Health and Safety Compliance Requirements for
Fall 2014 Freshman Students

Dear Freshman Nursing Student:

Enclosed is a packet of information relating to health, safety, and compliance requirements for ALL students who are entering Mennonite College of Nursing at Illinois State University in Fall 2014. This packet contains very important health information with specific deadlines.

- Pages 2 – 8 include a Checklist with detailed descriptions and due dates for each health, safety, and compliance requirement.
- Page 9 is the Nursing Licensure and Background Check Requirements form due to Mennonite College of Nursing by October 31, 2014.
- Page 10 is the Mennonite College of Nursing – Student Health Services Disclosure Consent form due to Mennonite College of Nursing by October 31, 2014.
- Pages 11 – 13 include instructions for initiating the Criminal Background Check and Drug Testing Policy.
- Page 14 is the Authorization for Criminal Background Investigation Disclosure Consent Form
- Pages 15 – 17 include the Physical Examination Form, Mennonite College of Nursing - Illinois State University and Latex Allergy Screening Tool.
- Page 18 contains important information from the Student Health Service (SHS) regarding scheduling appointments and meeting health requirements.

It is important to complete these requirements during the specified timeframes and by the prescribed deadlines. Failure to do so by the designated due dates may result in subsequent registration blocks, a minimum $50.00 administrative compliance fee, and an inability to participate in clinical/practicum/residency activities until the deficiencies are complete. Should you have questions about these requirements, please contact mcninfo@ilstu.edu.

Sincerely,

Janeen Mollenhauer, M.S., LCPC
Assistant, Dean, Student and Faculty Services
Mennonite College of Nursing
Illinois State University
Mennonite College of Nursing  
Health Requirements Checklist

**Nursing Licensure and Background Check Requirements Form**

*Due by 10/31/2014*

Mennonite College of Nursing (MCN) utilizes clinical sites at various public schools within the State of Illinois. Students must comply with all criminal background fingerprint screening requirements mandated by school placement sites. Students are responsible for the cost of criminal background fingerprint screening, which must be completed within 90 days of the first day of the clinical assignment. The screening must be conducted by state-approved vendors utilized by the school district. The cost for the screening includes a minimum charge of $52.00. Arrangements for collecting fingerprints and payment will be conveyed to students in the semester prior to their clinical assignment in the schools. In the event a school rejects a student for placement because of criminal background history, the student may not be able to complete program requirements. The school is not obligated to find an alternative placement if a student is removed for background check or drug screening reasons.

- **Nursing Licensure and Background Check Requirements Form**
  
  *This requirement references an additional criminal background check involving fingerprinting required prior to enrollment in NUR 317 and NUR 329. You will receive information on how to proceed when it is time to do so.*

**Mennonite College of Nursing (MCN) – Student Health Services (SHS) Disclosure Consent Form**

*Due by 10/31/2014*

In order to work collaboratively with the Illinois State University Student Health Services (SHS) regarding the completion of student immunization requirements, students must authorize the release of protected health information by MCN for this purpose. Students must sign the consent form in this packet and return it to the College. SHS Health Information Management (HIM) also needs a consent signed to share information in return to MCN. This consent can be signed at the SHS HIM department.

- **MCN – SHS Disclosure Consent Form**

**Hepatitis B Injection series and Hepatitis B Titer**

*Start now  
Documentation due by 10/31/2015*

All students must obtain a series of three Hepatitis B injections AND a titer. **At least the first two injections of the series** must be completed in order to be able to participate in clinical/practicum/residency activities. Timely completion of the series is required.

- **Documentation of dates of all three injections of the series**
  
  You may have completed the series as a child. If so, this can be found on your immunization record and will be acceptable to submit.

- **Hepatitis B Antibody Titer Lab Report**
  
  Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

---Continued on Next Page---
Hepatitis B Injection series
and
Hepatitis B Titer
Cont’d
Start now
Documentation due by 10/31/2015

If your Hepatitis B antibody titer result is “Negative,” “Not Immune,” or “Non-reactive,” you will need to complete another full round of the Hepatitis B injection series even if you have completed the series as a child.

