

# *Welcome to the College of Nursing*

*We are very glad you are joining the College of Nursing community. Our faculty and staff are excited that you are here. We want to help orient you to your first semester nursing courses and assist you in making a smooth transition from pre-nursing to nursing.*

## **HEALTH ASSESSMENT EXPECTATIONS (FCNU 2030)**

**EQUIPMENT:** There is a laboratory portion to FCNU 2030 that requires you to purchase the following and is available through the University Bookstore:

1. Stethoscope (with bell and diaphragm)
2. Sphygmomanometer (blood pressure cuff)
3. Penlight
4. White Lab Coat (below the waist)
5. College of Nursing Insignia Patch
6. Tape measure (with centimeters and inches)

## **CLINICAL HEALTH REQUIREMENTS**

**CLINICAL REQUIREMENTS:** It is critical to have all health requirements turned in to the Office of Student Services by the indicated deadline. This is not only for your protection, but for the protection of patients and peers as well. If these requirements are not submitted on time, you will not be allowed to attend any of your classes. If you have questions regarding the requirements, contact the Office of Student Services at 439-4578.

## **STRATEGIES TO PROMOTE YOUR NURSING SUCCESS**

Nursing tests are different from any tests you have ever taken. They require critical thinking and application of your knowledge to health care situations. We have several support services and resources in place to assist you.

1. **Testing Center (TC):** The TC assists students on a one-to-one basis and for group test-taking workshops. The TC has a library of materials available for checkout, including test-taking strategies and NCLEX review materials. Contact Denise Bowser in the Testing Center, 344 Nicks Hall, or 439-4528.
2. **N.U.R.S.E. Center:** The N.U.R.S.E. Center offers a Peer Mentor/Peer Tutor Program. Services include **FREE** tutoring and mentoring by other nursing students. Contact Janelle Grooms in the N.U.R.S.E. Center, 345 Nicks Hall, or 439-4528 for more information.

**REMEMBER:** Actively participate in class! Learning will take place and success will be achieved with you taking responsibility for yourself – Let the professor know your name! Seek help early when you need it! Share your gifts with others!

**WE WANT TO HELP YOU BECOME COMPASSIONATE, CARING & COMPETENT NURSES**

**ETSU COLLEGE OF NURSING  
MEMORANDUM**

**TO:** Spring 2010 Newly Admitted Nursing Students

**FROM:** Carolyn S. Merriman, APRN, MS, Testing Center Director

**SUBJECT:** Entrance Exam for Nursing Students

**DATE:** November 2, 2009

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**Welcome to the College of Nursing!**

As part of the College's effort to promote student success, there is a curriculum-wide plan in place which includes testing and support resources. The goal of this curriculum-wide plan is to help you successfully meet the challenges of nursing school, as well as progressively prepare you for your professional licensure after graduation. It also gives the College of Nursing an opportunity to identify any nursing student needing extra support and early intervention assistance. There will be various testing and support aspects of this curriculum-wide effort throughout your nursing school journey, and you will receive more information about these requirements as you progress through nursing school.

This curriculum-wide success plan starts with a mandatory Entrance Exam, called the Test of Essential Academic Skills (TEAS) by Assessment Technologies Institute (ATI). The TEAS has content exams in reading comprehension, basic math, English and language usage, and Science including life science, human body science, chemical and physical science. There are a few TEAS study manuals available in the Testing Center for use on-site, or you can go to [www.atitesting.com](http://www.atitesting.com) to purchase one for your own use.

The College of Nursing has adopted the following policies regarding the Entrance Assessment:

1. "The College of Nursing newly admitted students have 2 weeks from the date of their acceptance letter to the nursing major to schedule an appointment with the Testing Center to take the assessment test. Late-admit students will need to take the TEAS Entrance Assessment prior to the first day of classes or you cannot proceed into the program.
2. Students' scores on the TEAS Entrance Assessment will be evaluated by the Director of the Testing Center to determine if an additional intervention is needed for the student, including, but not limited to taking NURS 3300 Promoting Academic Success in Nursing course, or NURS 3005 Dosage and Calculation course.
3. Students are permitted to take the TEAS Entrance Assessment one time only. Scores achieved on the assessment are applicable for this requirement regardless of the semester in which the student enters the major."



