

New Nursing Students- onboarding clinical process

Welcome new nursing student,

Enclosed is information regarding the documents that all NEW nursing students must complete before attending clinical experiences:

- Take this form to your healthcare provider to complete, sign, and date.
- Upload all documents when completed before June 15th.

Required Documents: Please upload them into the health portal (instructions below). For images to be considered valid, they must contain your full name and DOB.

- Moravian University- New Nursing Student Physical Examination (included in this packet)
- Tuberculosis (TB) Screen Questionnaire and testing:
 - Complete two forms in the health portal if not already done- see below
 - Please have your provider order baseline TB testing using the IGRA testing method (QFT or T-SPOT). All nursing students are required to have IGRA testing as a baseline within 6 months of the start of their curriculum. If the TB testing results are positive, follow-up will be done with Health Services.
- Evaluation of Hepatitis B Immunity:
 - All incoming nursing students must provide proof of Hepatitis B Surface Antibody (HepBsAb) testing and proof of immunization. If the antibody test results are reactive or immune, nothing further needs to be done.
 - If the HepBsAb results are non-reactive or negative- please follow up with your medical provider:
 - Receive booster dose and repeat the blood test in 6-8 weeks- if this results reactive, you are considered immune. If it is still non-reactive, your provider will provide guidance. Health Services is available to guide as needed.
- Copy of Immunization records from your healthcare provider or high school. Required medications include:
 - Hepatitis B series- three doses
 - Measles, Mumps, Rubella (MMR) two doses (first dose on or after 1st birthday) or a blood test showing immunity
 - Meningitis Vaccine (MCV) on or after 16th birthday. Required of residential students
 - Tdap on or after the 10th birthday and required within the past 10 years
 - Varicella - two doses (first dose on or after 1st birthday) or a blood test showing immunity
 - The Meningitis B vaccine is STRONGLY ENCOURAGED

In the Student Health Portal

Log in to moravian.studenthealthportal.com. Use your Moravian email and your AMOS password to log in. Go to “My Forms” (top of page) and complete:

- Nursing immunizations- this will ask for your Hepatitis B blood test & your TB (IGRA) test result. Upload proof as indicated above
- Immunization history for portal if new to Moravian and not completed before now
- Tuberculosis (TB) Screening Questionnaire and TB Screening portal forms

Scan and upload the following documents using the “Document Upload” tab (you can take a picture and upload the picture)

- Moravian University- New Nursing Student Physical Examination form after completion by your healthcare provider
- Immunization Record- including required immunizations as listed above
- Images of HepBsAb and IGRA (QFT or T-SPOT) lab results- images must contain your full name and DOB

DO NOT FAX, EMAIL, OR ‘HAND IN’ any of these records—they must all be uploaded to the portal.

As you complete your requirements, please log in to moravian.studenthealthportal.com and upload your images using the document upload feature. Be sure to complete your forms within the portal and email with any questions.

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MORAVIAN
UNIVERSITY

MORAVIAN UNIVERSITY- NEW NURSING STUDENT PHYSICAL EXAMINATION

Student Name _____ Date of Birth _____

TO THE EXAMINING HEALTHCARE PROVIDER: This student has been accepted to Moravian University in a Nursing curriculum. Please review the student's history and complete this examination with comments on any abnormal findings. A physical exam must be performed less than one year before the first day of Nursing classes.

_____/_____/_____ sugar protein R / L / ☐ Y ☐ N ☐ normal ☐ impaired
Blood pressure Pulse Height (in.) Weight (lbs.) BMI Urinalysis Visual acuity Corrected? Gross hearing

CLINICAL EVALUATION

	Normal	If Abnormal, please describe
Skin	<input type="checkbox"/>	
Head and scalp	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Ears/hearing	<input type="checkbox"/>	
Mouth, nose, throat, neck	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Genitourinary	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	
Emotional	<input type="checkbox"/>	

1. Any known impaired function or loss of any organ? ☐ Yes ☐ No. If yes, specify _____
2. Allergies or contraindications to any medication(s)? ☐ Yes ☐ No. If yes, specify _____
3. Any medication(s) taken regularly? ☐ Yes ☐ No. If yes, specify _____
4. Recommendation for physical activity: ☐ Unlimited ☐ Limited; explain _____
5. Can this individual participate in intercollegiate athletics, including contact sports? ☐ Yes ☐ No.
6. General comments or recommendations: _____
- This student is a nursing major.** Is there any health reason that would preclude this person from engaging in clinical practice as a student nurse? ☐ Yes ☐ No. If yes, please specify _____

Name of Healthcare Provider MD/DO/NP/PA Street Address

Signature Date of exam City, State, Zip Phone

STUDENTS - WHEN FORMS COMPLETED, PLEASE UPLOAD TO THE MORAVIAN UNIVERSITY HEALTH PORTAL- moravian.studenthealthportal.com

