

Center for Health, One Felician Way, Rutherford, NJ 07070

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Student Health Requirements Check List
 (To be used and retained by the student)

Items REQUIRED To Be Submitted By All Students

- Completed Enrollment Prerequisite Health Form (pages 1-4)**
 - Part I General Information and Part II History on page 1 are **BOTH** to be completed by the student.
 - Part III Physical Examination must have been completed during the 12 months prior to starting classes. Page 2 of the Health Form may be used **OR** other Official Documentation showing date and results of a physical examination may be submitted. All documentation must be signed by a Licensed Health Care Provider.
 - Part IV Tuberculosis: Mantoux (PPD) Tuberculin Skin Test administered within the 6 months prior to starting classes. Page 3 of the Health Form may be used **OR** other Official Documentation showing the date placed, the date read and the results (in millimeters) may be submitted. All documentation must be signed by a Licensed Health Care Provider. **In the event of any current or previous Positive Results, please provide all of the following:**
 - Copy of documentation showing positive result in mm.
 - Copy of Chest X-Ray report (actual x-ray film not required)
 - Counseling for latent TB and/or Documentation of INH Prophylaxis Treatment including dates of treatment.
 - Completed Symptom Assessment For Tuberculosis Form.
 - Part V Meningitis Survey (page 3 of Health Form is to be completed by **ALL** students, vaccinated or not). Both sections must be completed and signature by student and date.
 - Part VI Immunizations and/or Titers records (**NURSING STUDENTS** are **REQUIRED** to submit Immune_Blood Titer results regardless of Vaccination records)
 - *Measles Immunization Record (2 doses) **OR** Rubeola (Measles) IgG Titer Results
 - *Mumps Immunization Record (1 dose) **OR** Mumps IgG Titer Results
 - *Rubella Immunization Record (1 dose) **OR** Rubella (German Measles) IgG Titer Results
 - *Varicella (Chickenpox) Immunization Record (2 doses) **OR** Varicella Zoster IgG Titer Results **OR** Statement from a Licensed Health Care Provider of having had Varicella and when.
 - *Hepatitis B Immunization Record (3 doses) **OR** Hepatitis B Surface Antibody Titer - Quantitative Results.

FOLLOWING MUST BE COMPLETED PRIOR CLINICAL ROTATIONS BY ALL NURSING STUDENTS:

- Annual Physical Exam
- Tetanus/Diphtheria/Pertusis (Tdap) booster **REQUIRED**
- 11 Panel **LabCorp** Chain-of-Custody- Drug-screen (form must be obtain at Center for Health)
- Influenza Vaccine or Intranasal Vaccine by **November 11, 2016**

***Proper Documentation is REQUIRED for proof of immunity to listed diseases. This includes official Immunization Records (school health records are acceptable) or Blood Titer results. Records from any Public Health Department and/or Official Medical Records are to be signed by a Licensed Healthcare Provider. EXACT dates are required.**

Additional Item REQUIRED To Be Submitted By Students Living In Residence Halls
 (RECOMMENDED For All Other Students)

- Meningitis Vaccination Record (2 doses)** - The Meningococcal vaccine is **REQUIRED** for **ALL** new students who will be **RESIDING** in campus housing. Two doses of the Meningitis (MCV4) vaccine are recommended for adolescents 11 through 18 years of age. *(The 1st dose at 11 or 12 years of age, with a booster dose after age 16. If the 1st dose is given after the 16th birthday, a booster is not needed.)*

Additional Item REQUIRED To Be Submitted By Students Under Age 18

- Parental Consent Form (available at Center for Health or can be downloaded from Center for Health link <http://felician.edu/studenthealthrequirements>)**