CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

XU COLLEGE OF HEALTH AND HUMAN SERVICES

Patricia A. Chin School of Nursing

REQUIREMENTS FOR CLINICAL

REQUIRED DOCUMENTATION **(provide copies of all, for cards, front and back w/signature)**		**frequency:** ☑
American Heart Association CPR (BLS) Cert. (Health Care Provider: 2yrs)		Every 2 yrs ☐
California Driver License or CA ID		**once & when renewed** ☐
Auto Liability Insurance or attestation	Students name must appear on policy	**once & when renewed** ☐
RN License *(absn/bsn basic exempt)*		**once & when renewed** ☐
Health Insurance	Students name must appear on card	**once & when renewed** ☐
University Liability Insurance https://commerce.cashnet.com/csulapay	Click "view all items" and select "Student Liability Insurance"	yearly ☐
HIPAA certificate *(Take quiz, print certificate and upload to COMPLIO)*	Date: _____ https://www.csudh.edu/son/info/hipaa-precautions/hipaa-quiz	yearly ☐
Background Check *(included with COMPLIO purchase)*	Purchase Date: ___	once ☐
Live Scan (if required by clinical site)	Date: _____	once ☐
Drug Screening (UGRD included with COMPLIO - GRADS, if required by clinical site)	Date: _____	once (might repeat if needed) ☐
Fire Card (UGRD only - GRADS, if required by clinical site)	Date: _____	**once & when renewed** ☐
Forms are on COMPLIO for download and the clinical placement website: https://www.calstatela.edu/hhs/nursing/clinical-placement		
Field Trip/Off Campus Activity/Transportation Form		once ☐
COVID-19 Liability Form		yearly ☐
COVID-19 Acknowledgment Form		once ☐
Handbook Confidentiality Statement Form		once ☐
Handbook Acknowledgement Form		once ☐
Biosafety Hazardous Waste Handling and Disposal (CSU Learn)	https://www.calstatela.edu/ehs/health-human-services-student-safety-training	once ☐

REQUIRED HEALTH SCREENING (Immunizations): Copies of all required positive titers OR proof of the vaccines(series) in progress with positive titers to follow required.		**frequency: ☑**
MMR vaccines & Positive Titers ____Measles(Rubeola) _____Mumps _____Rubella	Date: #1 _____ Date: #2 _____ Date: #3 _____	once ☐
Varicella (Chicken Pox) vaccine & Positive Titer	Date: #1 _____ Date: #2 _____	once ☐
___Hep B Series & Positive Titer or ___Declination	Date: #1 _____ Date: #2 _____ Date: #3 _____	once ☐
Tdap	Date: _____	once ☐
___Influenza (Flu) Vaccination or ___Declination	Date: _____	yearly ☐
Physical Exam (see pg 3)		yearly ☐
*Please submit documentation of a current 2 step TB skin test **OR** a past 2 step TB skin test along with a current 1 step TB or X-ray **OR** 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 **OR** QuantiFERON Gold Blood test **OR** Chest X-Ray (if positive TB).*		
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 ☐
TB test date Last 12 months: _____ Result: _____ **OR**		yearly ☐
*Positive TB provide a negative Chest X-Ray report Chest X-Ray Date: _____ Result: _____ **OR**		yearly ☐
QuantiFERON Gold Blood test: Date: _____ Result: _____		yearly ☐
COVID-19 VACCINATION: Date(s): _____		once ☐
COVID-19 VACCINATION BOOSTER: Date: _____		yearly ☐

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:

NOTE: using this form is optional