**Logistics for arranging your TEAS Entrance Assessment are as follows:**

- 1. Call the Testing Center at 439-4262 to make an appointment to take the exam. Exams will be administered in the LRC on the following dates:**

<b>Tuesday, January 5, 2010</b>	<b>9:00 am – 1:00 pm</b>	<b>Wednesday, January 6, 2010</b>	<b>12:00 pm – 4:00 pm</b>
<b>Thursday, January 7, 2010</b>	<b>9:00 am – 1:00 pm</b>		

- 2. The TEAS Entrance Assessment fee is \$25.00 and must be paid the day of the exam. We accept money orders ONLY, made payable to ETSU College of Nursing. Cash or personal check will not be accepted.**
- 3. You may contact the Director with questions concerning the assessment.**
- 4. If you do not plan on attending this semester, please contact the Testing Center, so we will not order tests that are not needed. Please contact the Testing Center ASAP**



**Note: To avoid being administratively dropped from your nursing courses:**

- 1. Schedule and take the TEAS Entrance Assessment within the designated timeframe.**
- 2. Add the required success course to course load, (an advisor will permit you in) as indicated by the Testing Center Director, according to the guidelines as outlined above, prior to first day of class.**

**Feel free to contact Carolyn Merriman, Testing Center Director, through Denise Bowser in the Testing Center office (Nicks 343) at 439-4262 or via e-mail: [Merrimac@etsu.edu](mailto:Merrimac@etsu.edu) with questions.**



**ORIENTATION  
FOR  
INCOMING 4 YR TRADITIONAL &  
LPN-BSN STUDENTS**

*January 13, 2010  
9:00 AM – 12:00 PM*

**COLLEGE OF NURSING – ROYS. NICKS**

*This is a **mandatory** orientation. All newly admitted 4Yr Traditional & LPN-BSN Degree students must attend.*

*Refreshments will be available.*

## NEW STUDENT INFORMATION



NURSING STUDENTS MUST USE GOLDMAIL  
AS EMAIL CONTACT ONLY!!!!



## IMPORTANT DUE DATES

*SUBMISSION DEADLINES FOR CLINICAL HEALTH REQUIREMENTS:*

**December 7, 2009**

*Clinical health requirement documentation MUST be submitted before classes begin  
January 14th*

**TNF**

(\$15.00 **Money Order ONLY**)

Turn in with your clinical health requirements  
230 Roy S Nicks Hall

Make Money Order payable to TNF and write Student ID on Money  
Order



## Student Nursing Insurance Website

[www.nso.com](http://www.nso.com)

### Effective Dates for Insurance:

August 15<sup>th</sup>, if first clinical course will be Fall semester  
April 15<sup>th</sup>, if first clinical course will be Summer semester  
January 1<sup>st</sup>, if first clinical course will be Spring semester

# **DEADLINE DATE: DECEMBER 7, 2009**

## **CLINICAL & HEALTH REQUIREMENTS CHECK LIST**

**Please refer to the previous *“Clinical & Health Course Requirements for Undergraduate and Graduate Students”* for detailed information regarding each requirement listed below.**

**Due before the Semester begins:**

- \_\_\_\_\_ **1. Tuberculosis Screening (TB) (renewed annually)**
- \_\_\_\_\_ **2. Tdap tetanus/diphtheria/acellular pertussis (renewed upon expiration)**
- \_\_\_\_\_ **3. Physical Examination form (HCP completes) Use ETSU form**
- \_\_\_\_\_ **4. Health Verification form (student completes)**
- \_\_\_\_\_ **5. Hepatitis B vaccines (3) or positive titer**
- \_\_\_\_\_ **6. Measles, Mumps, Rubella (MMR) vaccines or positive titer**
- \_\_\_\_\_ **7. Varicella (Chickenpox) two vaccines or positive titer (even if you had chicken pox as a child you will still need to have a titer drawn.)**
- \_\_\_\_\_ **8. HIPAA Accountability form (Privacy Act)**
- \_\_\_\_\_ **9. Student Signature form (in new student packet or pick up at the Student Service Office in Roy S. Nicks Building)**
- \_\_\_\_\_ **10. Meningococcal vaccine (optional)**
- \_\_\_\_\_ **11. Payment to the TN Nurse’s Foundation (\$15 money order) OR proof of licensure**
- \_\_\_\_\_ **12. Drug/Alcohol Consent form (in new student packet or pick up at the Student Services Office in Roy S. Nicks Building)**
- \_\_\_\_\_ **13. BLS (please sign up for CPR class ASAP since they fill up quickly)**

