



## REQUIREMENTS FOR CLINICAL

<b>REQUIRED DOCUMENTATION</b> (provide copies of all, for cards, front and back w/signature)		frequency: <input checked="" type="checkbox"/>
American Heart Association CPR (BLS) Cert. (Health Care Provider: 2yrs)		Every 2 yrs <input type="checkbox"/>
California Driver License or CA ID		once & when renewed <input type="checkbox"/>
Auto Liability Insurance or attestation	Students name must appear on policy	once & when renewed <input type="checkbox"/>
RN License (absn/bsn basic exempt)		once & when renewed <input type="checkbox"/>
Health Insurance	Students name must appear on card	once & when renewed <input type="checkbox"/>
University Liability Insurance <a href="https://commerce.cashnet.com/csulapay">https://commerce.cashnet.com/csulapay</a>	Click "view all items" and select "Student Liability Insurance"	yearly <input type="checkbox"/>
HIPAA certificate (Take quiz, print certificate and upload to COMPLIO)	Date: _____ <a href="https://www.csudh.edu/son/info/hipaa-precautions/hipaa-quiz">https://www.csudh.edu/son/info/hipaa-precautions/hipaa-quiz</a>	yearly <input type="checkbox"/>
Background Check (included with COMPLIO purchase)	Purchase Date: ____	once <input type="checkbox"/>
Live Scan (if required by clinical site)	Date: _____	once <input type="checkbox"/>
Drug Screening (UGRD included with COMPLIO - GRADS, if required by clinical site)	Date: _____	once (might repeat if needed) <input type="checkbox"/>
Fire Card (UGRD only - GRADS, if required by clinical site)	Date: _____	once & when renewed <input type="checkbox"/>
Forms are on COMPLIO for download and the clinical placement website: <a href="https://www.calstatela.edu/hhs/nursing/clinical-placement">https://www.calstatela.edu/hhs/nursing/clinical-placement</a>		
Field Trip/Off Campus Activity/Transportation Form		once <input type="checkbox"/>
COVID-19 Liability Form		yearly <input type="checkbox"/>
COVID-19 Acknowledgment Form		once <input type="checkbox"/>
Handbook Confidentiality Statement Form		once <input type="checkbox"/>
Handbook Acknowledgement Form		once <input type="checkbox"/>
Biosafety Hazardous Waste Handling and Disposal (CSU Bridge)	<a href="https://csustudents.skillport.com/skillportfe/main.action#summary/COURSES/CDE\$122810">https://csustudents.skillport.com/skillportfe/main.action#summary/COURSES/CDE\$122810:</a>	once <input type="checkbox"/>

<b>REQUIRED HEALTH SCREENING (Immunizations): Copies of all required positive titers OR proof of the vaccines(series) in progress with positive titers to follow required.</b>		frequency: <input checked="" type="checkbox"/>
MMR vaccines & Positive Titers ___Measles(Rubeola) ___Mumps ___Rubella	Date: #1 _____ Date: #2 _____ Date: #3 _____	once <input type="checkbox"/>
Varicella (Chicken Pox) vaccine & Positive Titer	Date: #1 _____ Date: #2 _____	once <input type="checkbox"/>
___Hep B Series & Positive Titer or ___Declination	Date: #1 _____ Date: #2 _____ Date: #3 _____	once <input type="checkbox"/>
Tdap	Date: _____	once <input type="checkbox"/>
___Influenza (Flu) Vaccination or ___Declination	Date: _____	yearly <input type="checkbox"/>
Physical Exam (see pg 3)		yearly <input type="checkbox"/>
<i>Please submit documentation of a current 2 step TB skin test <b>OR</b> a past 2 step TB skin test along with a current 1 step TB or X-ray <b>OR</b> QuantiFERON Gold Blood test. The renewal date will be set for 1 year. Upon renewal, one of the following is required: 1 step TB Skin test <b>OR</b> QuantiFERON Gold Blood test <b>OR</b> Chest X-Ray (if positive TB).</i>		
TB 2-step (once to be followed by yearly 1 step, X-ray or QuantiFERON) Date: _____ Result: _____	Date: #1 _____ Date: #2 _____ (one to three weeks apart)	once <input type="checkbox"/>
TB test date Last 12 months: _____ Result: _____	<b>OR</b>	yearly <input type="checkbox"/>
*Positive TB provide a negative Chest X-Ray report Chest X-Ray Date: _____ Result: _____	<b>OR</b>	yearly <input type="checkbox"/>
QuantiFERON Gold Blood test: Date: _____ Result: _____		yearly <input type="checkbox"/>
COVID-19 VACCINATION: Date: _____		once <input type="checkbox"/>
COVID-19 VACCINATION BOOSTER: Date: _____		yearly <input type="checkbox"/>

California State University Los Angeles – School of Nursing

# Physical Exam Form:

\_\_\_\_\_ was examined on the below date and I found her/him to be in satisfactory health and able to participate fully in the School of Nursing academic program.

\_\_\_\_\_  
Signature of Clinician \*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\*This health examination is to be done by a physician, nurse practitioner, or physician's assistant.

MD/DO \_\_\_\_\_ NP \_\_\_\_\_ PA \_\_\_\_\_

Agency: \_\_\_\_\_

Clinician Comments: