

**RICHMOND COMMUNITY COLLEGE
NURSING DEPARTMENT ADVISORY COMMITTEE
MEETING AGENDA**

May 1, 2013/3:30 p.m./GHSB Rm. 102

Welcome & Introduction of Staff/Members

Carole Gibson, RN, MSN
Nursing Department Chair

Departmental Reports

1. Carole Gibson: Nursing

- A. Measures of Program Outcomes
- B. Advisory Committee Input Summary
- C. Personnel Changes
- D. Partnerships with UNC-P
- E. Student Medical Forms

2. Shelia Adams: Nursing Assistant

- A. New Curriculum Changes
- B. New Region and New Educational Consultant
- C. 98% Pearson-Vue Passage Rate for Fall 2012 (Curriculum, Early College, Basic Skills Plus, Richmond CCP, & Scotland CCP)
- D. Loss of Clinical Site due to DHSR Survey

*Comments and/or questions from the Nursing Advisory Committee members will be welcomed at the end of each session. Thank you.

RICHMOND COMMUNITY COLLEGE
NURSING DEPARTMENT
ADVISORY COMMITTEE MEETING
Wednesday, May 1, 2013/3:30 p.m./GHSB Rm. 102

ATTENDANCE SHEET

MEMBERS	ATTENDANCE
Dr. Kirk Hasenmueller	Present
Allison Duckworth	Present
John Jackson	
Nancy Caulder	Present
Michael McNair	
Pam Harrison	
Deana Kearns	Present
Lisa Dial Hunt	
Rachel Lampley	
Dr. Cherry Beasley	
Jane Murray	Present
Tammy Slaughter	
Julia V. Woody	
Leонetta Wiley	
Paula Blackburn	
Cyndy Dial	
Camille Utter	
Tiz Garner	Present
Sadie Cassidy	
Sharon Goodman	Present
Felicia Quick	
Tracie Locklear	
Tina Nielsen	Present
GUESTS	AFFILIATION
Tammy Brigman	FirstHealth Richmond Memorial Hospital
Amy Hildreth	FirstHealth Richmond Memorial Hospital
RCC FACULTY	ATTENDANCE
Carole Gibson	Present
Mary Shy	Present
Sharonda Ford	Present
Donna Gibson	ABSENT
Sue Wagner	Present
Linda King	ABSENT
Kay Privette	Present
Judith Thompson	ABSENT
Ronnie Tunstall	Present
Emily Aycock	Present
Deborah Goodwin	Present
Shelia Adams	Present
Crystal Greene	Present
Janet Sims	Present

RICHMOND COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING
Nursing Department Advisory Committee Meeting Minutes
Wednesday, May 1, 2013/3:30 p.m.

Those in attendance included: The attendance sheet and meeting agenda are attached to the original minutes.

The following topics were discussed:

TOPIC	DISCUSSION	FOLLOW-UP
Welcome	The meeting was opened with welcoming comments from Carole Gibson and Dr. Clarke.	
DEPARTMENTAL REPORT		
NURSING		
TOPIC	DISCUSSION	FOLLOW-UP
Measures of Program Outcomes	<p>A summary sheet is attached.</p> <p>Mrs. Gibson added the following information to update:</p> <p>Enrollment Fall 2012:</p> <p style="text-align: center;">85 1st year 45 2nd year 130 Total</p> <p>104 students met the minimum qualifications last year (2012) for ADN compared to 101 in 2011.</p> <p>77 students met minimum qualifications (Fall 2012) for PN compared to 185 last year (2011).</p> <p>Sharon Goodman noted that better advising and not accepting applications from students who had less than 25 points had caused the decline in qualified applicants.</p> <p>Current student demographics were reviewed related to student age, sex, and race; it was also noted that 81% of students receive financial aid.</p> <p>Employment: Statistics were reviewed and a discussion followed related to the job market for LPNs. Advisory Committee members shared that all though hospitals were not hiring LPNs, doctor's offices, long-term care facilities, and hospice organizations are hiring them. FirstHealth Richmond Memorial Hospital shared that they are hiring Medical Assistants rather than LPNs for their clinics.</p> <p>Retention: Mrs. Gibson</p>	<p>Mrs. Gibson will include enrollment, NCLEX, retention graphs, and student demographics table to original minutes.</p> <p>Mrs. Gibson reported that RCC will continue to monitor employment statistics. She also shared that several LPN July 2012 graduates had not taken boards or sought employment.</p> <p>Proposed revisions will be</p>

RICHMOND COMMUNITY COLLEGE
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NURSING					
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Measures of Program Outcomes	<p>A summary sheet is attached. Mrs. Gibson added the following information to update:</p> <p>Enrollment Fall 2012:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">85 1st year</td> </tr> <tr> <td style="text-align: center;">45 2nd year</td> </tr> <tr> <td style="text-align: center;">130 Total</td> </tr> </table> <p>104 students met the minimum qualifications last year (2012) for ADN compared to 101 in 2011. 77 students met minimum qualifications (Fall 2012) for PN compared to 185 last year (2011). Sharon Goodman noted that better advising and not accepting applications from students who had less than 25 points had caused the decline in qualified applicants.</p> <p>Current student demographics were reviewed related to student age, sex, and race; it was also noted that 81% of students receive financial aid.</p> <p>Employment: Statistics were reviewed and a discussion followed related to the job market for LPNs. Advisory Committee members shared that all though hospitals were not hiring LPNs, doctor's offices, long-term care facilities, and hospice organizations are hiring them. FirstHealth Richmond Memorial Hospital shared that they are hiring Medical Assistants rather than LPNs for their clinics.</p> <p>Retention: Mrs. Gibson discussed retention as a major</p>	85 1 st year	45 2 nd year	130 Total	<p>Mrs. Gibson will include enrollment, NCLEX, retention graphs, and student demographics table to original minutes.</p> <p>Mrs. Gibson reported that RCC will continue to monitor employment statistics. She also shared that several LPN July 2012 graduates had not taken boards or sought employment.</p> <p>Proposed revisions will be discussed with RCCs</p>
85 1 st year					
45 2 nd year					
130 Total					