☐ Documentation of dates of all three injections of the series (second round)

A guideline to the Hepatitis B second round schedule:
- Injection #1 – can be obtained immediately
  Date obtained_____________________________
- Injection #2 – to be obtained 1 month after Injection #1
  Date obtained_____________________________
- Injection #3 – to be obtained 6 months after Injection #1
  Date obtained_____________________________

☐ Hepatitis B Antibody Titer Lab Report

1-2 months after completing the second round of the Hepatitis B series, another Hepatitis B antibody titer should be drawn.

Measles, Mumps, and Rubella Vaccinations
and
Rubella Titer
Start now
Documentation due by 10/31/2015

All students are expected to provide proof of immunization against Measles, Mumps, and Rubella, as well as obtain a quantitative IgG antibody blood titer to provide proof of immunity to Rubella. Even if you have been immunized or show evidence of having had this disease, you will need to obtain this titer – no exceptions.

☐ Documentation of dates of two Measles, Mumps, and Rubella (MMR) injections after one year of age and after 12/31/1968

You submitted this information to ISU SHS upon admission; however, you must submit this separately to MCN or request that SHS HIM send this to MCN.

If you have not had two MMR injections, you are considered in compliance with the MMR requirement if you have had all of the following:
- Two Measles immunizations
  after one year of age and after 12/31/1968
- One Mumps immunization
  after one year of age and after 12/31/1967
- One Rubella immunization
  after one year of age and after 12/31/1968

If you cannot produce proof of two MMR injections, you are considered in compliance with the MMR requirement if you can provide all of the following:
- Positive Measles (Rubeola) IgG titer
- Positive Mumps IgG titer
- Positive Rubella IgG titer

---Continued on Next Page---
Measles, Mumps, and Rubella Vaccinations

and

Rubella Titer

Cont’d

Start now
Documentation due by 10/31/2015

Rubella Immunoglobulin G (IgG) Titer Lab Report

Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

If your Rubella IgG titer result is “Negative,” “Not Immune,” or “Equivocal,” you will need to complete two follow-up MMR injections even if you have received them in the past.

Documentation of dates of two follow-up MMR injections

- Injection #1 – can be obtained immediately
  Date obtained ______________________________

- Injection #2 – to be obtained 1 month after Injection #1
  Date obtained ______________________________

- No additional titer is required after completing the follow-up injections.

Varicella Titer

Start now
Documentation due by 10/31/2015

All students are expected to obtain a quantitative IgG antibody blood titer to provide proof of immunity to Varicella. Even if you have been immunized or show evidence of having had this disease, you will need to obtain this titer – no exceptions.

Varicella Immunoglobulin G (IgG) Titer Lab Report

Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

If your Varicella IgG titer result is “Negative,” “Not Immune,” or “Equivocal,” you will need to complete two follow-up Varicella injections even if you have received them in the past or have had Chicken Pox.

Documentation of dates of two follow-up Varicella injections

- Injection #1 – can be obtained immediately
  Date obtained ______________________________

- Injection #2 – to be obtained 1 month after Injection #1
  Date obtained ______________________________

- No additional titer is required after completing the follow-up injections.

Healthcare Provider CPR Course

Complete between 5/1/2015 – 7/31/2015
Documentation due by 10/31/2015

To comply with student requirements of local hospitals, all students are required to complete one of two approved CPR courses annually, even though the CPR card may indicate it is valid for two years.

---Continued on Next Page---
Healthcare Provider CPR Course
Cont’d

Complete between 5/1/2015 – 7/31/2015
Documentation due by 10/31/2015

When researching CPR courses, please be sure to verify the course is **CERTIFIED** by either the American Heart Association or the American Red Cross. Students may contact local hospitals, fire departments, the American Heart Association or the American Red Cross for courses offered in their area.

☐ Documentation of completion of Healthcare Provider CPR course

*The ONLY acceptable courses are the following:*

- American Heart Association: Basic Life Support (BLS) for the Healthcare Provider
- American Red Cross: CPR/AED for Professional Rescuers and Health Care Providers

***Lifeguard CPR certifications, Heartsaver certifications, etc. will **NOT** be accepted. If you have an Advanced Cardiovascular Life Support (ACLS) certification or are currently a Healthcare Provider CPR instructor, please contact me.***

Criminal Background Check and Drug Testing

Completion Windows Vary
Documentation due by 7/15/2015 (Plan 1 Students) or 11/30/2015 (Plan 2 Students)

Every student must obtain a criminal background check and drug test through the College-designated vendor. Criminal background checks and drug tests completed outside the designated timeframe will not be accepted. Students should begin this process immediately, as the results can take a lengthy period of time to obtain.

