

psychosis, suicide attempt, etc.)		
Substance abuse or dependence (alcohol or other drugs, etc.)		
Describe nature of above illnesses, hospitalizations and treatment including surgery.		
Describe any injuries:		
Describe any disabilities or deformities (include vision and hearing) :		

Medications currently prescribed or over the counter treatments	Dosage

Allergies to Food or Drug

Required Immunizations:

Immunization	Date of Immunization	Or Date of Titer
Adult Tetanus Immunization with a booster every 10 years.		
*Rubella Immunization or titer demonstrating immunity. (see note below)		
Measles Immunization with 2 doses of vaccine if born after 1956.	1. _____ 2. _____	
Mumps Immunization if born after 1956.		
Chickenpox Immunization or titer demonstrating immunity or a statement verifying history of disease.		
Hepatitis B Immunization or titer demonstrating immunity is required or notarized statement of decline.	1. _____ 2. _____ 3. _____	
Tuberculin Test or Chest X-ray results (PPD) Hemoglobin or Hematocrit NOTE: If elevated temperature above 99 degrees F, obtain WBC	_____ _____ _____	

*A woman of child bearing age **must not** take the rubella vaccine if there is any **chance** that she may be pregnant. In addition, she must not become pregnant within 3 months after receiving the rubella vaccine or birth defects could result. Proof of disease by Rubella Titer is the safest way to prove immunity to rubella.

PERFORMANCE STANDARDS ATTESTATION

The Okaloosa Walton College Nursing and Allied Health Program developed the following performance standards which are required of all students enrolled in the program. The standards reflect expected competencies of health care professionals in the work place to ensure patient dignity and safety. Students with identified special needs must consult with the Office of Special Needs Student Services: 850-729-6079 prior to enrolling in the program. Nursing and Allied Health Program student candidates must also discuss any limitations that may hinder their ability to meet performance students with their healthcare provider prior to enrolling in OWC nursing and radiography courses as individual accommodations needed to meet program performance standards may be considered unreasonable by the Program Director.

PERFORMANCE STANDARDS

ISSUE	STANDARD	EXAMPLES may include
Critical, Logical & Analytical Thinking	Critical Thinking sufficient for clinical judgment.	Competently assess patient in a timely manner; corrects interpretation of assessment, readily respond with appropriate interventions, treatment plans; able to work alone and to make correct, independent decisions that meet the standard of care. Able to identify & prevent potential medical errors.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Emotionally stable in order to perceive & effectively manage stressors in the work environment. In life and death situations/other crises, work with families stressed by the condition of a loved one; work with other health-care providers in stressful situations.
Communication	Communication abilities sufficient for interaction with others in verbal and or written form.	Follow verbal &/or written instructions. Communicate with others all patient responses to therapy; document patient responses to care; consult with other health care providers in a professional, timely manner to promote safety.
Mobility	Physical abilities, including strength & stamina, sufficient to move from room to room and walk in hallways, maneuver in small spaces. Includes the strength necessary to lift patients as needed.	Able to walk to and from departments to patient rooms (& room to room) to take care of all patients as a team member; assist in patient transport. Perform patient care for an entire length of clinical experiences, 8-12 hours; stand for prolonged periods of time, 8-12 hours; push/pull equipment requiring force on linoleum &/or carpeted floor; stoop, bend, squat, reach overhead while maintaining balance as required to reach equipment, supplies, & perform patient care, including cardiopulmonary resuscitation (CPR). Safely evacuate patients as needed in emergency situations.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective health care.	Perform vital signs (manually and using automatic devices), CPR, transport patients, physical assessment, safely manipulate equipment. Pick up, grasp & manipulate small objects with control; perform electronic documentation & keyboarding.
Physical Strength & Stamina	Ability to exert up to 50 pounds of force occasionally, 20 pounds frequently and 10 pounds constantly. Occasional, frequent & constant are terms defined by the Dictionary of Occupational Titles that refer to the frequency of exerting a force, including lifting, carrying, pushing, pulling or any other physical activity.	Lift, turn, transfer & move patients confined to bed, wheelchair or gurneys; assist with lifting, holding patients safely from the floor or other surfaces. Stoop, kneel, crouch, climb, balance, stand, walk, reach with hands/arms, push, pull, carry, lift and sit. Lift, move or manipulate heavy equipment.