	<p>challenge. She shared proposed changes in admission and progression policies/procedures with the committee. Several members commented that they support the proposed policy revisions to ensure a better prepared student.</p>	<p>President, as some require RCC Board of Trustee approval. Expected implementation date for policy changes is Fall 2014.</p>
Advisory Committee Input Summary	<p>Information received from the advisory committee members last Fall (2012) was reviewed. Faculty discussed strategies in place to address areas noted for needed improvement (attached to original minutes).</p>	
Personnel Changes	<p>Mrs. Gibson announced the resignation of two faculty members who recently completed their FNP. Applications have been accepted and committee review will begin this month.</p>	<p>The plan is to have both positions filled prior to Fall semester.</p>
Partnerships with UNC-P	<p>Members were provided a summary sheet related to partnerships with UNC-Pembroke (attached to original minutes). Mrs. Gibson briefly discussed the RIBN project. Target is to admit 5-6 students in the Fall of 2014 to RCC, then increase enrollment in subsequent years. The collaborative goal for enrollment for the first year is 20-25 students. Deana Kearns discussed FirstHealth's draft policy to require BSN within 5 years of hire. This policy is planned to go into effect on July 23, 2013.</p>	
Student Medical Forms	<p>Mrs. Gibson explained that the NCCCS is no longer requiring a specific form to be used for the student health forms. She explained that the required information should be determined by the clinical agencies in conjunction with each college. Committee members from clinical agencies agreed to minor revisions to the current form, but agreed to check with respective agencies to review the required information in more detail.</p> <p>*Report of Medical History (completed by the student):</p>	<p>Mrs. Gibson will make the minor changes for Fall 2013, but table major revisions until after she hears back from the individual agencies.</p>

	<p>remove social security number</p> <p>*Guidelines for completing the immunization record: no revisions suggested</p> <p>*Immunization Record: add “required annually” to Tuberculin requirement</p> <p>*Physical examination: remove social security number, urinalysis, Hgb, HCT, and STS; keep vision and hearing; remove “if required” and add “required” to color vision.</p> <p>Dr. Hasenmueller shared how he uses this form and shared that it “works for him.” (health form with proposed revisions attached to original minutes).</p>	
2012 Graduate Surveys	<p>Additional information was collected on our 2012 graduates. This information will be reviewed and added to information collected in Fall 2012.</p>	
<u>DEPARTMENTAL REPORT</u> NURSING ASSISTANT		
TOPIC	DISCUSSION	FOLLOW-UP
New Curriculum Changes	<p>New curriculum to be implemented by Fall. Entire curriculum does not have to be implemented at once. 23 modules: A-W. Concept based with threads of care reflecting skills. DHSR encourages creativity with the new curriculum as well as utilizing multiple web sites. Reflective of today's CNA as opposed to the robotic method of teaching CNA curriculum in past.</p>	Ongoing
New Region and New Educational Consultant	<p>Our Educational Consultant, Barbara Bissette, retired. We have a new consultant: Vickie Fore. This has resulted in a redistricting of our area from the Piedmont region to the Triangle Region. However, it has been suggested that we remain with the Piedmont group for the next year while merging with Triangle group due to having established working relationships and the implementation of the new curriculum.</p>	None

98% Pearson-Vue State Certification Passage Rate for Fall 2012	Includes Curriculum, Early College, Basic Skills Plus students, Richmond CCP, and Scotland CCP. State testing is in process this week and next week for Spring 2013 semester.	Ongoing on semester basis
Loss of Clinical Site Due to DHSR Survey	Looking for additional sites for nurse assistant students.	Ongoing

There being no further business, the meeting was adjourned.

Next Meeting: Fall 2013

Recorders: Carole Gibson and Shelia Adams

RICHMOND COMMUNITY COLLEGE
May 2013 ADN & PN Updates
Measures of Program Outcomes

NCLEX Passage Rate

- **ADN:**
*2012 NCLEX passage rate was 95%
*2010-2012: 3-year average NCLEX rate is 95%
- **PN:**
*2012 NCLEX passage rate was 82%
*2010-2012: 3-year average NCLEX rate is 89%

Enrollment

- **ADN:**
*85 students were admitted in the Fall of 2012
*For Fall 2013, 104 students met the minimum qualifications for admittance
*Current second-year enrollment is 34 students
- **PN:**
*20 students were admitted in the Fall of 2012
*For Fall 2013, 77 students met the minimum qualifications for admittance

Employment

- **ADN:**
*34 out of 36 graduates are employed in Nursing (94.4%)
- **PN:**
*12 out of 17 graduates are employed in Nursing; 1 student is still in school (76%)

