Cleveland Clinic

R B Turnbull Jr MD
Wound, Ostomy & Continence Nursing Education Program

Physical Requirements & Health Form

Student's Name: _____ Date of Appt: _____

Immunization Record (must have been administered within last 10 years or a titer is required to evidence ongoing immunity):

Hepatitis B Immunity:
- ☐ Documented positive/negative immunity status from titer on: _____(date) (***attach lab copy***) or**,**
- ☐ Declination of Hepatitis B Vaccine form signed and attached **or,**
- ☐ Hepatitis Vaccination: Date of 1st vaccination _____
  Date of 2nd vaccination _____
  Date of 3rd vaccination _____

Last Tetanus Diphtheria booster date: _____ (must be within the past 7 years)

Measles, Mumps, Rubella (MMR) Immunity:
- ☐ Laboratory evidence of immunity or positive titer on _____ (date) (***attach lab copy***) or,
- ☐ Documentation of two (2) doses of live measles and mumps vaccine given at least 28 days apart and one (1) dose of live rubella vaccine. Please indicate if combined vaccination of MMR.
  Date of 1st measles & mumps vaccination _____
  Date of 2nd measles & mumps vaccination _____
  Date of live rubella vaccination _____

Varicella (Chicken Pox) Immunity:
- ☐ Laboratory evidence of immunity or disease _____ (date) (***attach lab copy***) or,
- ☐ History of varicella or herpes zoster based on physician diagnosis _____ (date) or,
- ☐ Documentation of two (2) doses of varicella vaccine given at least 28 days apart.
  Date of 1st vaccination _____
  Date of 2nd vaccination _____

Tuberculosis (TB) (must be within past 12 months):
- ☐ **TB Skin Test Date:** _____ **Result:** _____
- ☐ TB Gamma Interferon (blood draw) **or,**
- ☐ Quantiferon-B Gold-Tube Assay (QTF) **or,**
- ☐ History of positive PPD: CXR date _____ (within one year).

Flu Vaccine (clinical requirement during flu season months of Oct. thru Mar.): Date Admin. _____

COVID-19 Vaccine:

Pfizer-BioNTech (BNT162b2)	*Moderna (mRNA-1273)*	*Johnson & Johnson (JNJ-78436735)*
Date of 1st Dose _____	Date of 1st Dose _____	Date of 1st Dose _____
Date of 2nd Dose _____	Date of 2nd Dose _____	Date of 2nd Dose _____
Date of Booster _____	Date of Booster _____	Date of Booster _____

Cleveland Clinic

R B Turnbull Jr MD
Wound, Ostomy & Continence Nursing Education Program

Physical Requirements & Health Form

Does the Student need accommodations to fulfill the following physical requirements while participating in the WOC Nursing education program? If yes, then Student is responsible to immediately notify our Program Director at **WOCschool@ccf.org** and request accommodations or assistive devices in meeting these physical requirements.

The role and function of the WOC Nursing student in involves:

- Ability to operate technical equipment, virtual LMS classroom, and Microsoft Office;
- Ability to perform physical examination of patients;
- Ability to transfer patients into sitting or standing positions or onto exam tables / beds;
- Ability to exchange information with instructor, and clinical care team;
- Ability to take timed course final exams;
- Ability to perform clinical work in a stationary position for extended periods of time;
- Ability to distinguish between shades of color and greyscale in imaging;
- Ability to exercise good judgment in stressful work environment; and
- Ability to accept positive and negative feedback from course instructor & clinical preceptor.

I hereby certify _____ (*print student's name*) meets the physical requirements to participate in the WOC Nursing Education Program and Student would allow a safe clinical practice. The above information is true and correct.

Medical Examiner Name (print): _____

Medical Examiner Signature: _____

Medical Examiner Title: _____ **Date:** _____

I willingly submit to all immunizations / vaccinations necessary to comply with program's admissions and clinical criteria. I authorize the release of information to the appropriate program personnel.

Student Signature: _____ **Date:** _____