____

Healthcare Provider Summary & Treatment Plan Attached

(OVER)

Student Name_____ UID_____

Please indicate below if the student has had or is subject to having the following conditions and provide additional information, when available, regarding the course of treatment for the condition(s).

_____ Seizure Disorders_____
_____ Diabetes_____
_____ Asthma_____
_____ Shortness of Breath_____
_____ Allergies/ drug – food - latex_____
_____ Hay fever, Eczema_____
_____ Cough, Chronic Hoarseness_____
_____ Heart Disease_____
_____ History of Smoking_____
_____ Low/High Blood Pressure_____
_____Hernia_____
Major Surgery _____

What medications are taken on a regular basis?

_____

Do you know of any medical condition or physical limitation that would limit the student's ability to engage in clinical nursing behaviors or academic participation? ❑ NO ❑ YES

Explain _____

_____

_____ _____ _____

Provider Signature (Physician or Nurse Practitioner) Print Provider Name & Credentials Date

Name of Clinic/ Provider Address

_____

Provider Telephone Number with Area Code _____

****THIS SECTION FOR STUDENT SIGNATURE ONLY****

I (print your name here) _____ give permission to Illinois State University, Student Health Service, to provide all or part of the health information provided in my medical record to designated representatives of Mennonite College of Nursing at Illinois State University, AND I give permission to Mennonite College of Nursing at Illinois State University to provide all or part of the health information provided in my medical record to designated representatives of the Illinois State University Student Health Service for the purpose of verifying the completion of student health requirements. A photocopy of this release is as valid as the original. This release is valid until revoked in writing.

_____ _____

Student Signature Date

Latex Allergy Screening Tool

These questions are designed to help your physician determine if you may have a Latex sensitivity.

Name: _____

(Please print clearly and legibly)

Signature: _____ Date: _____

PLEASE COMPLETE THE FOLLOWING:	Yes	No
Have you ever had an allergic reaction to latex or rubber products?		
If so, is your doctor aware of this allergy?		
Have you ever been tested for a latex allergy?		
Have you ever had a reaction in your mouth after dental work, such as sores, etc?		
Does your job/occupation involve contact with products, which contain latex rubber?		

Have you had a reaction to any of the following sources of latex/rubber?					
	Yes	**No**		**Yes**	**No**
Balloons			Rubber Gloves		
Hot water bottles			Rubber bands, balls		
Foam pillows			Baby bottles, nipples		
Pacifiers			Shoes		
Erasers			Elastic bandages		
Face masks			Medical devices such as catheters		
Adhesive tape, Band-Aids			Latex rubber birth control devices (condoms, diaphragm, etc.)		
Clothing with elastic or stretch clothes (belts, bras, suspenders, elastic waistbands)			Other:		

After handling latex products, have you had any of the following?					
	Yes	**No**		**Yes**	**No**
Difficulty breathing, wheezing			Runny nose/congestion		
Chapping or “cracking” of hands			Itching (e.g. of hands, eyes), rash		
Hives			Redness		
Swelling of the body, tongue or face			Excessive tearing or reddened eyes		
Low blood pressure			Other:		

Do you have a history any of the following?					
	Yes	**No**		**Yes**	**No**
Contact dermatitis			Asthma, bronchitis		
Hay fever			Eczema		
Disease of the immune system (such as lupus, etc.)					

Do you have any food allergies?					
	Yes	**No**		**Yes**	**No**
Bananas			Kiwi		
Avocados			Chestnuts		
Papaya			Potatoes		
Tomatoes			Peaches		
Almonds			Celery		
Figs			Corn Products		
Other:			Other:		

To Be Completed By Physician **Print Physician’s Name:** _____

Latex Allergy Risk

High **Low** **Physician’s Signature** _____

ILLINOIS STATE UNIVERSITY
Mennonite College of Nursing

Disclosure Authorization: SHS

I (print your name here) _____ give permission to Illinois State University, Student Health Service, to provide all or part of the health information provided in my medical record to designated representatives of Mennonite College of Nursing at Illinois State University, AND I give permission to Mennonite College of Nursing at Illinois State University to provide all or part of the health information provided in my medical record to designated representatives of the Illinois State University Student Health Service for the purpose of verifying the completion of student health requirements. A photocopy of this release is as valid as the original. This release is valid until revoked in writing.

