



Dear Student,

Mount Carmel College of Nursing stipulates specific health requirements be documented prior to admission to the Undergraduate Program. Please have your health forms completed by a physician or nurse practitioner and submit to CastleBranch prior to the dates listed below. To create a CastleBranch account and place your order, go to <http://portal.castlebranch.com/mp92>

- For students starting Fall Semester—form must be received no later than July 30th
 - For students starting Spring Semester—form must be received no later than December 15th
 - For students starting Summer Semester—form must be received no later than April 15th
1. **History and Physical** – Signed by physician or APRN
 2. **Tuberculin Skin Test:**
 - Two step PPD, which involves 2 skin tests, two weeks apart.
 - Chest x-ray report if positive skin test or previous history of Tuberculosis
 3. **Measles, Mumps, Rubella Immunization:**
 - Two MMR vaccine dates

OR dated results of:

 - Measles Titer
 - Mumps Titer
 - Rubella Titer

(Include a copy of lab result)
 4. **Varicella Immunization: (Chicken Pox)**
 - Two Varicella vaccine dates (one month apart)

OR dated results of:

 - Varicella titer

(Include a copy of lab result)
 5. **Hepatitis B Immunization Series:**
 - Three Hepatitis B vaccine dates (complete or in process)

AND dated results of:

 - Hepatitis B titer

(Include a copy of lab result, to be completed 4 weeks after series completed)
 6. **Tetanus/Pertussis:**
 - A combination vaccine that includes tetanus and pertussis is required within the past ten years.
 7. **Current Influenza Vaccine is required.**
 8. **Meningitis Vaccine**
 - Required only if planning to live in the on-campus apartments

The Tuberculin skin test is repeated annually, one year after the initial "2-step," until completion of the program. Annual Influenza vaccines are required for all students at Mount Carmel College of Nursing.

If the health form and immunizations are not uploaded to CaslteBranch by the stated deadline, a **\$50.00 late fee** will be assessed to the student account **weekly** until the required documents are uploaded. Questions for CastleBranch can be addressed to <https://www.castlebranch.com> or 888-666-7788.

Feel free to call me at 614-234-5408 if you have any questions or concerns about your health requirements.

Respectfully,

Laura Lawrence, RN
MCCN Student Health Nurse



MOUNT CARMEL
College of Nursing

MOUNT CARMEL COLLEGE OF NURSING UNDERGRADUATE HEALTH FORM

PERSONAL DATA:

Semester and Year of Admission _____ BSN or Second Degree Program _____

If transfer student, indicate Fr, So, Jr, Sr _____

This section is to be completed by the student. The information provided will be treated confidentially and will not be released without the student's consent. Please print or type information.

Name _____
(Last) (First) (Middle) (Former Last Name)

Male _____ Female _____ Date of Birth ____ / ____ / ____ SSN ____ - ____ - ____
Mo. Day Yr.

Address _____
Street City State Zip Code

Email address _____ Cell Phone(____) ____ - ____ Home Phone(____) ____ - ____

Family Physician: _____ Phone(____) ____ - ____
Name

Physician Address _____
Street City State Zip Code

Who to notify in case of emergency _____ Relationship _____

Telephone: _____
Home Cell Work

Student Signature _____ Date _____

HEALTH CLEARANCE:

The examining physician or nurse practitioner must complete the following part of this form. The information provided will be treated confidentially and will not be released without the student's consent.

Tuberculin Skin Test: 1. date given: _____ date read: _____ results: _____ mm
2. date given: _____ date read: _____ results: _____ mm

- Two step PPD, which involves 2 skin tests, two weeks apart.
- Chest x-ray report if positive skin test or previous history of Tuberculosis

Measles, Mumps, Rubella Immunization:

- Two MMR vaccine dates 1. _____ 2. _____

OR dated results of:

- Measles Titer
 - Mumps Titer
 - Rubella Titer
- (Include a copy of lab result)

Hepatitis B Immunization Series:: (in process or complete)

- Three Hepatitis B vaccine dates 1. _____ 2. _____ 3. _____

AND dated results of:

- Hepatitis B titer
- (Include a copy of lab result, to be completed 4 weeks after series complete)

Varicella Immunization:

- Two Varicella vaccine dates 1. _____ 2. _____

OR dated results of:

- Varicella titer:
- (Include a copy of lab result)

Tetanus/Pertussis (within past ten years) _____

Annual Flu Vaccine _____

Meningitis Vaccine (**Required only if plan to live in the on-campus apartments**) _____



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