



HEALTH INFORMATION RELEASE FORM

The Harriet Rothkopf Heilbrunn School of Nursing is required to forward to all health care agencies in which you will have a clinical experience the specific health evaluation information that is required by them.

1. Verification of Fulfillment of Health Requirements Pursuant to NYS 405.3 Health Code.

Agencies have the right to require additional health information to what is listed below:

1. Measles vaccine/titers
2. Mumps vaccine/titers
3. Rubella vaccine/titers
4. Varicella vaccine/titers
5. Tetanus vaccine
6. HepB vaccine/titers
7. Meningitis vaccine/titers
8. Flu vaccine
9. Two-step TB skin test OR annual skin tests for the past two year OR Quantiferon Gold blood test or recent chest x-ray along with TB symptom questionnaire
10. Annual physical exam
11. Health insurance
12. BLS for the Healthcare Provider CPR certification from the American Heart Association
13. Confidentiality statement/HIPAA Certification
14. OSHA/Personal Protective Equipment Certification
14. Criminal background check
15. Child abuse clearance
16. RN license

RELEASE

I authorize the Clinical Site Coordinator in the Harriet Rothkopf Heilbrunn School of Nursing to forward my health evaluation information as described above to health care agencies in connection with my participation as faculty in clinical experiences in the undergraduate/graduate (circle) program. Additional information from my health file may be released as requested by a clinical agency.

Signature _____

Print Name _____

Date _____