



OAKLAND UNIVERSITY SCHOOL OF NURSING
Instructions for Completing the Clinical Health Requirements

Semester Admitted to Begin Nursing Courses	Submission Deadline Date
Fall (Basic-BSN)	August 15th
Winter (Basic-BSN)	December 15th
Fall (Accelerated students)	August 15th
Winter (Accelerated students)	December 15th
Summer (Accelerated students)	April 15th

Clinical Health Requirements for NEW Accelerated and NEW Basic-BSN Students

1. Students must complete all clinical health requirements by the deadline date in order to retain their seat in the program. These clinical health requirements are mandated by our clinical sites in order for you to participate in clinical experiences. The Clinical Health Requirements Packet is also found at [Forms - School of Nursing - Oakland University](#) under the health requirements tab. Included in your packet and listed below, are the **Clinical Health Requirements Submission Checklist**, indicating the required clinical health requirements and guidelines. The checklist does not need to be submitted. Students who do not submit the clinical health requirements by the deadline will forfeit their seat and will need to re-apply (refer to the SON website). Students admitted to the SON must have a clean criminal background check and urine drug screen. Students who do not have a clean criminal background check and/or urine drug screen may be required to forfeit their seat. If you have any concerns related to this, please contact the SON Dean’s Office at (248) 364-8787. The **clinical health requirements are listed below:**
 - A. Proof of current **Tdap** vaccine.
 - B. **COVID-19 vaccination** – proof of completed series plus one booster dose or approved exemption. If a student is requesting a religious or medical exemption, they must email sonclinical@oakland.edu for information and deadline for submission. Exemption through Oakland University and OU SON are separate processes; an approved exemption through OU does not guarantee an approved exemption by the clinical sites. Clinical site requirements are subject to change at any time.
 - C. **Skin testing for tuberculosis** (or normal chest x-ray results if TB skin test is positive AND completed **Health Screening Questionnaire for History of Positive TB Skin Test**). The TB questionnaire is located on the School of Nursing website at [Forms - School of Nursing - Oakland University](#)
 - D. **Proof of immunity to:**
 - Measles (Rubeola), Mumps and Rubella (MMR)
 - Varicella
 - Hepatitis B (If student elects not to receive the Hepatitis B vaccines or the student has not completed the Hepatitis B series prior to the deadline date, then the student needs to submit the **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release** form).

- E. **Influenza vaccine** – proof of flu vaccine (**due annually on October 1st.**) (**Note: the clinical sites will not accept the declination form**).
 - Winter start cohort: Flu vaccination due by health requirement submission deadline
 - Summer start cohort: Flu vaccination due October 1st for next fall flu season (flu vaccine not required for April 15th deadline)
 - Fall start cohort: Flu vaccination due October 1st
- F. **American Heart Association: BLS Provider** certification ONLY. No other provider or “CPR” course will be accepted (Red Cross, Lifesaver, Heartsaver, etc)
- G. Criminal background check **result** (done through [American Databank](#), only).
- H. Urine drug screen **result** (done through [American Databank](#), only).

* Students’ criminal background check and urine drug screen are completed through Oakland University’s [American Databank](#) link at www.oaklandunivcompliance.com, prior to the clinical health requirements submission deadline date, **but within 45 days of the submission deadline date** (see table above). The fee for both is the responsibility of the student.

Please note that OU SON does not receive drug screen results or background check results – students must download reports from American Databank website and upload to ACEMAPP for review. Do not submit payment confirmation page – only submit results PDF

- I. **Student Core Performance Standards** form must be reviewed and signed by the student.
- J. **Student Clinical Clearance Form** must be signed and dated by a qualified healthcare provider (HCP) (e.g., physician, nurse practitioner, physician’s assistant). See section 2 below.
- K. **Site Specific Requirements:** After you receive your placement in ACEMAPP for clinical each semester, any additional site-specific requirements will become available (ex: modules, e-signature documents, etc.). These requirements must be completed a minimum of 3 weeks prior to the start of clinical rotation. Failure to complete these requirements will result in removal from the clinical rotation which will affect your ability to progress in the program. Clinical sites may also add additional requirements sent via email (ex: HealthStream modules). Students must follow clinical site deadlines for those additional requirements.
- L. **ACEMAPP Assessments:** (Bloodborne Pathogens, HIPAA, OSHA) must be completed by the clinical health requirements deadline with a passing score. There is a \$50 annual fee for ACEMAPP to be paid by the student. Assessments are not available to the student until the ACEMAPP account is fully set up and paid for. An email with a link to register your ACEMAPP account will be sent by the clinical department to your Oakland email. Your ACEMAPP membership is valid for one year and must be renewed annually. All assessments must be re-taken annually when your membership is renewed.