_____ _____

Student Signature Date

Please return this form to: ATTN- Safety and Compliance Officer
Mennonite College of Nursing – Illinois State University, Campus Box 5810, Normal, IL 61790

MENNONITE COLLEGE OF NURSING
Illinois State University

Instructions for Initiating Criminal Background Check and Drug Screen

Before Starting:

- **A valid email is REQUIRED**
- You must be near a printer to print necessary forms for drug testing.
  - You will only have **3 business days to complete your drug test**

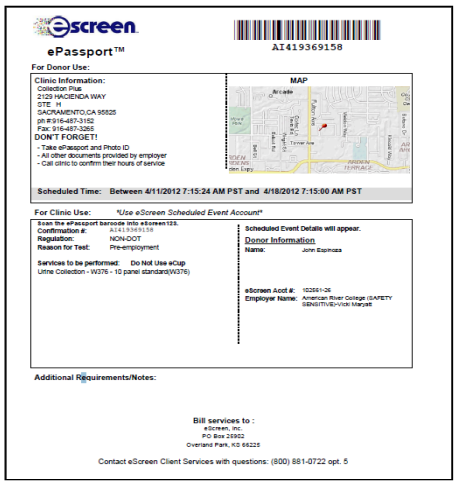
Getting Started:

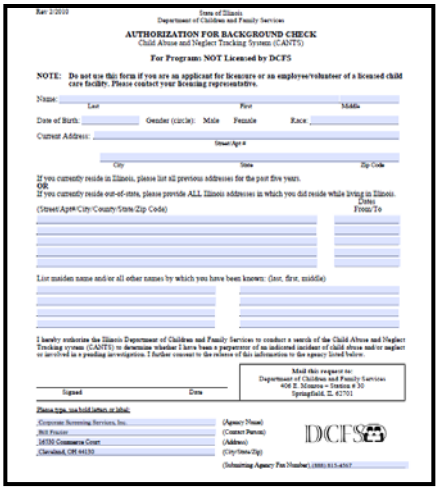
1. Have your credit card/debit card (Visa/MasterCard/American Express/Discover) information ready in order to process payment. Your credit card/debit card will be charged **$98.00** for the service.
2. Log onto our website at **www.VerifyStudents.com**
3. Use this special promotional code: **MENNONITECOLLEGPTBGDS**
4. Complete profile & e-sign forms as they appear
5. **Schedule your drug test and print eScreen ePassport** (sample form shown below on left)
6. Complete online CANTS Form, print CANTS form, sign CANTS form (sample form shown below on right)

After completing online process:

Drug testing: go to collection site listed on ePassport

- Bring ePassport & government photo ID, e.g. – driver's license
- **CANTS Form**: mail to:
  Department of Children and Family Services:
  406 E. Monroe Station #30
  Springfield, IL 62701


eScreen
ePassport™
AI419369158
For Donor Use:
Clinic Information:
Collection Plus
2129 HACIENDA WAY
STE H
SACRAMENTO,CA 95825
ph #:916-487-3152
Fax: 916-487-3265
DON'T FORGET!
- Take ePassport and Photo ID
- All other documents provided by employer
- Call clinic to confirm their hours of service
MAP
Scheduled Time: Between 4/11/2012 7:15:24 AM PST and 4/18/2012 7:15:00 AM PST
For Clinic Use: *Use eScreen Scheduled Event Account*
Scan the ePassport barcode into eScreen123.
Confirmation #: AI419369158
Regulation: NON-DOT
Reason for Test: Pre-employment
Services to be performed: Do Not Use eCup
Urine Collection - W376 - 10 panel standard(W376)
Scheduled Event Details will appear.
Donor Information
Name: John Espinoza
eScreen Acct #: 102661-26
Employer Name: American River College (SAFETY SENSITIVE)-Vicki Marcelli
Additional Requirements/Notes:
Bill services to :
eScreen, Inc.
PO Box 26902
Overland Park, KS 66225
Contact eScreen Client Services with questions: (800) 881-0722 opt. 5


State of Illinois
Department of Children and Family Services
AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Program: NOT Licensed by DCFS
NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.
Name: Last First Middle
Date of Birth: Gender (circle): Male Female Race:
Current Address: Street/Apt #
City State Zip Code
If you currently reside in Illinois, please list all previous addresses for the past five years.
OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.
(Street/Apt#/City/County/State/Zip Code) Dates From/To
List maiden name and/or all other names by which you have been known: (last, first, middle)
I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.
Signed Date
Mail this request to:
Department of Children and Family Services
406 E. Monroe • Station # 30
Springfield, IL 62701
Please type, use bold letters or label:
(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)
(Submitting Agency Fax Number)
DCFS

NOTE: A unique login will be emailed to you. This will allow you to log back into **www.VerifyStudents.com**

Mennonite College of Nursing Health & Safety Requirements Checklist

☐ Step #1: Complete any deficiencies that may exist relating to **childhood immunizations** (i.e. Requirement #1 in this document).