Retention

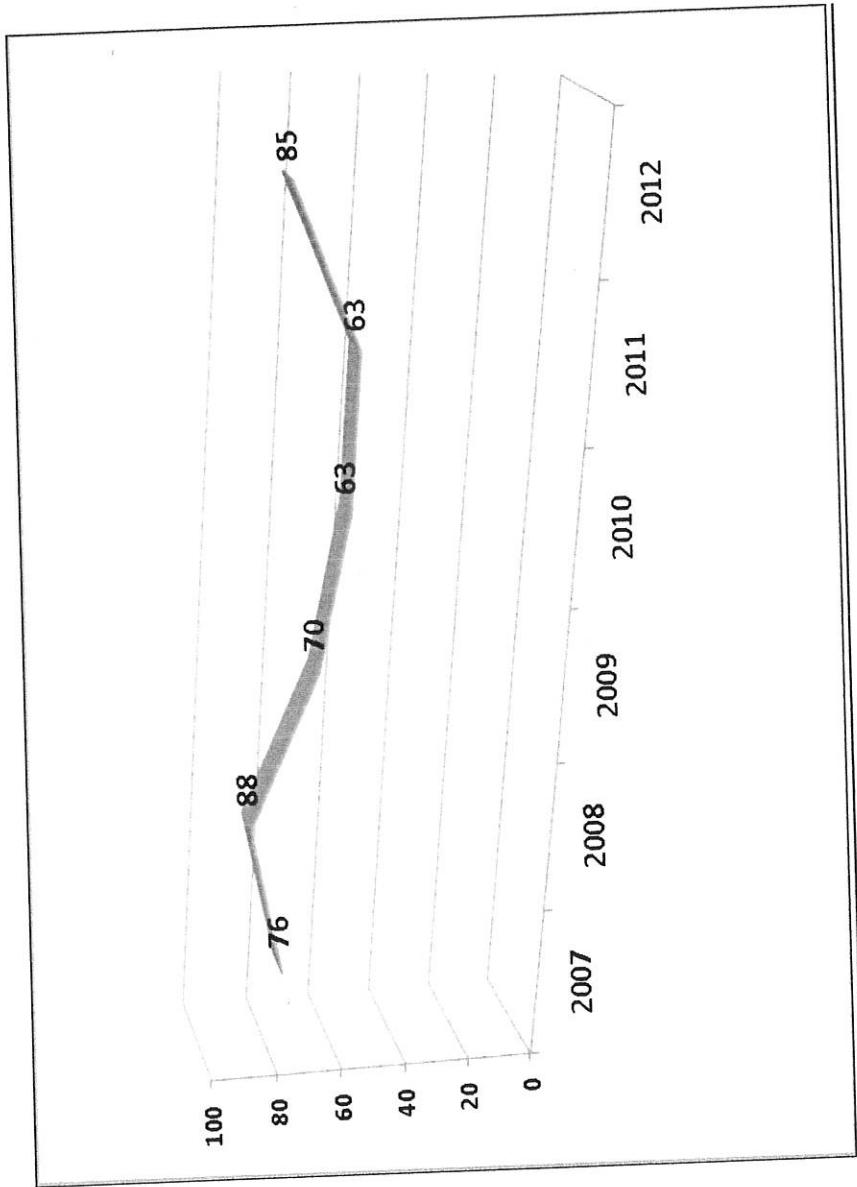
- Biggest challenge
- Proposing changes in admission/progression requirements

