

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 <u>weekly</u> 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 UNDERGRADUATE HEALTH FORM

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MOUNT CARMEL COLLEGE OF NURSING UNDERGRADUATE HEALTH FORM

.Student Name		Date of Assessment						
Last	First	Middle						
HEALTH HISTORY: The examining physician or nurse practice confidentially and will not be released with the released of the r			The information provided will be treated					
Please list and describe any per	tinent medical histo	ry:						
Allergies:								
Medications currently taking rou	tinely:							
EXAMINATION: Height_ Is there, on examination, any ab			Pulse					
Sensory system								
Nervous system (includes gait, r	eflexes, paralysis, s	seizures)						
Respiratory system								
Cardiac system (murmur, dyspn	ea,edema)							
Integument system								
GU/GI system								
Endocrine system								
Musculoskeletal system								
Mental Health								
This student is medically capabl If no, please explain:	e of performing his/	her duties as a student?	Yes No					
Signature		Date						
Printed Name /Credentials:								



MOUNT CARMEL COLLEGE OF NURSING UNDERGRADUATE HEALTH FORM