☐ Step #2: Contact healthcare provider to set up an appointment for a **Physical Examination**. The services to receive at this appointment include: Varicella titre, Rubella titre, Hepatitis B injections/ titre, ishahara screening, latex screening, influenza vaccine (if available at the time of the appointment) and TDAP.

- *Current Illinois State Students (enrolled in SP'13 or SU'13 courses) may schedule an appointment at Student Health Services. Appointments may NOT be scheduled on-line. Instead, students must call 438-2778 to schedule an appointment from a telephone line other than the lobby phone in the Student Health Service. It is imperative that you identify what Mennonite College of Nursing cohort you belong to (i.e. F'13 Masters or PhD Admit). Ideally, students should call a minimum of 24 hours in advance of the preferred appointment date. At this initial appointment students should schedule the next Hepatitis B injection/titre appointment.*

- *ALL students must obtain copies of lab reports for IGG varicella titre, IGG rubella titre & Hepatitis B titre to submit to the college with completed physical examination form & latex screening form.*

☐ Step #3: Complete **ISHIHARA Test** and make sure the results are recorded on the "Physical Examination Form" by provider.

☐ Step #4: Provide evidence of a current and approved **CPR Course** from a local hospital, the American Red Cross, or the American Heart Association training centers.

☐ Step #5: Complete **TWO-STEP TB Skin Test** from a primary care provider or occupational health clinic.

☐ Step #6: Contact healthcare provider to set up an appointment for a **Fit Test**
(Applies only to those students attending Advocate BroMenn or affiliate for a clinical or research experience in F'13)

- *Students must schedule an appointment with an Occupational Health Clinic such as at Advocate Medical Group Immediate Care & Occupational Health (309-556-7556).*
- *Students will be given a form by their provider after completing the Fit Test.*

☐ Step #7: **Influenza Vaccine**

- *ALL students must provide evidence of having received the vaccine by November 8, 2013 when the vaccine is available early F'13. Please make note of this future requirement.*

☐ Step #8: Complete **Drug Testing** through a college-designated vendor at www.VerifyStudents.com

- *ALL students are required to obtain this drug test. Note, once students pay for services on the "verify students" website the drug test must be provided within 3 days!*
- *Students will not receive a form for this requirement. Instead, results will be communicated to MCN on-line from the vendor.*
- *Students who provide a positive drug test will not be allowed to remain in the nursing program—no exceptions.*

☐ Step #9: Complete **Criminal Background Check** through a college-designated vendor at www.VerifyStudents.com by July 1, 2013.

☐ Mail the **Authorization for Criminal Background Investigation - Disclosure/Consent Form** to the address at the college indicated on the form.

☐ Mail the **Authorization for Background Check- Child Abuse and Neglect Tracking System (CANTS) Form** that you will print from the www.VerifyStudents.com website to DCFC at the Springfield address listed on the form. Do NOT mail this to the college and do NOT mail this to Corporate Screening's address on the form!

- *ALL students are required to complete the on-line process. Results will be communicated to MCN on-line from the vendor.*
- *Students with disqualifying legal charges will not be allowed to remain in the nursing program—no exceptions.*

☐ Step #10: Mail the **Disclosure Authorization: SHS** form to the college at the address indicated on the form.

☐ **FINAL STEPS:**

- *As each of the above items in this checklist is completed students should keep a hard copy in a folder. Some clinical sites will require students to provide verification that they have completed certain immunization requirements. Students are responsible for providing a copy of the health record directly to the clinical agency requesting the information. Therefore, it is VITAL that students keep a copy of ALL immunization records in a secure file for easy access.*
- *Students should make a copy of every health requirement completed before the original documents are mailed to the college, as future employers will request this information.*
- *Mail verification of completion of all health information (i.e. physical examination; varicella titre - rubella titre lab reports; Hepatitis B injection dates with titre & lab report; Latex Screening form; Fit Testing; TDAP;* Disclosure Authorization SHS; Authorization for Criminal Background Investigation - Disclosure/Consent Form; CPR; Two-Step TB to the college at the address below to be received by **July 1, 2013**.

ATTN: Safety and Compliance Officer
Mennonite College of Nursing – Illinois State University, Campus Box 5810, Normal, IL 61790