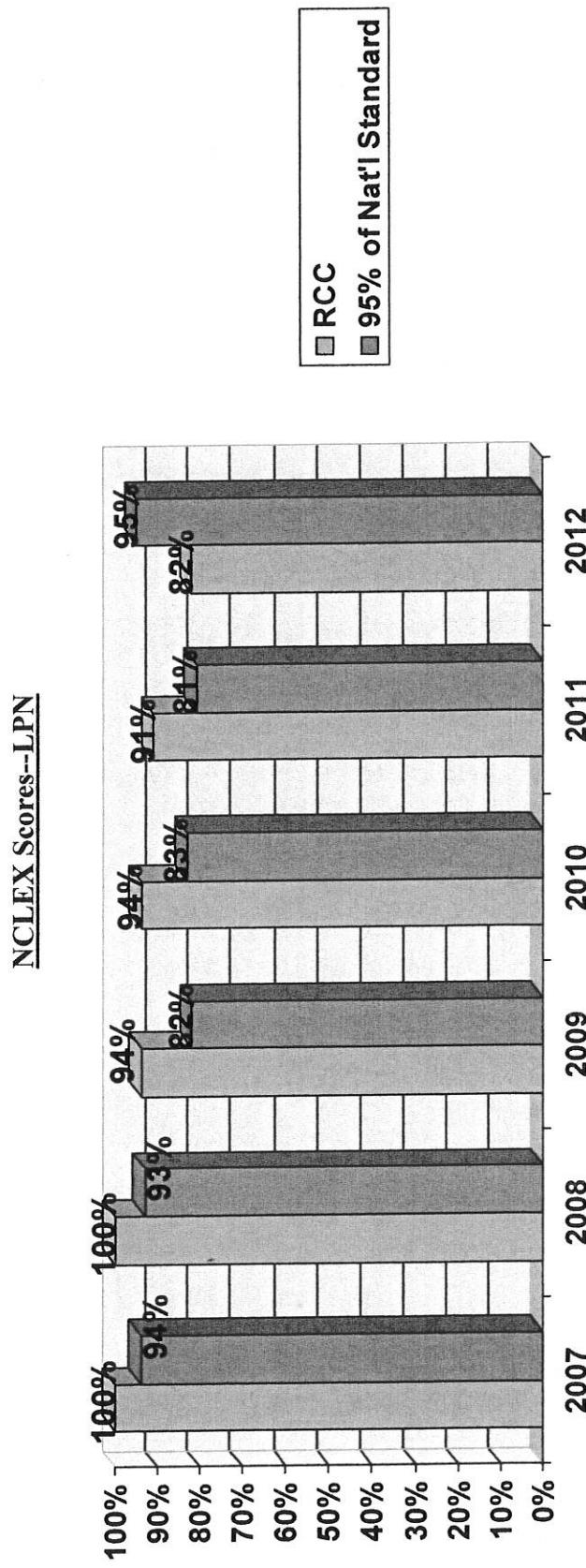
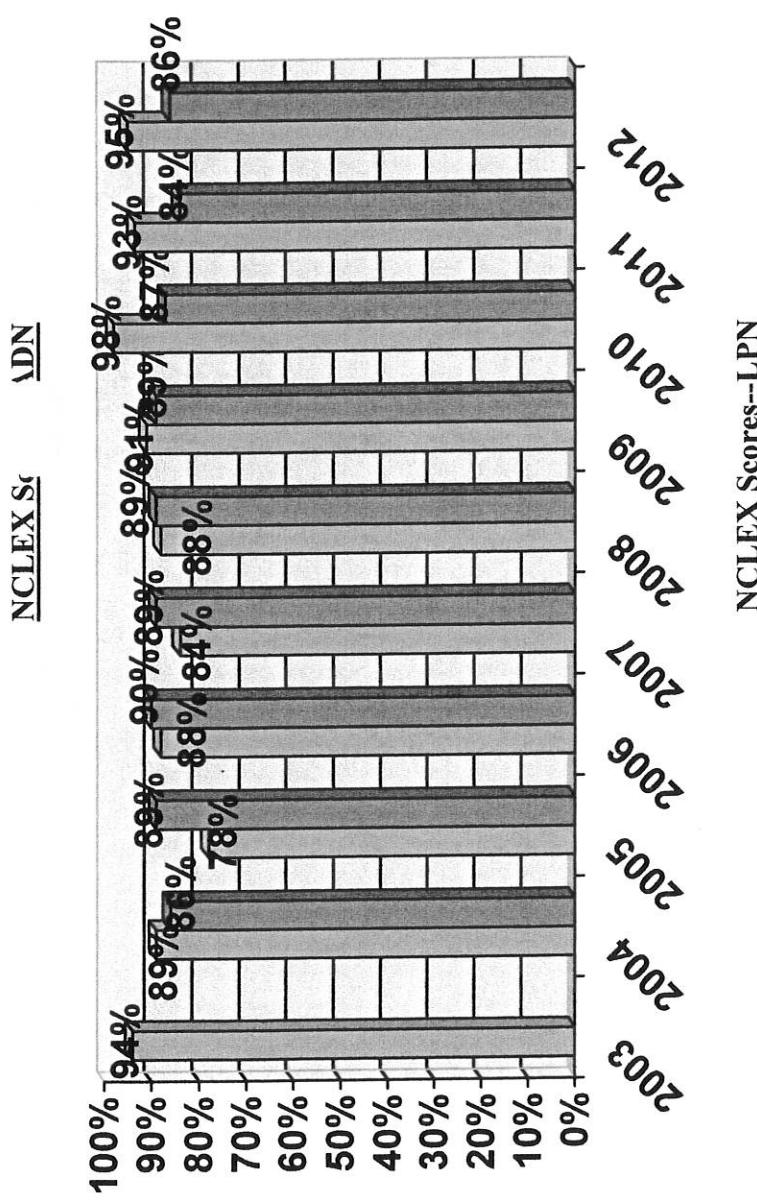
Information from Employers and Advisory Committee Members (attached)

- **Employers:**
*Only 5 surveys were returned (all from the same facility); all comments were positive
and criteria rated as “Agree & Strongly Agree”

Please return surveys by fax or mail to: Carole Gibson, Nursing Department Chair
Richmond Community College
P.O. Box 1189
Hamlet, NC 28345
Fax: 910-582-7213

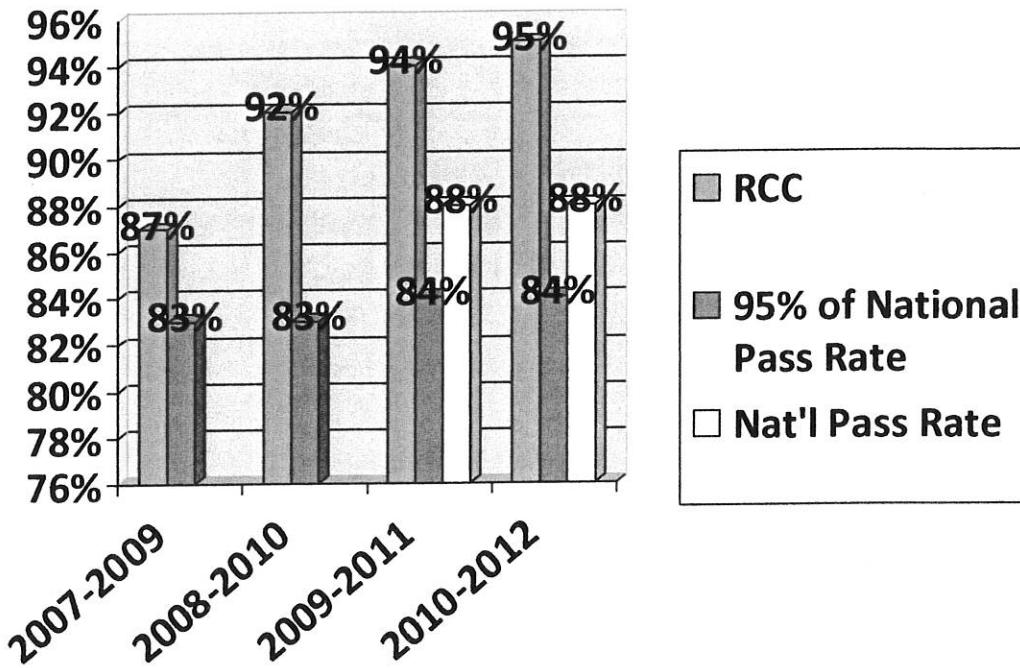
RICHMOND COMMUNITY COLLEGE
ADN ENROLLMENT 2007-2012