Detailed instructions for ordering both the criminal background check and the drug test are included in this packet, as well as the policy relating to the criminal background check process.

***Students with disqualifying legal charges and/or positive drug tests will not be allowed to start the nursing major – **no exceptions**.***

*Note: an additional criminal background check involving fingerprinting may be required prior to enrollment in Nursing Care of Children (NUR 317) and Public Health (NUR 329).*

If you are a PLAN 1 Student, the following must be completed between 6/1/2015 – 7/15/2015:

☐ Authorization for Criminal Background Investigation Disclosure Consent Form

☐ Criminal Background Check and Drug Test

*The ONLY acceptable method of completing this is using the following procedure:*

- Complete the form entitled “Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS)”. This CANTS form must be completed and submitted to DCFS as soon as possible after 6/1/2015, as the results can take a lengthy period of time to obtain. Please do **not** alter the address in the bottom left corner of the form, which indicates to DCFS that the results should be sent to Corporate Screening Services, Inc.
- You will be directed to obtain a drug test at an approved clinic closest to your requested zip code. After paying online, you will be expected to complete the drug test **within three days**.
- Results from the criminal background check and drug test are communicated electronically by the vendor to the College.
Criminal Background Check and Drug Testing
Cont’d

Completion Windows Vary
Documentation due by 7/15/2015 (Plan 1 Students) or 11/30/2015 (Plan 2 Students)

If you are a PLAN 2 Student, the following must be completed between 10/15/2015 – 11/30/2015:

☐ Authorization for Criminal Background Investigation Disclosure Consent Form

☐ Criminal Background Check and Drug Test

The ONLY acceptable method of completing this is using the following procedure:

- Complete the form entitled “Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS)”. This CANTS form must be completed and submitted to DCFS as soon as possible after 10/15/2015, as the results can take a lengthy period of time to obtain.
- Complete the form entitled “Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS)”. This CANTS form must be completed and submitted to DCFS as soon as possible after 10/15/2015, as the results can take a lengthy period of time to obtain. Please do not alter the address in the bottom left corner of the form, which indicates to DCFS that the results should be sent to Corporate Screening Services, Inc.
- You will be directed to obtain a drug test at an approved clinic closest to your requested zip code. After paying online, you will be expected to complete the drug test within three days.
- Results from the criminal background check and drug test are communicated electronically by the vendor to the College.

Tuberculosis Test

Completion Windows Vary
Documentation due by 8/6/2015 (Plan 2 Students) or 12/6/2015 (Plan 1 Students)

All students are expected to complete a Tuberculosis exposure screening test from a primary care provider, health department, or occupational health clinic. ALL STUDENTS are required to have a TB test annually.

If you are a PLAN 2 Student, this requirement must be fulfilled between 7/1/2015 – 7/31/2015

If you are a PLAN 1 Student, this requirement must be fulfilled between 10/30/2015 – 11/30/2015

☐ Documentation of Two-Step TB Skin Test

This consists of 4 appointments:

- Test 1 administered
- Test 1 read – 48-72 hours after Test 1 administered
- Test 2 administered – 1-3 weeks after Test 1 administered
- Test 2 read – 48-72 hours after Test 2 administered. This test must not be read prior to the first date of the specified window in order to be in compliance with this requirement.

***Documentation must include the dates administered and read, and the results. If you have had a Two-Step TB Skin Test in the past, please contact me to determine if you will need a Two-Step or One-Step.***

or

☐ Quantiferon Gold TB Test Lab Report


6
Physical Examination

Completion Windows Vary

Documentation due by 10/31/2015 (Plan 1 Students) or 4/22/2016 (Plan 2 Students)

All students are expected to receive a physical examination by a physician/nurse practitioner. The physical examination requires you to provide your physician/nurse practitioner with information regarding your physical limitations. Awareness of your physical limitations will help us enable you to succeed in the program and ensure patient safety. Nursing is a rigorous profession requiring physical flexibility and mobility (i.e., lifting patients, moving equipment, and responding quickly in emergencies). Your honest disclosure to the physician/nurse practitioner conducting your physical examination regarding any mobility issues (i.e., a history of back injury with lifting limitations and knee injuries) is a necessity for safe nursing practice. Any student needing to arrange for a reasonable accommodation for a documented disability should contact Disability Concerns at 350 Fell Hall (Telephone: 309-438-5853 or TTY: 309-438-8620).

