



SCHOOL OF NURSING
OAKLAND UNIVERSITY

Student Clinical Clearance Form

TOP SECTION TO BE FILLED OUT BY THE STUDENT

First Name	Last Name	Date of Exam	
Email	Phone Number	DOB	Sex
Address	City	State	Zip

The role of a professional nurse requires skills and abilities in the cognitive, social, affective, psychomotor, and physical disciplines. Mastery of each of these skills is crucial to becoming a competent part of the healthcare team. The student named above is a candidate for the Oakland University School of Nursing, and must be able to demonstrate each of the following abilities:

Communication:	The role of the professional nurse requires the ability to communicate clearly and effectively, both in writing and orally. This communication often requires the nurse to speak to individuals as well as groups of family members and healthcare professionals, who vary in emotional, cultural and spiritual backgrounds. The candidate must be able to communicate timely, accurately and effectively.
Cognitive:	The use of written and spoken information must be able to be quickly received and then analyzed for application as appropriate in the clinical setting. The candidate must exhibit inductive/deductive reasoning skills sufficient for clinical judgment and decision making.
Behavioral/Emotional:	Clinical settings are often fast paced and can be perceived as stressful. The candidate must be able to work effectively in a highly demanding and rapidly changing environment, while demonstrating effectiveness, as well as professionalism, maturity, and empathy for patients, family members and other healthcare professionals. The candidate must be able to assume accountability for actions.
Motor Skills:	To successfully complete this nursing program, the candidate must have the ability to care for patients in all clinical settings. The candidate must be able to move from place to place and maneuver small places. The candidate must be able to perform basic life support, and provide physical assistance to patients with repositioning, transfers and ambulation.
Sensory/Observation:	Professional nurses rely on their senses to detect changes in patient condition. For this reason, this candidate must be able to hear heart and lung sounds or changes in voice. The candidate must be able to palpate pulses or changes in skin temperature, as well as see changes in skin tone.

I have given the student named above a complete physical examination. I feel that he/she is physically and mentally capable of participating without hazard in clinical practice settings for the Oakland University School of Nursing.

Healthcare Provider's Name and Title (Please Print)

Healthcare Center/Facility Name and Address

Healthcare Provider's Signature

Exam Date



Student Core Performance Standards

Competency	Standard
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision making
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual and intellectual backgrounds
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care. Must be able to perform basic life support, provide physical assistance to patients including repositioning, transfers and ambulation
Mobility	Physical abilities sufficient to move from place to place and maneuver in small places. Physical abilities sufficient to stand for extensive periods of time.
Visual	Visual ability sufficient to provide safe and effective nursing care
Hearing	Auditory ability sufficient to provide safe and effective nursing care
Tactile	Tactile ability sufficient for assessment and implementation of care
Health	Characteristics that would not compromise health and safety of clients

Students must be able to demonstrate the above requirements while a student in the School of Nursing (SON). Any student who believes that they may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS), 202 Wilson Hall, phone: (248)-370-3266; TTY (248)-370-3268.

I certify that I am capable of demonstrating the School of Nursing Student Core Performance Standards on a regular basis, with or without a reasonable accommodation. If I experience difficulties in performing the essential Student Core Performance Standards listed above, I agree to notify the Director of Clinical Operations and Oakland University Office of Disability Support Services.

Student Printed Name

Student Signature

Date



SCHOOL OF NURSING

OAKLAND UNIVERSITY

Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release

I understand that as part of my clinical experiences as a nursing student at Oakland University, I may be exposed to blood or other potentially infectious materials and that, as a result, I may be at risk of being infected by the Hepatitis B virus. I understand that Hepatitis B is a severe and potentially life threatening illness and that taking the Hepatitis B vaccination series would significantly reduce my risk of being infected by the Hepatitis B virus. Nevertheless, I have elected not to take the Hepatitis B vaccination series and assume responsibility for all arrangements, costs, and complications arising from not taking the Hepatitis B vaccination series. I agree to release, discharge, indemnify and hold harmless Oakland University, its trustees, officers, employees, representative and agents, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action arising out of or resulting from my declining the Hepatitis B vaccination series.

By signing this form, I understand that I may be subject to exclusion from clinical placements if the clinical agency advises exclusion as a disease control measure. This may affect the timing of and/or my ability to graduate from the School of Nursing program. In consideration for being allowed to participate in the clinical experience without the Hepatitis B vaccination, I fully, unconditionally and forever release and discharge, and agree to, indemnify (including without limitation attorney's fees and costs of litigation) and hold harmless, Oakland University, its trustees, officers, employees, representative and agents, in their official and personal capacities, and the facility where I receive my clinical education, from any and all costs, liabilities, expenses, claims, demands, or causes of action of any kind, nature or description, actually or allegedly arising out of or resulting from my declining the Hepatitis B vaccination, including without limitation those relating to bodily injury, emotional injury, risk associated with exposure to and/or potential contraction of infectious/contagious diseases and/or conditions, and death.

Student Printed Name

Student Signature

Date



SCHOOL OF NURSING
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Health Screening Questionnaire for History of Positive TB Skin Test

The current CDC guidelines do not require biannual chest x-ray screening. It is believed that once a normal chest x-ray has been achieved, and documented, it is more important to review common signs and symptoms of pulmonary tuberculosis and assess for risk factors.

Student Name: _____ G# _____ Date: _____

Undergraduate Program: Yes / No (circle one) Graduate Program: FN, FNP, AGNP, AGACNP, CNL, DNP-NA (circle one)

When did you convert to a positive PPD? _____

When was your last chest x-ray? _____ Result: _____

Have you previously been treated for active or inactive TB? Yes _____ No _____ Date _____

Are you experiencing any of the following:

Ongoing night sweats: Yes _____ No _____ If yes, are you under treatment? _____
With Whom _____ Diagnosis _____

Unexplained weight loss: Yes _____ No _____ If yes, are you under treatment? _____
With Whom _____ Diagnosis _____

Chronic fatigue: Yes _____ No _____ If yes, are you under treatment? _____
With Whom _____ Diagnosis _____

Persistent Cough: Yes _____ No _____ If yes, are you under treatment? _____
With Whom _____ Diagnosis _____

I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Student Printed Name

Student Signature

Date