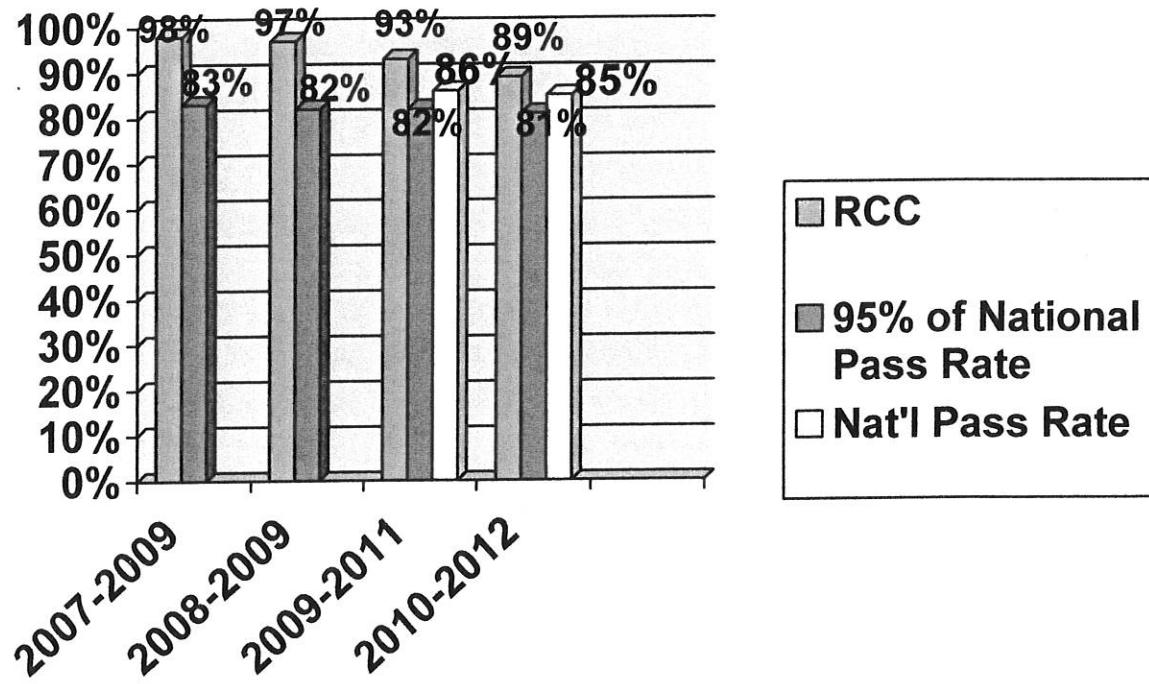


The NC Board of Nursing Rules require that the nursing program “maintain a 3-year average at or above 95% of the national pass rate for licensure level pass rate on first writing.”