If you are a PLAN 1 Student, this requirement must be fulfilled between 8/1/2015 – 9/15/2015

If you are a PLAN 2 Student, this requirement must be fulfilled between 3/1/2016 – 4/15/2016

☐ Physical Examination

Students completing their physical examination at SHS do not need to bring the College-designated form entitled: Physical Examination Form, Mennonite College of Nursing - Illinois State University, as it has been provided to SHS for the purpose of nursing student physicals. Students who choose to complete their physical examination elsewhere must provide this form to their physician/nurse practitioner for completion.

☐ Ishihara Colorblindness Test

A commonly-missed item on the physical form is the Ishihara colorblindness test. Please be sure this test is administered by the healthcare provider performing the physical. If the student shows signs of colorblindness, it is the student’s responsibility to report this to clinical faculty members at the beginning of each semester.

☐ Latex Allergy Screening

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. Please be sure to bring with you the Latex Allergy Screening Tool form to your physical, regardless of whether you are having your physical done at SHS or elsewhere. It is necessary for a physician/nurse practitioner to review a student’s self-assessment and evaluate whether the student is at high or low risk of latex allergy, check the appropriate box, and sign the form. If healthcare provider indicates the student is at high risk of latex allergy, it is the student’s responsibility to report this to clinical faculty members at the beginning of each semester.

Influenza Vaccination

Documentation due by 10/31/2015

All students are required to receive the influenza vaccine with it becomes available during flu season each year. In September or early October 2015, students should anticipate scheduling this at SHS or at a provider of one’s choice.

☐ Documentation of influenza vaccination

Tetanus-Diphtheria-Pertussis Vaccination

Documentation due by 10/31/2015

Students must have obtained a Tetanus-Diphtheria-Pertussis (TDAP) vaccination since 2005. Re-vaccination of TDAP is required every 10 years.

☐ Documentation of date of Tetanus-Diphtheria-Pertussis (TDAP) injection 2005 or later

You may have submitted proof of a Tetanus-Diphtheria (Td) injection to ISU SHS upon admission. Please note that if you have not had the TDAP, you will need this for MCN. If you submitted proof of having received the TDAP to ISU SHS, you must submit this separately to MCN or request that SHS HIM send this to MCN.
Respirators are used to safeguard individuals against accidental inhalation of contaminants such as Tuberculosis, H1N1, Severe Acute Respiratory Syndrome (SARS), Avian influenza, and other infectious and airborne diseases. Every student shall receive a Respirator Fit Test conducted in accordance with OSHA’s 1910.134 standard.

**Documentation of Respirator Fit Test**

You cannot do this at SHS. You must make an appointment with an occupational health clinic. Services in Bloomington-Normal area can be obtained at:

Advocate Medical Group Occupational Health
3024 E. Empire Street
Bloomington, IL 61704
309-454-4411, Option 2

Appointments can be scheduled Monday – Friday, between 8:00 am – 3:30 pm.

*No eating or drinking at least 15 minutes prior to Fit Test, and absolutely no smoking. Students with facial hair should shave to increase the chances of the mask sealing. Students who maintain facial hair should be aware that it is likely a respirator mask will not seal in a clinical setting. Testing should preferably be on the Kimberly Clark or 3M N95 mask.*

If you fail your Fit Test, you must arrange for Powered Air-Purifying Respirator (PAPR) training.

**If you fail your Fit Test**

**Documentation that you have completed PAPR training**

You cannot do this at SHS. You must make an appointment with an occupational health clinic. PAPR training in Bloomington-Normal area can be obtained at:

Advocate BroMenn Employee Health
1300 Franklin Avenue, Suite 190
Normal, IL 61761
309-268-2589

Appointments can be scheduled Monday – Friday, between 7:40 am – 3:20 pm.