**Submission deadlines for liability insurance are prior to your first clinical course. Generally, the first clinical course is in your second semester.**

**Student Name:** \_\_\_\_\_ **SID:** \_\_\_\_\_

**Due December 7<sup>th</sup>, 2009**

## **CLINICAL COURSE REQUIREMENTS FOR UNDERGRADUATE AND GRADUATE STUDENTS**

To protect yourself and the clients for whom you care, and to meet the requirements of the clinical sites where you will have experience, you must meet the following requirements for clinical courses. Failure to provide the required information will result in your not being allowed to start your nursing courses.

Please Note:

1. Submit **copies** of your documentation, not originals, to the Office of Student Services. (Note: copies cannot be made for you in the Office of Student Services. A copier is available in Roy S Nicks, 234.) All current and accurate documentation must be submitted by the deadline.
2. To help avoid misplacement and accurate recording, it is recommended you submit all your documentation with your name and Student ID number on each page. (not your social security number).
3. Use the forms provided by the College of Nursing to assist in gathering documentation.
4. Submission Deadlines for health requirements is prior to the beginning of school. You **will not** be able to attend classes if you have not submitted your documentation by the deadline which will be before the first day of class. (see attached for exact deadline date)

Keep in mind that obtaining documentation of clinical requirements may take a long time so you should get started on it as soon as you receive your packet. Students who lack full documentation **will not** be permitted to attend any nursing courses.

Additional information on many of the requirements is presented below including services provided by Student Health Services (SHS):

1. Liability Insurance – (renewed annually)
  - a. Current individual professional liability policy (not a group policy) with \$1,000,000/\$3,000,000 coverage is required. (Nurse practitioner students must hold a policy which provides coverage for services provided as a student nurse practitioner.)
  - b. Students who are already licensed as an RN or LPN must buy the appropriate liability insurance coverage **and** request to be licensed also as a student at no additional charge. Verification that the additional student coverage is in effect must be submitted to the Office of Student Services.
  - c. A copy of the declaration page of the policy (Certificate of Insurance or Policy Face Sheet) with policy number, expiration date, and liability amounts must be submitted to the Office of Student Services in the College of Nursing. The office has information on professional liability insurance companies.

Resources for liability insurance providers:

1. Nurses Service Organization (NSO)  
Phone: 1-800-247-1500  
Fax: 1-800-739-8818  
Web site: [www.nso.com](http://www.nso.com)  
Address: 159 E County Line Rd., Hatboro, PA 19040-1218
2. Chicago Insurance Company  
Phone: 1-800-503-9230  
Web site: [www.Proliability.com](http://www.Proliability.com)  
Address: 1440 Renaissance Dr., Park Ridge, IL 60068-1400

3. The Office of Student Services has applications for NSO available for students who prefer to mail a hard copy application.
- d. Submission Deadlines for liability insurance is prior to your first clinical course. Generally, the first clinical course is your second semester and is as follows:

**Traditional 4-year students-ALNU 3031**  
**Evening/Weekend students-ALNU 3031**  
**Accelerated 2<sup>nd</sup> Degree students-ALNU 3031**  
**LPN-BSN students-FCNU 3071**  
**MSN Administration students- PMNU 5560**  
**MSN NP-ALNU 5010**  
**RODP-MSN NP-NURS 5102**  
**RODP-MSN Administration students-NURS 5309**  
**RODP-MSN Education students-NURS 5207**  
**PhD students-any courses with clinical experience**

**Note:** Students have the option of requesting an effective date. In order to avoid insurance lapsing during the middle of a semester, students should request effective dates based on the following list:

August 15<sup>th</sup> if first clinical course will be Fall semester  
April 15<sup>th</sup> if first clinical course will be Summer semester  
January 1<sup>st</sup> if first clinical course will be Spring semester