Richmond Community College
Associate Degree Nursing

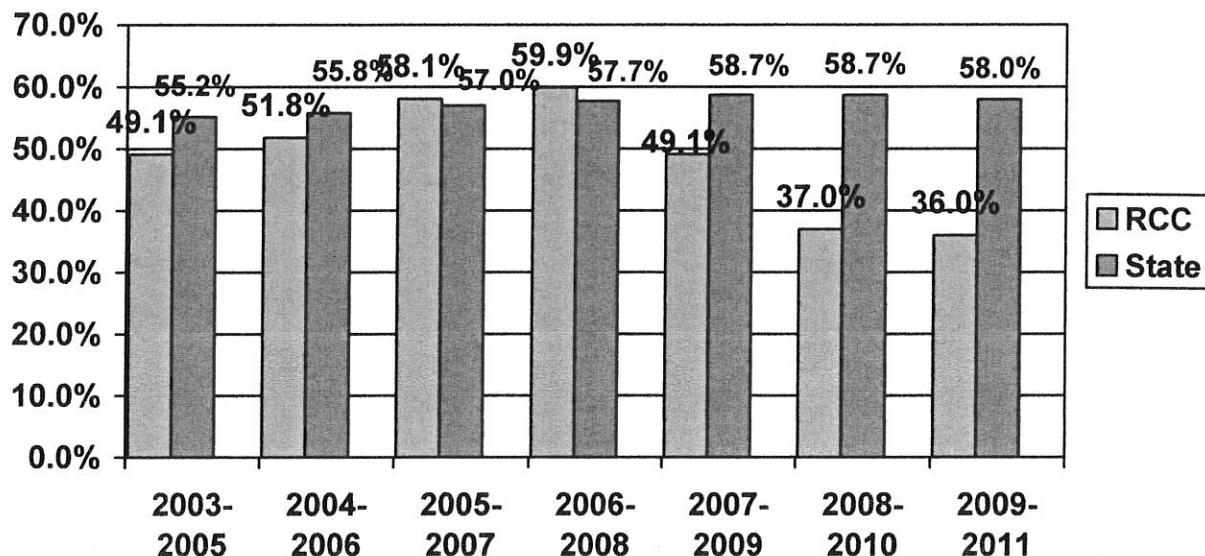


Richmond Community College
Practical Nursing

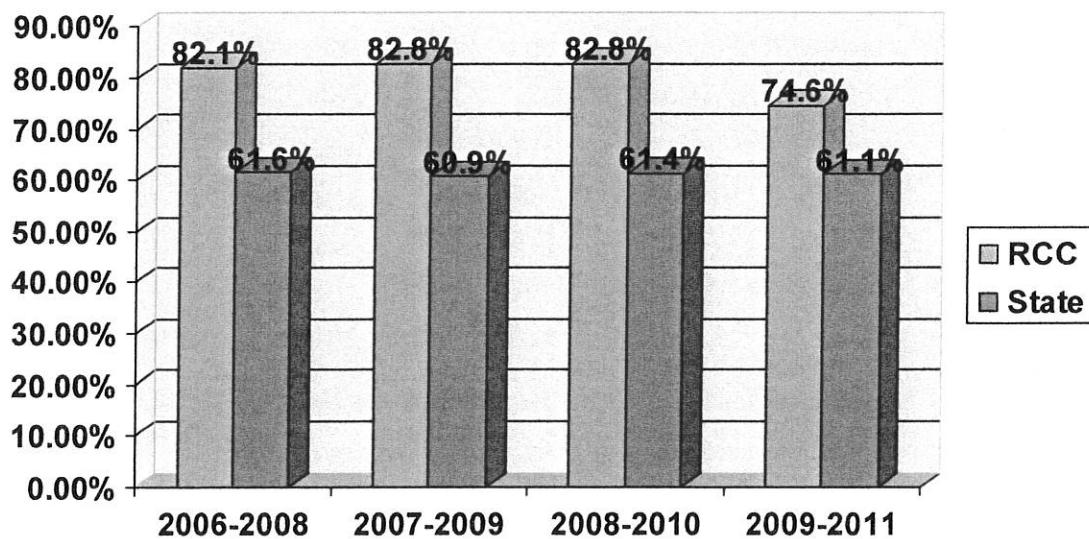


RICHMOND COMMUNITY COLLEGE RETENTION STATISTICS

Associate Degree Nursing 3-Year Average Based on NC BON Formula



Practical Nursing 3-Year Average Based on NC BON Formula



Richmond COMMUNITY COLLEGE

Student Demographics:

RACE	ADN	LPN
Caucasian	66%	35%
African American	16%	45%
American Indian	15%	15%
Hispanic/Multi-Racial	3%	5%
AGE	ADN	LPN
	46% are 25 years old & under	20% are 25 years old & under
SEX	ADN	LPN
Male	11%	5%
Female	89%	95%
County of Residence	ADN	LPN
Richmond/Scotland	77%	70%
Other	23%	30%

RICHMOND COMMUNITY COLLEGE
ADVISORY COMMITTEE INPUT SUMMARY

***Identify strengths of our programs:**

- When I think of the nurses that I have had the privilege to supervise and assist in their continued learning from RCC, I think they're well prepared. They are eager to get involved. They have a caring attitude, which in nursing school or even before is a trait which is further developed or they usually don't make it.
- The staff has really good knowledge and they are really good at teaching the material.
- Very excellent program! This program is very strict, as it should be. Instructors are wonderful.
- I am appreciative of the incorporation of the need for safety and following procedure and policy.
- Basic patient care, especially patient assessment, care plans, intake (history & physical), etc. Good knowledge of the extensive paperwork involved; well-rounded education in regards to clinical experiences.
- Instructors are excellent to work with. Students are usually confident and prepared to start work and are open to feedback.
- Strong leaders. Faculty is good to work with.
- Faculty is experienced and familiar with the organization. Like the age range of students and their variety of previous experience in the medical field. Their accessibility to the faculty and the collaboration with the facility is good.
- Well prepared in skills. Solid background in nursing classes. In the most recent years, improved general education. Strong professional image.
- Excellent clinical skills; good work ethic; good critical-thinking skills; leadership; the instructors.
- Students are generally well prepared and willing to work collaboratively. Students seem genuinely interested in learning and caring for patients.

***Suggestions regarding opportunities for improvements:**

- I would like for the student nurses to be given information on nursing scheduling and the sacrifices they may need to make.
- Teamwork from students.
- More opportunity for students to perform skills.
- Sensitivity to clients/residents/patients with mental disorders and/or behaviors including dementia and Alzheimer's Disease.
- Do they get experience with electronic medical records? Is there enough emphasis on surgical care (example: post-op/pre-op workups)? Do many ADN students go on to get a BSN? What percentage? How well prepared are they to go and further their education? In my experience working with students trying to get into the nursing program, they need to learn early on the intensity of the instruction and the depth of knowledge they will need to have. It seems a lot of them only think they're going to hand out pills and nothing else.
- Unsure/uncomfortable talking with physicians
- If curricula permits, increase number of focused care hours to exceed NC BON requirements. Would like more involvement with the orientation process for focused care areas. Familiarize students with the scope of practice & delegation; continue promoting critical thinking; and increase awareness of regulatory requirements for healthcare agencies.
- Writing skills = suggest more narrative pedagogy; and critical thinking = use more case studies and evolving situations.
- Still need to work on critical thinking and problem solving

RICHMOND COMMUNITY COLLEGE
ASSOCIATE DEGREE NURSING
EDUCATIONAL PARTNERSHIPS

*RN-BSN Bridge Program with UNC-Pembroke

*RIBN (Regionally Increasing Baccalaureate Nurses)

- Projected shortage of Registered Nurses in NC: 32,000 by 2020.
- Goal of the RIBN Project is to create the infrastructure to support increasing the proportion of baccalaureate or higher degree nurses to 80% by 2025 (currently, 60% ADN and 40% BSN).
- Associate Degree programs educate 2/3 of the new nursing workforce (55 community colleges and 4 private colleges offer a pre-licensure Associates Degree in Nursing, as compared with 18 pre-licensure BSN programs).
- Less than 16% of Associate Degree Nursing graduates pursue a higher degree. There are 19 RN to BSN programs in N.C.
- In 2008, North Carolina began to develop a dual admission, seamless progression model through partnerships between community college's Associate Degree Nursing programs and university Baccalaureate Nursing programs. RIBN targets high school students. The first students were admitted in 2010 (Western Carolina University and Asheville-Buncombe).
- The Model:

1st Year: Students complete general education requirements for both ADN & BSN programs

2nd Year: Students enter the ADN program

3rd Year: Students must complete ADN and must achieve licensure as a Registered Nurse

4th Year: Students complete their BSN on university campus

*Students take a 3-4 hour university-based course each semester during years 1-3

- Students must have a 2.3 GPA for admission to UNC-Pembroke and a 2.8 GPA for admission into the Nursing program.
- RCC is a part of the South Central collaborative with UNC-Pembroke (map).
- Target date for admissions to RCC: Fall 2014, 8-10 students.
- RIBN goal for retention across the 4-year program is 73%. Projections indicate that 767 BSN-prepared nurses will be added to the workforce through RIBN by the end of the 2020-2021 academic year, with an additional 763 RIBN students in the pipeline.
- Major challenge is to keep the RIBN student motivated to complete the program.



