

NR 490/690 Capstone Requirement & Health Verification Form

I validate that by signing this form I have met all of the educational and health requirements of my workplace needed for employment. If my NR490 or 690 capstone facility placement is different from my workplace I will comply with all of the necessary requirements of that facility including a criminal background check and/or drug screening if required. (I will pay for this if necessary) This document will be provided to the capstone faculty **4 weeks** prior to the NR 490 course start (**6 weeks** prior to the course start for NR 690). Failure to provide this document will result in a requested withdrawal from the course.

1. CPR certification is active and current.
2. HIPAA, Universal Precautions and Blood Borne Pathogens competencies are current.

My current health status is good and a copy of my health status is on file with my primary care provider. I am compliant with all required immunizations recommended by the CDC and PPD testing at my workplace. These include but are not limited to:

1. Annual PPD testing
2. Verification of a completed series of:
 - A. Measles, Mumps, Varicella Vaccine
 - B. Hepatitis B Screen
 - C. Diphtheria, Tetanus, Pertussis

Student Name: _____

Student Signature: _____ Date: _____

Please provide the following:

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Facility Email: _____

- I am an employee in the facility in which I will complete my capstone project.
- I am not an employee in the facility in which I will complete my capstone project.

This completed form should be submitted electronically to your instructor.