2. Tennessee Licensure (if applicable)

For information on obtaining a registered nurse license in the state of Tennessee, contact the:

**Tennessee Board of Nursing**  
**227 French Landing, Suite 300**  
**Heritage Place MetroCenter**  
**Nashville, TN 37247-1010**  
**(615) 532-5166**

3. Basic Life Support (BLS) – (renewed upon expiration)

- a. Approved course through either American Red Cross or American Heart Association.
- b. Current and renewed according to agency policy following American Red Cross or American Heart Association guidelines.
- c. Course must include information and practice for:
  - One- and two-person CPR,
  - infant/child CPR,
  - the choking victim, and
  - automatic external defibrillator.

Health Care Providers' CPR courses usually cover these areas.

- d. Totally online CPR courses are **not** acceptable.

Resources for CPR:

- e. Some area hospitals and agencies offer CPR to students through their education departments. Contact them for specific information.

- f. Community rescue squads, lifesaving crews, fire departments, EMT services, and the American Red Cross offer CPR through their organizations. Call those agencies for schedule information.
- g. Other CPR classes are offered by local hospitals. Student must contact the hospital for dates classes are offered.
- h. You will need to sign up for these classes as soon as possible, it generally takes a very long time to get into some of these classes. You **must** have this card before you can begin any of your classes.

#### 4. Physical Examination

- a. Statement must be signed by a licensed health care provider (HCP), i.e., a physician, nurse practitioner, or physician assistant (physicals older than one year will not be accepted). **Must be completed on the ETSU College of Nursing form.** No other documentation will be accepted.
- b. The student should complete and sign the Health Verification Form (attached or available from the Office of Student Services).
- c. SHS conducts physicals during summer period only, and by appointment only. Please call the Student Health Services for the cost and includes urinalysis, CBC, comprehensive panel, eye exam, and simple hearing exam.  
Other Resources: 1<sup>st</sup> Assist, Dr.'s Care, or Medical Care

#### 5. Tuberculosis Screening – (renewed annually)

- a. Procedure for Mantoux Tuberculin Skin Test (**TB Tine test is not acceptable**).
  - 1. Give 0.1 ml 5 TU PPD intradermal injection in a forearm.
  - 2. Read test in 48-72 hours.
  - 3. If reading (indurations) is 5mm or greater, the test is positive for certain persons at increased risk; 15mm or greater is considered positive for healthy people who are not at risk.
- b. **The results of testing should always be recorded in millimeters of indurations.** Do NOT record as positive, negative, or in plus signs. If there is no induration, results should be recorded as **zero mm**. The person administering the test should place his/her name next to "date given" and the person reading the test should place his/her name next to the results and indicate the date the test was read. The results should not read positive or negative but in mm. Tested submitted in positive, negative, or in plus or minus signs will **not** be accepted. Only will accept if recorded properly.
- c. Students who are known positive reactors or cannot be tested must furnish documentation (including an initial negative chest x-ray) from a HCP that there is no danger of communicability. Appropriate preventive therapy should be considered by those with positive tests.
- d. Students who are known positive reactors or cannot be tested must report any signs or symptoms of tuberculosis, for example, shortness of breath, malaise, fatigue, fever and chills, hemoptysis, weight loss, anorexia, chest pain, coughing, and night sweats. A student who develops signs and symptoms will be required to document non-communicability before continuing in the program.
- e. TB skin tests (PPD) are available at Student Health Service on a walk-in basis on Monday, Tuesday, Wednesday, and Friday, between the hours of 8:00- 11:30am and 1:30 – 3:30pm. Skin tests are not available on Thursdays because the test must be read in 48-72 hours. Please call SHS for current price on TB test.