Lillian Duer James School of Nursing Student Health Form

REPORT OF MEDICAL HISTORY

(Please print in black ink)

To be completed by student

ST NAME (print)	FIRST NAME	MIDDLE/MAIDEN NAME	PERSONAL ID# (PID)		
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE NUMBER	
DATE OF BIRTH (mo/day/yr)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> OTHER	EMAIL _____		
CLASS YOU ARE ENTERING (circle): FR. SO. JR. SR. GRAD. PROF.	PREVIOUSLY ENROLLED HERE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATES _____	SEMESTER ENTERING (circle): SUMMER 1 SUMMER 2 OTHER	FALL SPRING YEAR 20_____ YEAR 20_____		
HOSPITAL/HEALTH INSURANCE (NAME AND ADDRESS OF COMPANY)			AREA CODE/TELEPHONE NUMBER		
NAME OF POLICY HOLDER		EMPLOYER			
POLICY OR CERTIFICATE NUMBER	GROUP NUMBER		IS THIS AN HMO/PPO/MANAGED CARE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY RELATIONSHIP

ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE NUMBER

The following health history is confidential, does not affect your admission status and, except in an emergency situation or by court order, will not be released without your written permission. Please attach additional sheets for any items that require fuller explanation.

FAMILY & PERSONAL HEALTH HISTORY (Please print in black ink) To be completed by student

Has any person, related by blood, had any of the following:

	Yes	No	Relationship		Yes	No	Relationship		Yes	No	Relationship
High blood pressure				Cholesterol or blood fat disorder				Cancer (type)			
Stroke				Diabetes				Alcohol/drug problems			
Heart attack before age 55				Glaucoma				Psychiatric illness			
Blood or clotting disorder								Suicide			

HEIGHT _____ WEIGHT _____

Have you ever had or have you now: (please check at right of each item and if yes, indicate year of first occurrence)

	Yes	No	Year		Yes	No	Year		Yes	No	Year
High blood pressure				Hay fever				Jaundice or hepatitis			
Rheumatic fever				Allergy injection therapy				Rectal disease			
Heart trouble				Arthritis				Severe or recurrent abdominal pain			
Pain or pressure in chest				Concussion				Hernia			
Shortness of breath				Frequent or severe headache				Easy fatigability			
Asthma				Dizziness or fainting spells				Anemia or Sickle Cell Anemia			
Pneumonia				Severe head injury				Eye trouble besides need glasses			
Chronic cough				Paralysis				Bone, joint, or other deformity			
Head or neck radiation treatments				Disabling depression				Knee problems			
Tumor or cancer (specify)				Excessive worry or anxiety				Recurrent back pain			
Malaria				Ulcer (duodenal or stomach)				Neck injury			
Thyroid trouble				Intestinal trouble				Back injury			
Diabetes				Pilonidal cyst				Broken bone (specify)			
Serious skin disease				Frequent vomiting				Kidney infection			
Mononucleosis				Gall bladder trouble or gallstones				Bladder infection			

Please list any drugs, medicines, birth control pills, vitamins, minerals, and any herbal/natural product (prescription and nonprescription) you use and how often you use them

Name _____	Use _____	Dosage _____	Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____	Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____	Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____	Name _____	Use _____	Dosage _____

* Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

FAMILY & PERSONAL HEALTH HISTORY-CONTINUED *(Please print in black ink) To be completed by student*

Check each item "Yes" or "No." Every item checked "Yes" must be fully explained in the space on the right (or on an attached sheet). Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash, hives, etc.) to any of the following? If yes, please explain fully the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

Adverse Reactions to:	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine			
Other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yes	No	Explanation
Do you have any conditions or disabilities that limit your physical activities? (If yes, please describe)			
Have you ever been a patient in any type of hospital? (Specify when, where, and why)			
Has your academic career been interrupted due to physical or emotional problems? (Please explain)			
Is there loss or seriously impaired function of any paired organs? (Please describe)			
Other than for routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe)			
Have you ever had any serious illness or injuries other than those already noted? (Specify when and where and give details)			

IMPORTANT INFORMATION....PLEASE READ AND COMPLETE

STATEMENT BY STUDENT (OR PARENT /GUARDIAN, IF STUDENT UNDER AGE 18):

- (A) I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (son/daughter's) medical record to a physician, hospital, or other medical professional involved in providing me (him/her) with emergency treatment and/or medical care.
- (B) I hereby authorize any medical treatment for myself (my son/daughter) that may be advised or recommended by the physicians of the Student Health Service. **(Not applicable to community colleges.)**
- (C) I am aware that the Student Health Service charges for some services and I may be billed through the University Cashier if the account is not paid at the time of visit. I accept personal responsibility for settling the account with the Cashier and for payment of incurred charges. I am responsible for filing outpatient charges with insurance and acknowledge that my responsibility to the university is unaffected by the existence of insurance coverage. **(Not applicable to community colleges.)**

Name of Student

Date

Signature of Parent/Guardian, if student under age 18

Date

GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit.