**Documentation may be submitted in person, by mail, fax, or email to:**

Susan Lynch
Mennonite College of Nursing
Illinois State University
112 Edwards Hall
Campus Box 5810
Normal, IL 61790-5810

Phone: 309-438-2463
Fax: 309-438-7711
Email: slynch@ilstu.edu
Illinois State University  
Mennonite College of Nursing  
Nursing Licensure and Background Check Requirements

You will be required to undergo criminal background screenings, including fingerprinting, during your enrollment in the Nursing program including during in the clinical and/or internship process and when applying to take the nursing licensure exam. **Any unsatisfactory results could prevent you from progressing in the program or prevent you from obtaining a nursing license.**

In addition to the fingerprint screening required for all graduates to apply for their nursing license, you will be asked a series of questions regarding your personal history. It is possible that the criminal background check and/or response to these questions could prevent you from being admitted to or continuing in Illinois State University’s nursing program and/or from being issued a nursing license from the State of Illinois Department of Financial and Professional Regulation.

Please answer the following questions and sign and date this document. It must be returned to Susan Lynch (slynch@ilstu.edu).

<table>
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<tr>
<th>Personal History Information</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</td>
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<td>2. Have you been convicted of a felony?</td>
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<td>3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.</td>
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<td>4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</td>
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<tr>
<td>5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.</td>
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<tr>
<td>6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.</td>
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I have answered these questions truthfully and to the best of my ability and understand that I have an ongoing obligation to update this form immediately if any of the above answers have changed.

Print Name: ____________________________________________________________________________

Signed: ______________________________________________________________________________ Date: ________________

If you have checked “yes” to any of the above questions you must contact Janeen Mollenhauer (jrmolle@ilstu.edu) for additional procedures to determine eligibility for admission and/or continued enrollment.

Although Illinois State University requires your completion of this questionnaire and a criminal history background check, a separate check is done by the State of Illinois Department of Financial and Professional Regulation. That agency has full authority and final determination regarding the issuance of an Illinois nursing license.
Mennonite College of Nursing – Student Health Services
Disclosure Consent Form

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

Return to:

Health and Safety Compliance Officer
Mennonite College of Nursing
Illinois State University
Campus Box 5810
Normal, IL 61790
Criminal Background Check and Drug Screen Instructions

1. Log onto www.verifystudents.com
   - A valid email address is REQUIRED.
   - You must be near a printer to print necessary forms.
   - Have your credit card/debit card (Visa/MasterCard/American Express/Discover) information ready. Your credit card/debit card will be charged $98.00 for the service.
   - Use this special promotional code: MENNONITECOLLEGPTBGDS
   - A unique login will be emailed to you. This will allow you to log back into www.verifystudents.com.

2. Complete profile & e-sign forms as they appear

3. Print “Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS)” Form and submit to:
   Department of Children and Family Services
   406 E. Monroe – Station #30
   Springfield, IL 62701
   Fax: 217-782-3991
   Scan/Email: CFS689Background@illinois.gov

4. Schedule your drug test and print eScreen ePassport (sample below). You will only have 3 business days to complete your drug test.

5. Go to collection site listed on eScreen ePassport.
6. Bring eScreen ePassport and government-issued picture identification (e.g., driver’s license) to collection site.
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/practicum/residency 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/practicum/residency 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 to:

Health and Safety Compliance Officer
Mennonite College of Nursing
Illinois State University
Campus Box 5810
Normal, IL 61790
# Physical Examination Form

Mennonite College of Nursing - Illinois State University

This form is to be completed by a physician or nurse practitioner

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
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<tr>
<th>Date of Birth (mo/day/yr)</th>
<th>UID</th>
<th>Program (Traditional BSN, Accelerated BSN, RN/BSN, MSN, PhD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mouth/Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Height_______Weight_______Blood Pressure_______Pulse_______Respiration_______Vision L/R_____/_______

Ishihara: ____________________________

TDAP date: __________________________

**Titers Required:** Must submit lab reports to verify immunity

<table>
<thead>
<tr>
<th>Hepatitis B AB titer date</th>
<th>Rubella IgG titer date</th>
<th>Varicella IgG titer date</th>
</tr>
</thead>
</table>

**Hepatitis B:** Dates of the 3 injections: #1___________ #2___________ #3___________

(Continued on Next Page)
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

______________________________________________

______________________________________________

Print Provider Name and Credentials

Provider Signature
(Physician or Nurse Practitioner)

Date

Name of Clinic/Provider Address

Provider Telephone Number with Area Code
Latex Allergy Screening Tool

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

Name: ____________________________________________

Signature: ____________________________________________ Date: __________

Please complete the following:  

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever had an allergic reaction to latex or rubber products?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If so, is your doctor aware of this allergy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been tested for a latex allergy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had a reaction in your mouth after dental work, such as sores, etc?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your job/occupation involve contact with products, which contain latex rubber?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “Yes” is checked for any of the below, a physician must review and sign this form.  
If “No” is checked, a nurse may review and sign this form.