**Any student having questions or concerns about the advisability of receiving any of the required immunizations (for example, due to age, medical or other circumstances) should check with his or her health department or HCP. A statement will be required indicating why it is not advisable for the student to have a specific immunization. A student who does not receive an immunization must accept any responsibility for the increased risk of infection.**

6. Hepatitis B Vaccine – Evidence of one of the following:

1. Positive antibody titer.

**OR**

2. Three doses according to following schedule:

1<sup>st</sup> dose: at elected date

2<sup>nd</sup> dose: at least 4 weeks after the first dose

3<sup>rd</sup> dose: at least 8 weeks after the second dose and 16 weeks after the first dose

- a. Students must have received at least the first two doses prior to the first clinical course and must complete the series as recommended to continue in subsequent clinical courses.
- b. If the series is delayed between doses, the vaccine schedule should be continued from where it was left off.
- c. Should the student present a report for a blood test for antibody to Hepatitis B (Hb,Ab); and the result shows that the individual did not respond adequately to the vaccine series, the three-dose series must be repeated.
- d. Hepatitis B vaccines and antibody titers (serology for immunity) are available at Student Health Services on a walk-in basis on Monday – Friday between 8:00 -11:30 a.m. and 1:30 – 3:30 p.m. Please call SHS for current pricing.

7. MMR (Measles, Mumps, Rubella) –

One of the following is required:

1. Documentation of 2 doses of MMR vaccine administered at least 30 days apart with the 1<sup>st</sup> dose given at 12 months of age or later. (MMR vaccine is available at the Student Health Clinic.)
2. Graduates of a Tennessee high school between 1978-2001 are presumed to have had one MMR dose and are only required to supply proof of the second dose.
3. Documentations of 2 doses each of separate measles, mumps, and rubella vaccines given at least 30 days apart with the 1<sup>st</sup> doses given at 12 months of age or later. If first doses were separate vaccines, 2<sup>nd</sup> dose may be MMR combined vaccine.
4. Documentation of positive serological immunity to measles, mumps and rubella.
5. Licensed health care provider documented history of each of the diseases. Self-reported or parent-reported disease history is not acceptable.
6. Documented allergy to any component of the vaccine.
7. Exemption: Attendance at a Tennessee public school in any grade after 2001.
8. Exemption: Born 1957 or earlier.
9. Please let Information Research Technician know if you are exempt when submitting documentation.

MMR vaccine and titers for immunity documentation are available at SHS on a walk-in basis Monday-Friday from 8:00-11:30 a.m. and 1:30-3:30 p.m.

8. Tdap –Tetanus immunization must be document within the last 10 years. To reduce pertussis morbidity among adults and maintain the standard of care for tetanus and diphtheria prevention and to reduce the transmission of pertussis to infants and in health-care settings, the advisory Committee on Immunization Practices recommends that health-care personnel who work in hospitals or ambulatory care settings and have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap. An interval as short as 2 years from the last dose of Td is recommended; shorter intervals maybe used.
9. Varicella (Chickenpox) – Evidence of one of the following:
  1. 2 doses of varicella vaccine at least 1 month apart if given at age 13 or later.
  2. 2 dose of varicella vaccine if given before age 13.
  3. Positive antibody titer.

**Even if you had the chicken pox as a child you must have titer drawn.**

Student Health Clinic does keep Varicella vaccine on hand in the clinic. Varicella titers are available at SHS during walk-in hours. Please call SHS for current pricing.

10. Meningococcal Vaccine
  - a. Not a required vaccine for the nursing program
  - b. Students residing in a dormitory setting may wish to receive the vaccine which is available through Student Health Services.
  - c. <http://www.etsu.edu/nursing/shserv/forms/hepameniwaiver.aspx>
11. Annual infection control (OSHA) and hazardous materials training must be documented in your student file. Students may take this quiz from their D2L site or print off the quiz on the College of Nursing website and submit to Office of Student Services. The student is responsible for giving a copy of the graded exam to the Office of Student Services. This training is generally completed in a clinical course at the beginning of the semester and is repeated annually, thereafter.
12. Consent to Drug/Alcohol Testing, Statement of Acknowledgment and Understanding, Release of Liability form - This form is provided in the new student packet.
13. Signed Signature form – Outlining responsibility for material in Student Handbook. The Handbook is on line and the form is in the new student packet you receive.
14. Tennessee Nurses Foundation (TNF) fee - \$15.00 money order (**only money orders** will be accepted) for non-licensed students. Students who are licensed in the state of Tennessee for Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Physical Therapist, Respiratory Therapist, Occupational Therapist, Medical Lab Technologist, Physician’s Assistant, and Emergency Medical Technicians do not have to pay the fee.
15. HIPAA – All nursing students must complete training on the Health Insurance Portability and Accountability Act (HIPAA), commonly known as the privacy act.