Acceptable Records of Your Immunizations May be Obtained from Any of the Following: (Be certain that your name, date of birth, and ID Number appear on each sheet and that all forms are mailed together. The records must be in black ink and the dates of vaccine administration must include the month, day, and year. Keep a copy for your records.)

- High School Records – These may contain some, but not all of your immunization information. Contact Student Services for help if needed. **Your immunization records do not transfer automatically. You must request a copy.**
- Personal Shot Records – Must be verified by a doctor's stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records or WHO (World Health Organization Documents)
- Previous College or University – **Your immunization records do not transfer automatically. You must request a copy.**

SECTION A:	IMMUNIZATION REQUIREMENTS ACCORDING TO AGE				
STUDENTS 17 YEARS OF AGE AND YOUNGER					
DTP or Td ¹ 3	Polio 3	Measles ² 2	Mumps ⁴ 1	Rubella ⁴ 1	
STUDENTS BORN IN 1957 OR LATER AND 18 YEARS OF AGE OR OLDER					
DTP or Td ¹ 3	Polio 0	Measles ^{2,3} 2	Mumps ⁴ 1	Rubella ⁴ 1	
STUDENTS BORN BEFORE 1957					
DTP or Td ¹ 3	Polio 0	Measles 0	Mumps 0	Rubella ⁴ 1	
STUDENTS 50 YEARS OF AGE AND OLDER					
DTP or Td ¹ 3	Polio 0	Measles 0	Mumps 0	Rubella 0	
INTERNATIONAL STUDENTS					
Vaccine Required					

Vaccines are required according to age (refer to appropriate box). Additionally, International students are required to have a TB skin test and negative result within the 12 months preceding the first day of classes (chest x-ray required if test is positive).

1. DTP (Diphtheria, Tetanus, Pertussis), Td (Tetanus, Diphtheria): One Td booster within the last ten years
2. Measles: One dose on or after 12 months of age; second at least 30 days later. Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician
3. Two measles doses if entering college for the first time after July 1, 1994.
4. One dose on or after 12 months of age. Only laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.

SECTION B:	These vaccines are RECOMMENDED . Some may be required by certain departments. Consult your college or department for specific requirements.
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North Carolina House Bill 825 requires public and private institutions with on-campus residents to provide information about meningococcal disease. Attached to this form is information regarding meningococcal disease, including recommendations from the Centers for Disease Control of the U.S. Public Health Service. Please record on page 6 of this form, whether or not you have received the meningococcal vaccine. If yes, please note the month, day, and year of the vaccination.

SECTION C:	These vaccines are OPTIONAL .
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IMMUNIZATION RECORD		(Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.		
Last Name	First Name	Middle Name	Date of Birth (mo./day/year)	Personal ID# (PID)

SECTION A REQUIRED IMMUNIZATIONS		mo./day/year	mo./day/year	mo./day/year	mo./day/year
• DTP or Td		(#1)	(#2)	(#3)	(#4)
• Td booster					
• Polio					
• MMR (after first birthday)					
• MR (after first birthday)					
• Measles (after first birthday)				**Disease Date	****Titer Date & Result
• Mumps				***Disease Date NOT Accepted)	****Titer Date & Result
• Rubella				***Disease Date NOT Accepted)	****Titer Date & Result

SECTION B RECOMMENDED IMMUNIZATIONS

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

Meningococcal	Received the meningococcal vaccine? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If Yes, please indicate date(s) vaccine was received (mo./day/year)				
• Hepatitis B series only	mo./day/year	mo./day/year	mo./day/year	****Titer Date & Result
OR				
• Hepatitis A/B combination series				
✓ Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	****Titer Date & Result
• Tuberculin (PPD) Test (Required annually/) (within 12 months)	Date read mm in duration			
Chest x-ray, if positive PPD	Date Results			
Treatment if applicable	Date			

SECTION C OPTIONAL IMMUNIZATIONS		mo./day/year	mo./day/year	mo./day/year
• Haemophilus influenzae type b				
• Pneumococcal				
• Hepatitis A series only				
• Other				

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address	City	State	Zip Code
Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.			
Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.			
*** Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.			
Do Not Write in This Space			

PHYSICAL EXAMINATION

(Please print in black ink) To be completed and signed by physician

or clinic

Physical examination is required by some schools and/or programs (consult your college or department for specific requirements). If required, it must be completed in black ink and signed by a physician or clinic.

Last Name	First Name	Middle Name	Date of Birth (mo/day/year)
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Permanent Address	City	State	Zip Code	Area Code/Phone Number
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Height _____	Weight _____	TPR _____ / _____ / _____	BP _____ / _____
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REQUIRED:

Vision: Corrected Right 20/_____ Left 20/_____

Uncorrected Right 20/_____ Left 20/_____

Color Vision (Required) _____

Hearing: (gross) Right _____ Left _____

15 ft. Right _____ Left _____

Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

- A. Is there loss or seriously impaired function of any paired organs? Yes _____ No _____
Explain _____
- B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
Explain _____
- C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _____ Limited _____
Explain _____
- D. Is student physically and emotionally healthy? Yes _____ No _____
Explain _____

• Only for Students Admitted to a HEALTH SCIENCES PROGRAM •

Based on my assessment of this student's physical and emotional health on _____, he/she appears able to
(Date)
participate in the activities of a health profession in a clinical setting. Yes _____ No _____ if no, please explain _____

Signature of Physician/Physician Assistant/Nurse Practitioner

Date _____

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number _____

Home Address

City

State

Zip Code

*Provision of Social Security number is voluntary, is requested solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

ADN-PN Health Form—Revised May 201