

Student Name (printed- Last, First) \_\_\_\_\_

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



**Felbry College School of Nursing**  
 6055 Cleveland Avenue, Columbus OH Tel. (614) 781-1085 Fax: (614) 929-3816 www.felbrycollege.edu

**PHYSICAL EXAM**

**\*\* PRINT TO COMPLETE FORM USING BLACK INK ONLY \*\***

Last Name:			First Name:			Date of Birth:			Sex: ___ Male ___ Female		
Address:			City:			State:			Zip:		
Height (in.):			Blood Pressure:			Heart Rate:			Respiratory Rate:		
Weight (lbs.):			Temperature:			Vision- Left Eye:			Vision-Right Eye:		
Allergies:						Current Medications:					
System	Normal	Abnormal	Comments			System	Normal	Abnormal	Comments		
Nose, Mouth						Endocrine					
Throat, and Neck						Respiratory					
Mouth, Teeth, and Gums						Gastrointestinal					
Eyes						Cardiovascular					
Ears						Musculoskeletal					
Skin						Genitourinary					
Lymphatic						Neurologic					

**Based on a complete physical examination, it is my professional opinion that this individual is capable of participating, without hazard, in clinical practice settings.**

**Provider Information and Verification**

Name of Physician (Print or Type): \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Examination Date: \_\_\_\_\_

Name of Hospital/Clinic/Practice: \_\_\_\_\_

Affix Provider Stamp Here:

Student Name (printed- Last, First) \_\_\_\_\_

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



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## Vaccination/ Immunization Record

**Titers must be performed for all diseases listed below.**

**Provider's Office Stamp must be present.**

Test	Date <i>Mark "NOT COMPLETED HERE" if the testing was done at another facility.</i>	Result	
TB Skin Test #1 Required *		_____mm	
TB Skin Test #2 Required *		_____mm	
Only For history of positive TB Skin Test	Indicate date of most recent chest x-ray and attach copy of radiologist report	Date of X-ray:	X-ray results (clear/not clear):
Rubeola		Does titer result constitute immunity? Yes ___ No ___	
Rubella		Does titer result constitute immunity? Yes ___ No ___	
Mumps		Does titer result constitute immunity? Yes ___ No ___	
Varicella		Does titer result constitute immunity? Yes ___ No ___	
Tdap, Dtap		Last Shot Received Date: _____	
Hepatitis B		Does titer result constitute immunity? Yes ___ No ___	
COVID-19 Vaccine <b>OR</b> Declination	Provide proof of COVID-19 Vaccination or complete the FCSON COVID-19 Vaccine Declination Form. Results or the completed form must accompany this document.		

\* 2 step TB skin test is required. In case of positive TB skin results, an X-ray done in the last 5 years or a TB - Spot or Quantiferon Gold Test is necessary

### Provider Information and Verification

Name of Physician (Print or Type): \_\_\_\_\_

Signature of physician: \_\_\_\_\_

Examination Date: \_\_\_\_\_

Name of Hospital/Clinic/Practice: \_\_\_\_\_

**Affix Provider Stamp Here:**



# Felbry College School of Nursing Clinical Compliance Guidelines

Clinical compliance is mandatory for all students to complete prior to starting clinical courses. Felbry College School of Nursing (FCSON) students are expected to maintain documentation verifying compliance with each of the requirements listed below. Students are required to upload all their clinical requirements to Castlebranch. If you are having difficulties with the process, please email [clinical@felbrycollege.edu](mailto:clinical@felbrycollege.edu). Upon receipt, documents will be reviewed, and students will be notified on Castlebranch when the document has been verified and accepted. Students that are not clinically compliant will not be permitted to register for clinical courses. Students are encouraged to maintain printed copies of all documents for future reference as needed.

Item	FCSON Form Required	Comments
Physical Examination	Yes	Must be completed within six months prior to enrollment, signed, and stamped by a certified health care professional.
Ten-Panel Urine Drug Screen	No	Copy of official test results with the student's name clearly indicated from the lab must be provided.
FBI/BCI Background Check	No	Must use Code 472309 Fingerprinting services available at the FCSON front desk, must be completed within one year prior to enrollment.
Basic Life Support (BLS) for Healthcare Provider Certification (formerly known as CPR)	No	Certification must be from an in-person, hands-on, practical course. Online only courses will not be accepted. The Red Cross, American Heart Association (AHA) or Emergency Medical Services (EMS) Safety are all approved sources for <u>BLS for Healthcare Provider</u> courses
Measles, Mumps, Rubella (MMR)	No	Immunizations: Vaccination records must be signed and stamped by a certified health care professional. If blood is drawn, titer results must consist of a number value, identify the state of immunity (positive) and must be included with the physical exam packet. Equivocal titers are considered negative. Negative titer results will require one or two booster doses with the respective vaccine. If two doses are required, they must be separated by 28 days. Titers must be repeated no fewer than 30 days after the last vaccination and submitted no later than 6-8 weeks after the last booster dose. Copies of the original lab results must be attached. A copy of repeated lab results must also be submitted. Proof of Tdap vaccine must be dated within the past 10 years.
Varicella	No	
Tetanus, diphtheria, and pertussis (Tdap)	No	
Influenza (Flu Shot)	No	Proof of vaccine is required each calendar year.
Hepatitis B	No	The 3 dose vaccination series is recommended. Doses are administered on a 1-6-month schedule. Titers are also recommended to verify immunity but only if all three doses have been received 30 days prior to the blood test. Dates of vaccine or positive titer results must be documented on the nursing physical exam form. A copy of the original lab results must be attached if documenting positive titer results. A declination form may be signed in lieu of Hep B vaccination.
Annual TB Verification		One of the below!
TB Tuberculin Skin Test (Two-step method for current healthcare providers)	No	Initial baseline testing for individuals that have never had tuberculosis (TB) skin test, have no documentation of previous testing, do not remember being tested, or tested negative more than one year ago. NOTE: Testing requires a minimum of 2 weeks to complete.
TB Tuberculin Skin Test (One-step method)	No	Proof of a negative tuberculosis (TB) skin test must be documented and dated within one year and proof annual/serial tuberculin skin testing from previous, consecutive year is required.
TB Tuberculin Skin Test (Chest X-ray)	No	Individuals that have a history of a positive tuberculosis (TB) test may have a chest x-ray completed (clearly indicating the reason as history of positive TB test). Results (indicating no presence of tuberculosis is present) are required. Annual submission of the Declination of Symptoms form is required annually after the chest x-ray has been completed.
TB Tuberculin Skin Test (QuantiFERON/T-Spot)	No	Individuals that have a history of a positive TB test may receive the tuberculosis (TB) blood test, also called an Interferon Gamma Release Assay or IGRA, is a way to find out if you have TB germs in your body. The TB blood test can be done instead of a TB skin test (Mantoux). Annual submission of the Declination of Symptoms form is required annually after the chest x-ray has been completed.
COVID-19 Vaccine	Yes	Provide proof of COVID-19 Vaccination. If not fully vaccinated, must provide: <ul style="list-style-type: none"> <li>A COVID-19 Vaccine Declination Form with appropriate documentation as applicable and as listed on the form with additional testing information. Refer to the vaccination statement policy (catalog) for more information.</li> </ul>

