

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

Physical Requirements for Participation in the WOC Nursing Education Program

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: \_\_\_\_\_ (strongly recommended if greater than 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:

Table with 3 columns: Pfizer-BioNTech (BNT162b2), Moderna (mRNA-1273), Johnson & Johnson (JNJ-78436735). Rows include Date of 1st Dose, Date of 2nd Dose, and Date of Booster.

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

**Physical Requirements for Participation in the WOC Nursing Education Program**

**Does the Student need accommodations to fulfill the following physical requirements while participating in the WOC Nursing education program? If yes, then Student immediately should notify our Program Director at [WOCschool@ccf.org](mailto: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 school personnel.

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