



### 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 Student 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 test from last 2 years 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 (if applicable to the program)

#### 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 in clinical experiences in the undergraduate/graduate (circle) program. Additional information from my student health file may be released as requested by a clinical agency.

Student Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_