\*Please note that this policy is subject to change as clinical sites and agencies can modify their requirements.

Students are responsible for maintaining ongoing compliance with each requirement throughout the entire program. PDF copies of all documents are to be emailed to [records@felbrycollege.edu](mailto:records@felbrycollege.edu) & [clinical@felbrycollege.edu](mailto:clinical@felbrycollege.edu) from the student's Felbry email account



# Felbry College School of Nursing Clinical Compliance Resources

Facility	Physical Exam	Drug Screen	FBI/BCI	BLS/CPR for Healthcare Providers	TB	Immunizations (MMR, Tdap, Varicella, Hep B, Influenza)	Comments
Affordable Care Health Clinic 104 N. Stygler Rd. Gahanna, OH 43230 614-475-2273 (CARE) www.affordablecareclinic.com	X	X			X	X	If you do not have insurance, they can be your primary care provider at reduced cost. Make appointment 24 hours in advance. Open Fridays and 1 <sup>st</sup> and 3 <sup>rd</sup> Sat. 9AM-1PM No Varicella; No Hep B
Central Ohio CPR 6260 Huntley Rd, Columbus, OH 43229 614-562-7297				X			See website for course dates, location and costs
Columbus Free Clinic 2231 N High St, Columbus, OH 43201 614-404-8417	X						Open Thursdays only, 5:30-9:30 pm.
Columbus Public Health 240 Parsons Ave. Columbus Ohio, 43215 (614) 240-7430	X				X	X	<b>Columbus Public Health</b> main building upstairs Sign-in begins at 4:30 pm Mondays only
CPR Columbus 4889 Sawmill Rd. Suite 140, Columbus, OH 43235 614-321-2094				X			See website for course dates, location and costs
CVS Minute Clinic 620 S Cleveland Ave, Westerville, OH 43081 614-891-9771	X	X			X (\$35)	X (\$99)	Must arrive 15 minutes before closing for physical exams. See website for times of service. Call to see if they take your insurance.
FastFingerprints 1486 Bethel Rd, Columbus, OH 43220 877-932-2435			X				Walk-In \$70 Bring Photo ID Mon.-Fri. 8-5pm Sat. 9-12pm Results take 14-30 days
Felbry College School of Nursing 6055 Cleveland Ave. Columbus, OH 43231 614-781-1085			X	X			FBI/BCI completed at front desk, cost is \$65. BLS Courses cost is \$65. Pay Registrar/Bursar.
Helping Hands Health and Wellness Center 5100 Karl Rd, Columbus, OH 43229 614-262-5094	X				X (\$8)	X	Many services are free of charge. TB cost is \$8. NO medical insurance needed. Must bring FCSON form for physical. Free Influenza vaccine available.
Kroger Little Clinic 1745 Morse Rd, Columbus, OH 43229 614-405-9415	X				X	X	See website for hours and types of insurance accepted.
Legacy Nurse Practitioners Mobile Healthcare LLC Victoria Overcomer 5797 Beechcroft Rd. Suite F Columbus, OH 43229 *Services on Felbry Campus on the second Friday of every month by appointment 614-500-2500	X	X			X	X	Services on FCSON Campus second Friday of every month by appointment. Watch Canvas for announcements. Sign up in the LRC. Accepts Insurance and credit/debit cards. Call for prices & availability
Rapid Response Trainings, LLC 1350 W 5th Ave #116, Columbus, OH 43212 614-949-9178				X			\$50 Register in advance, classes fill up quickly.
Walgreens Health Care Clinic 2150 E Dublin Granville Rd, Columbus, OH 43229 614-523-1165	X					X	Accepting all major insurance for vaccines. Without insurance: MMR \$99, Tdap \$63.99, Varicella \$149.99/dose, (need 2 doses), Hep B \$90/dose (need 3 doses)
Your primary care provider	X	X			X	X	By Appointment only
AAA Background Checks Worthington 614-885-0980 www.aaabackgroundcheck.net	X		X				By Appointment Only