

Nursing Department

**Associate Degree in Nursing Program, LPN-RN Transition Program, and Practical Nursing Program
Health Checklist Form – Clinical Compliance**

Name: _____
Legal LAST
Legal FIRST
Middle initial(s) (if none, state "NONE")

Last 4 SSN: _____ Cell Phone or 1st Contact Phone No.: _____

UH E-mail Address: _____@hawaii.edu Program: _____

Instructions: Complete all of the items listed below. Create a Complio account at <http://kapiolanicompliance.com/> and upload all documents to the website. The fee is approximately \$25 to \$30 for compliance tracking.

For Questions: If you have any questions regarding your Complio account, please contact Complio at 1-800-200-0853. If you do not understand the requirements or if there are any issues, please contact the Kapi'olani CC Clinical Compliance Coordinator at nurshlth@hawaii.edu.

American Heart Association CPR certification: AHA CPR BLS Provider Level

Basic Life Support (BLS) Provider American Heart Association Basic Life Support (CPR and AED) Program. Be sure the vendor you choose is an American Heart Association Authorized Training Center/Trainer. (Note: NO EXCEPTIONS.)

If the CPR card expires prior to the last day of the semester, you are required to re-take your CPR course before the semester starts. ***Expiration date must be after your last day of the semester you are accepted into:**
 December 15 (Fall entrance), May 15 (Spring Entrance), August 25 (Summer Entrance)

Tuberculosis (TB) - [Option A or Option B]

Option A: If you **have not had a positive TB skin test** in the past:

Please note: A two-step PPD (TB skin test) consists of two injections (at least 1-3 weeks apart) This is at minimum a 10 day process. All indurations must be reported even if the reading is negative (0mm – 9mm)

Choose one of the following:

I. A copy of your current two-step PPD (within 7 months to the start of your program) with negative results

OR

II. A two-step TB test within the last 365 days prior, **and** a copy of a single negative PPD test (within 7 months of the start of your program)

OR

III. A copy of a past two-step PPD skin test **with** two consecutive years of a negative TB skin tests (e.g., current TB skin test (within 7 months to the start of your program) with another TB skin test completed within 365 days prior).

Option B: If you've had a **positive TB skin test**:

Provide the date with induration size (i.e. 10mm or more) **AND** a **current negative Chest x-ray result (within 6 months to the start of your program). Complete the Chest X-ray Waiver form. *NOTE: you may also be required to submit up to 3 more facility specific TB waivers – according to your clinical assignment. These forms are available on the nursing health requirement website or by request via email nurshlth@hawaii.edu**

Tetanus, Diphtheria, and Pertussis (Tdap)

Documentation of Tdap vaccination for tetanus, diphtheria and pertussis. You must have at least one (1) Tdap on file: Tdap expires every 10 years from the date given. You may update Tdap with a Tetanus and Diphtheria (TD) vaccination, if your Tdap expired.

Varicella Immunity	
	<p>Two injections or history of the disease does not meet clinical compliance requirements.</p> <p>Titer (blood test) required for Varicella Antibody after you've received 2 Varicella vaccinations. If you had the chicken pox disease without immunizations, you may titer. If the results are negative or equivocal then you need to begin the immunization process (two vaccinations total). Please work with your physician on the specifics as far as time intervals.</p> <p>If you have a positive Varicella Antibody titer, you may submit this as proof of immunity and no further action is necessary. Please submit a copy of your positive titer results.</p>
Measles, Mumps, Rubella (MMR) Immunity	
	<p>Two injections or history of the disease does not meet clinical compliance requirements.</p> <p>Titer (blood test) for the Measles Antibody, Mumps Antibody and Rubella Antibody after you've received 2 MMR vaccinations. Please work with your physician on the specifics as far as time intervals or if you've had the disease.</p> <p>If you have a positive titer for all three: Measles, Mumps, and Rubella, no further action is required. Please submit a copy of your positive titer results.</p>
Hepatitis B Immunity	
	<p>Three injections or history of the disease does not meet clinical compliance requirements.</p> <p>Titer (blood test) for the Hepatitis B Surface Antibody (HbsAb) after you have received three Hepatitis B vaccinations. Please work with your physician on the specifics as far as time intervals. If you are negative or equivocal after three vaccinations, you need to begin the series again. Communicate with the KCC Nursing Clinical Compliance Coordinator for further instructions.</p> <p>If you have a positive titer for HbsAb, no further action is required. Please submit a copy of your positive titer results.</p>
COVID-19 Vaccination	
	<p>Documentation of COVID-19 vaccination. You must have at least one or two injection(s) depending on vaccination parameter requirement. After receiving the required vaccination(s), please submit proof of vaccination (e.g., copy of COVID-19 Vaccination Record Card)</p>
Personal Medical Insurance	
	<p>Medical insurance card (Back, and Front) copy to be uploaded.</p>
Annual Seasonal Influenza Vaccination (Fall through Spring): Current vaccination available every August through May	
	<p>Documentation of vaccination. Submit documentation of flu shot administered.</p> <p>If you have contraindications, i.e. severe allergic reaction, you are required to submit documentation from your healthcare provider. Healthcare facilities will require a mask while on site.</p>
Understanding and Agreement Form:	
	<p>Signed and dated</p>
Physical Examination Form: (Physical examination must be completed <u>within 6 months</u> to start of program)	
	<p>Physical Exam form, completed by your healthcare provider verifying ability to perform program activities.</p>
Medical Consent Form: Choose A or B	
	<p>Signed and dated</p>
Exclusion of Worker's Compensation Form:	
	<p>Signed and dated</p>
Document Release Form:	
	<p>Signed and dated</p>