Students can also verify training by completing a College of Nursing online program. The program can be accessed through the Student Information link at <http://www.etsu.edu/nursing/conpages/ClinicalHealthRequirements.asp>

**The College of Nursing may add or change clinical requirements based on current information regarding communicable diseases; revised or new College, University, or Board of Regents policies; or agency requirements. For example, criminal background checks may be a requirement for clinical experiences at some clinical sites. Based on the results of these checks, an affiliated clinical site may not allow a student’s presence at a facility. Additionally, a criminal background may preclude licensure or employment. Students will be informed of any new requirements and the deadlines for meeting those requirements.**

Documentation may be mailed to: East Tennessee State University  
College of Nursing  
Office of Student Services  
Box 70664  
Johnson City, TN 37614-1709

or faxed to: (423) 439-4522

or delivered to: 232 Roy S. Nicks Hall

or placed in CON Drop Box: located outside 230 Roy S. Nicks Hall

or scanned or emailed to : [hawks@estu.edu](mailto:hawks@estu.edu)

If you have questions regarding the clinical health requirements, please contact Kathy Hawks at the Office of Student Services @ (423) 439-4591.



Student Name: \_\_\_\_\_ SID: \_\_\_\_\_

**PHYSICAL EXAMINATION**

(To be completed and signed by a licensed Health Care Provider, e.g., physician, certified nurse practitioner, physician assistant)

Each section must be completed.

Laboratory Reports (as Health Care Provider determines need): \_\_\_\_\_

CBC \_\_\_\_\_ U/A \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Vision: R \_\_\_\_\_ L \_\_\_\_\_

B.P. \_\_\_\_\_ Pulse \_\_\_\_\_

Hearing: Welch Allyn / AudioScope Screening

20db HL    25db HL    40db HL

Y = Response      N = No Response

Right Ear				
Left Ear				
	500	1000	2000	4000

Frequency (Hz)

General: \_\_\_\_\_

HEENT: \_\_\_\_\_

Skin: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Does patient have hernia? \_\_\_\_\_

Extremities and Back: \_\_\_\_\_

Neurological: \_\_\_\_\_

Other: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
**Health Care Provider's Name (Please Print)**

**M.D., D.O., N.P., P.A.,**  
**(Circle one or fill in blank)**

\_\_\_\_\_  
**Health Care Provider's Signature**

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** (        )        - \_\_\_\_\_

**Date:** \_\_\_\_\_



EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING

HEALTH VERIFICATION FORM

Instructions: This form is to be completed by student and appropriate documentation attached after acceptance into the nursing major and before any nursing courses.

Student is to complete the following sections:

Full Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Route City State Zip

Email: \_\_\_\_\_  
Gold mail Personal Email

CIRCLE ONE: 4-Year BSN RN-BSN LPN-BSN Accelerated 2<sup>nd</sup> Degree BSN MSN PhD

HEALTH HISTORY

Please check if you have or have had a problem related to any of the following:

Allergies (include drugs): \_\_\_\_\_

Asthma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cold Sores:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression/Anxiety:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emphysema:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Endometriosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eye Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hepatitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hernias:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irritable Bowel Syndrome:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stomach Ulcers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological Disorders:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatoid Arthritis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuberculosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid Disease:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Additional Illnesses: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Date & Types: \_\_\_\_\_

Are you currently under treatment for any medical illness? If so, explain:

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Are you taking any medication (s)? If so, list all:

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List any emotional or chemical dependency problems (past and/or present) and treatment for such.

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Physical Examination form is to be completed by your Health Care Provider**

**This form should be printed off and submitted to the Office of Student Services**

*Consent to Drug/Alcohol Testing, Statement of Acknowledgment and Understanding, Release of Liability*

I, \_\_\_\_\_ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a licensed health professional, I understand that the Tennessee Professional Assistance Program will be contacted if I refuse to submit to testing or if my test result is positive. Full reinstatement of my license would be required for unrestricted return to the RN to BSN, LPN to BSN, MSN, or PhD program in the College of Nursing.