Have you had a reaction to any of the following sources of latex/rubber?

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balloons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubber Gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot water bottles</td>
<td>Rubber bands, balls</td>
<td></td>
</tr>
<tr>
<td>Foam pillows</td>
<td>Baby bottles, nipples</td>
<td></td>
</tr>
<tr>
<td>Pacifiers</td>
<td>Shoes</td>
<td></td>
</tr>
<tr>
<td>Erasers</td>
<td>Elastic bandages</td>
<td></td>
</tr>
<tr>
<td>Face masks</td>
<td>Medical devices such as catheters</td>
<td></td>
</tr>
<tr>
<td>Adhesive tape, Band-Aids</td>
<td>Latex rubber birth control devices (condoms, diaphragm, etc.)</td>
<td></td>
</tr>
<tr>
<td>Clothing with elastic or stretch clothes (belts, bras, suspenders, elastic waistbands)</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

After handling latex products, have you had any of the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty breathing, wheezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runny nose/congestion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapping or “cracking” of hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itching (e.g., of hands, eyes), rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swelling of the body, tongue or face</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive tearing or reddened eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have a history any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact dermatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma, bronchitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hay fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eczema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disease of the immune system (such as lupus, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have any food allergies?

<table>
<thead>
<tr>
<th>Food</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bananas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kiwi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avocados</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chestnuts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papaya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tomatoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Figs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corn Products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Print Provider Name and Credentials___________________________________________

Provider Signature____________________________________________________________

Latex Allergy Risk
Check One:  
☐ High  ☐ Low
Below is important information from the Student Health Service (SHS) regarding scheduling appointments and meeting health requirements. Also, to ensure that MCN health and safety compliance requirements are fulfilled, Student Health Services has requested that, when you make an appointment for procedures and immunizations, you bring along a copy of email communications from MCN indicating what you are in need of. If you fail to do so, SHS has indicated that they may need to delay your requested treatment until a later time.

1. **Get prior immunizations records if able/applicable**
   Please review the table provided regarding immunization requirements for the Mennonite College of Nursing. Note-this table is a snapshot of the requirements due. Complete descriptions of the immunization requirements with timeframes can be found the MCN Health & Safety Compliance Packet. It is the responsibility of the student to provide appropriate information prior to scheduling an appointment at SHS. The MMR and Tdap are compliance requirements for ISU admission. Student Health Services Health Information Management (HIM) can give you copies of these records if they have been submitted.

2. **Deadlines/Expirations:**
   It is important for you to be aware of deadlines to complete immunizations. Deadlines are requirements of the College of Nursing based on your clinical/practicum/residency rotation(s). Be mindful of the dates when scheduling your appointment(s) to ensure that deadlines are met and your tests/forms will not expire.

3. **Schedule Your Appointment(s):**
   Please allow sufficient time to schedule your appointments. There may be multiple appointments necessary to meet the requirements. Appointments should be made by phone only at **309-438-2778.**

4. **Cost:**
   There are charges associated with most appointments at SHS. There are also charges for labs and injections associated with immunizations. All charges will be processed to go to your student account, or they can be paid at the SHS Business Office at the time of each appointment.

5. **SHS – Business Office/Insurance:**
   You can get a copy of the HCFA (walkout statement charge) from SHS Business office – you will need this if submitting to insurance. SHS insurance can give you a form to fill out to submit charges to ISU Insurance for potential partial or full reimbursement.

6. **Proof of immunizations/ Titers**
   *(Please sign a Disclosure Consent in SHS HIM department to allow SHS to share your immunization information with Mennonite College of Nursing. This form is in addition to the Disclosure Consent issued by MCN in this packet.)*
   Immunization and Titer Results can be obtained from SHS Health Information Management (HIM) if they were administered at SHS or records were submitted to SHS HIM with the information.

7. **Two Step TB Skin Tests:**
   The 2 step TB test and results require 4 visits. SHS recommends that the complete series of visits be started and completed at the same facility. *(If the series of visits will require an appointment during summer schedule – you must be taking a summer course or pay the optional health fee to be eligible to schedule appointments at SHS)*