2. Students must have a health examination performed by a qualified healthcare provider (HCP) (e.g., physician, nurse practitioner, or physician’s assistant) and have the HCP complete, sign, and date the **Student Clinical Clearance Form**. Health examinations are to be obtained through your personal HCP or at the Oakland University Graham Health Center (GHC). To schedule an appointment at the GHC, call (248) 370-2341, and identify yourself as a new OU SON undergraduate student.

Clinical Requirements for CONTINUING Accelerated and Basic-BSN

Students If you are scheduled to take **School of Nursing courses in the Fall semester**, your continuing clinical health requirements that are set to expire during the fall semester will be due every year on **August 1st**.

If you are scheduled to take **School of Nursing courses in the Winter semester**, your continuing clinical health that are set to expire during the winter semester will be due every year on **December 1st**.

If you are scheduled to take **School of Nursing courses in the Summer semester**, your continuing clinical health requirements that are set to expire during the summer semester will be due every year on **April 1st**.

Continuing health requirements include all those with an expiration date (TB, BLS, Tdap, and ACEMAPP assessments). Please note that any student that has not submitted updated clinical health requirements, including all site-specific requirements, three weeks before the start of clinical will be removed from the clinical rotation.

Requirement Submission Process

- 3. All health requirements are submitted via ACEMAPP. Please ensure that all uploaded documents are clean copies with all sections completed and student name visible. Uploads with no name visible or sections missing will be denied. Please refer to the submission checklist for further information on required documentation for each requirement. For issues with uploading documents or questions regarding ACEMAPP accounts, please contact ACEMAPP support:**

ACEMAPP Support: (844)-223-4292 OR support@acemapp.org

****All students in the Oakland University SON must have active health insurance during the entire program. Failure to have active coverage will prevent placement with the affiliating institutions. ****

If you have any questions regarding the clinical health requirements, please email the SON Clinical Department at SONClinical@oakland.edu.

Clinical Health Requirements Submission Checklist

REQUIREMENT	ACCEPTABLE PROOF	COMPLETED
BLS (Basic Life Support) <i>Required every two years</i>	Copy of BLS course completion card listing expiration date. (American Heart Association - BLS Provider ONLY)	
TB Test (PPD) <i>Required annually</i>	TB test documentation must include the following information: <ul style="list-style-type: none"> • Patient's name • Dr./Facility name • Date given • Date read and result in MM (<i>not positive or negative</i>) 	
Health Examination	Health examination by a qualified healthcare provider (must be within 4 months of program start date). Have the health care provider complete, sign, and date the <i>Student Clinical Clearance Form</i> .	
Hepatitis B	Hepatitis B titer indicating immunity or documented dates of 3 Hepatitis B vaccinations or signed <i>Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release</i> if hepatitis vaccination series not completed by deadline date	
Measles (Rubeola), Mumps and Rubella	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) or documented dates of 2 MMR vaccinations	
COVID-19 Vaccination	Proof of completed series plus one booster dose or approved exemption. If a student is requesting a religious or medical exemption, they must email sonclinical@oakland.edu for information and deadline for submission	
Core Performance Standards Form	Completed by the student	
Tetanus (Tdap only)	Documentation of Tdap vaccination (expires after 10 years)	
Varicella	IGG titer indicating immunity (<i>include lab work from Titer if not done at Graham Health Center</i>) or documented dates of 2 Varicella vaccinations	
Drug Screen	Follow directions provided by the OU American Databank link – www.oaklandunivcompliance.com A copy of the results page must be uploaded to ACEMAPP; do not upload order confirmation page without results	
Criminal Background Check	Follow directions provided by the OU American Databank link – www.oaklandunivcompliance.com A copy of the results page must be uploaded to ACEMAPP; do not upload order confirmation page without results	
ACEMAPP Assessments and Fee <i>annually</i>	Assessments for Bloodborne Pathogens, HIPAA, and OSHA must be completed via ACEMAPP with a passing score	



Student Clinical Clearance Form

TO BE FILLED OUT BY THE STUDENT

First Name	Last Name	Date of Exam	
Email	Phone Number	DOB	Sex
Address	City	State	Zip

TO BE FILLED OUT BY HEALTHCARE PROVIDER

EXAMINATION	NORMAL	ABNORMAL	COMMENTS
Head, Neck, Thyroid			
Nose and Sinuses			
Mouth, Throat, Teeth, and Gums			
Eyes and Vision			
Ears			
Skin			
Chest and Lungs			
Heart and Vascular System			
Gastrointestinal System and Abdomen			
Musculoskeletal System and Extremities			
Neurological			
Mental Health			

I have given the student a complete physical examination. I feel the student is physically and mentally capable of participating without hazard in clinical practice settings for the Oakland University School of Nursing.