My signature below indicates that:

- 1) I consent to drug/alcohol testing as required by clinical agencies, the Tennessee Professional Assistance Program, or as directed by the Office of Student Affairs, East Tennessee State University.
- 2) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Dean of the College of Nursing, and others deemed to have a need to know.
- 3) I understand that I will be required to pay a fee of \$15.00 to the Tennessee Nurses Foundation (TNF) after admission to the major and that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNF.
- 4) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.
- 5) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.

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Student's Signature

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Date

Reviewed and approved by Legal Affairs 4/26/02  
Approved by Faculty Council 5/8/02  
Edited (TNF) 1/06/04

**This form should be printed off and submitted to the Office of Student Services**

**EAST TENNESSEE STATE UNIVERSITY  
COLLEGE OF NURSING**

**STUDENT SIGNATURE FORM**

**NAME & STUDENT ID#** \_\_\_\_\_  
(PLEASE PRINT NAME)

**Note: Signed forms will be submitted to the Office of Student Services or in designated undergraduate and graduate classes during the student's initial semester in the College of Nursing.**

I have read all of the information in the Student Handbook of the College of Nursing of East Tennessee State University and consider myself responsible for all contents of the handbook.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Universal Precautions/Hazardous Chemical Right-to-Know Law**

I have read and understand the policy on universal precautions and the Hazardous Chemical Right-to-Know Law.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Substance Abuse**

I have read and understand the College of Nursing policy and procedures governing the use and/or abuse of drugs and/or alcohol and am aware of the penalties which may result from behavior described by this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**NOTE: Signature required on *Consent to Drug/Alcohol Testing, Statement of Acknowledgement and Understanding, Release of Liability* on separate page.**

## **Professional Dress Guidelines**

**Students must display proper identification, including College of Nursing picture identification name badges, ceil blue uniform and lab coat with CON monogram and have the required equipment needed for clinical experiences. (Exception: RN-BSN students are required to be in Professional Business Dress with lab coat or uniform with the College of Nursing's identification name badge.)**

### **A. General Guidelines**

**The ETSU name badge and identification required by clinical agency must be clearly visible at all times. Name badges must be worn at chest level where they can be seen.**

**Good personal hygiene and good grooming are essential. Proper precautions should be taken to avoid odors related to foods, perfume, smoking or lack of deodorant.**

**All clothing must be laundered, neat and in good repair. Clothing must have appropriate fit and be opaque enough to not reveal undergarments.**

**Hair and beards are expected to be clean, neat and well groomed. Hair is to be secured away from the face and off the shoulders. Extreme hairstyles or coloration is not appropriate.**

**Nails must be well-manicured and kept short. Acrylic nails are not permitted (acrylic nails harbor bacteria and increase the risk for infection transmission). Nail polish is discouraged, but if worn, it should be clear or light in color. Nail polish should not be chipped or cracked.**

**Tattoos must be covered.**

**Jewelry: Must be simple and unobtrusive. In the clinical setting, jewelry is limited to two pair of small earrings, simple flat rings, wedding or engagement rings, and fine neck chains, or per faculty discretion.**

**Body piercing (other than small earrings) are not to be visible.**

**Chewing gum is not permitted in clinical settings or when representing the College of Nursing at outside events.**

**Tobacco products are not permitted in clinical settings or when representing the College of Nursing at outside events.**

### **Clinical Dress**

**Uniforms: Students are required to wear the College of Nursing ceil blue uniform. (Exception: RN-BSN students are required to be in Professional Business Dress with lab coat or uniform with the College of Nursing's identification name badge.)Uniforms are available in the ETSU bookstore and local uniform shops. The ETSU College of Nursing's monogram will be place on the upper left chest of all uniform and lab coats.**

**Cologne or perfume shall not be worn in the clinical setting.**

**Open toed shoes or bare feet are not permitted in any patient care area. Shoes must have a back strap and a solid top. Shoes may be white, navy blue or match color of school's ceil blue uniform. Females must wear hose or socks with shoes and males must wear socks.**

**Underwear must be worn. Full white or flesh colored underwear with no emblems or decorations that show through uniform shall be worn.**

**When in the clinical area for reasons other than direct clinical experience, all students must be in Professional Business Dress and wear a laboratory coat and name badge.**

**Revised/Approved by Faculty Council 5/7/08**