Healthcare Provider's Name, Title (Please Print) and Date

Healthcare Center/Facility

Healthcare Provider's Signature

Address, City, State, Zip



**Oakland University School of Nursing
Student Core Performance Standards**

Competency	Standard
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision- making.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual and intellectual backgrounds.
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions.
Communication	Communication abilities sufficient for interaction with others in verbal and written form.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care. The student must be able to perform basic life support; provide physical assistance to patients including repositioning, transfers and ambulation.
Mobility	Physical abilities sufficient to move from place to place and maneuver in small places. Students must have the ability to stand for extended periods of time.
Visual	Visual ability sufficient to provide safe and effective nursing care.
Hearing	Auditory ability sufficient to provide safe and effective nursing care.
Tactile	Tactile ability sufficient for assessment and implementation of care.
Health	Characteristics that would not compromise health and safety of clients.

Students must be able to demonstrate the above requirements while a student in the SON. Any undergraduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS), 103A North Foundation Hall, phone: (248)-370-3266; TTY (248)-370-3268.

I certify that I am capable of demonstrating the School of Nursing Student Core Performance Standards on a regular basis, with or without a reasonable accommodation. If I experience difficulties in performing the essential Student Core Performance Standards listed above, I agree to notify the Director of Clinical Services and Oakland University Office of Disability Support Services.

Student Printed Name

Student Signature

Date



Oakland University School of Nursing

Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release

I understand that as part of my clinical experiences as a nursing student at Oakland University, I may be exposed to blood or other potentially infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life-threatening illness and that taking the Hepatitis B vaccination series would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I have elected not to take the Hepatitis B vaccination series and assume responsibility for all arrangements, costs, and complications arising from not taking the Hepatitis B vaccination series. I agree to release, discharge, indemnify and hold harmless Oakland University, its trustees, officers, employees, representative and agents, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action arising out of or resulting from my declining the Hepatitis B vaccination series.

By signing this form, I understand that I may be subject to exclusion from clinical placements if the clinical agency advises exclusion as a disease control measure. This may affect the timing of and/or my ability to graduate from the School of Nursing program. In consideration for being allowed to participate in the clinical experience without the Hepatitis B vaccination, I fully, unconditionally and forever release and discharge, and agree to, indemnify (including without limitation attorney's fees and costs of litigation) and hold harmless, Oakland University, its trustees, officers, employees, representative and agents, in their official and personal capacities, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action of any kind, nature or description, actually or allegedly arising out of or resulting from my declining the Hepatitis B vaccination, including without limitation those relating to bodily injury, emotional injury, risk associated with exposure to and/or potential contraction of infectious/contagious diseases and/or conditions, and death.

Student Name: _____

Student Signature: _____

Date: _____



Oakland University School of Nursing

Health Screening Questionnaire for History of Positive TB Skin Test

The current CDC guidelines do not require biannual chest x-ray screening. It is believed that once a normal chest x-ray has been achieved, and documented, it is more important to review common signs and symptoms of pulmonary tuberculosis and assess for risk factors.

Student Name: _____ G# _____

Date: _____ Program: **Undergraduate**

When did you convert to a positive PPD? _____

When was your last chest x-ray? _____ Result: _____

Have you previously been treated for active or inactive TB? Yes _____ No _____ Date _____

Are you experiencing any of the following?

Ongoing night sweats: Yes _____ No _____

If yes, are you under treatment? _____ With whom _____ Diagnosis _____

Unexplained weight loss: Yes _____ No _____

If yes, are you under treatment? _____ With whom _____ Diagnosis _____

Chronic fatigue: Yes _____ No _____

If yes, are you under treatment? _____ With whom _____ Diagnosis _____

Persistent Cough: Yes _____ No _____

If yes, are you under treatment? _____ With whom _____ Diagnosis _____

I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Signature _____ **Date** _____