Hearing	Auditory ability sufficient to monitor and assess health needs.	Hear blood pressure, breath sounds, heart sounds, bowel sounds, alarms in patient care areas, call bells, telephones; conversations with/between patients, family, physicians and staff. Hear & correctly interpret verbal communication from others, including telephone conversations; distinguish sounds with background noise ranging from conversation levels to high pitched sounding alarms.
Visual	Visual ability sufficient for observation and assessment necessary in health care.	Read patient charts/flow sheet/monitors, draw up and administer medications; assess patient skin color/changes; read thermometers. Accurately read small print on medication containers & syringes. Read type 8 font; see objects up to 20 inches away; accurately read monitors & equipment calibrations; identify call lights & unusual occurrences as well as observe subtle changes in patients' conditions.
Tactile	Tactile ability sufficient for physical assessment and to provide health care intervention.	Perform palpation, administer injections, start IV's, perform sterile and non-sterile dressing changes, urinary catheterization, and assist patient with activities. Pick up, grasp & manipulate small objects with control; perform electronic documentation & keyboarding.
<p>Latex Advisory: The use of latex/latex based products may exist in health care standard precautions and in environments such as, but not limited to, Health Sciences' classrooms and training labs, hospitals, health care facilities, laboratories, clinical areas, and medical/dental offices. Individuals with latex allergies should seek expert advice from their health care provider so that they may receive information to make an informed decision regarding their exposure to latex in the health care field.</p>		

STUDENT ATTESTATION

I _____(student candidate name), attest that I have the ability to meet the Nursing and Allied Health Program Performance Standards as outlined above while enrolled the program.

Signed: _____, Student Candidate

If you choose to decline the Hepatitis B vaccine series, complete the following

I understand the risk/benefits of the Hepatitis B vaccine as explained to me by: _____

_____ (*print name of physician or nurse practitioner*) and I decline the vaccine series.

Student Signature

MD/ARNP Signature

HEALTHCARE PROVIDER (MD OR ARNP) ATTESTATION

Based on my evaluation of _____(student candidate name), I can attest to the statement made by the student acknowledging his/her ability to meet the Nursing and Allied Health Program Performance Standards as outlined above while enrolled in the program.

Signed: _____, MD/ARNP

Title: _____ Date: _____

PRE-PLACEMENT LATEX SENSITIVITY QUESTIONNAIRE
CIRCLE CORRECT ANSWER

NAME: _____
 Please Print

1. Do you have any allergies (medications or food)? YES NO
 If yes, please explain. _____

2. Have you ever suffered from?
 Allergic Rhinitis (runny nose) YES NO
 If yes, please explain. _____

 Allergic Conjunctivitis (red watery eyes) YES NO
 If yes, please explain. _____

 Asthma YES NO
 If yes, please explain. _____

 Difficulty breathing (wheezing) YES NO
 If yes, please explain. _____

 Eczema YES NO
 If yes, please explain. _____

 Hay Fever or seasonal allergies YES NO
 If yes, please explain. _____

 Hives YES NO
 If yes, please explain. _____

 Sinus Problems YES NO
 If yes, please explain. _____

3. Do you take any allergy medications, including inhalers? YES NO

4. Have you ever had any skin rashes or breathing problems after handling or being exposed to the following?

Gloves (latex/vinyl)	YES	NO
Band-Aids	YES	NO
Balloons, Condoms, or other rubber products	YES	NO
Bananas, Kiwis, Papaya, Chestnuts, Avocados, Passion Fruit	YES	NO
Potato, Tomato, Peaches or other Tropical Fruits	YES	NO
Dental, Surgical or Gynecology Visits	YES	NO

Student Candidate Signature _____

Date _____

**Okaloosa-Walton College
Nursing and Allied Health**

MEDICAL RELEASE

To be completed by all students. This must be notarized.

I grant permission to the Health Department or local hospital or medical doctor to render emergency treatment to me that might be deemed necessary.

I understand that I am responsible for any costs incurred and the College is not financially obligated.

Signature of student, parent, or guardian
(in ink in the presence of Notary Public)

Sworn to and subscribed to me this _____ day of _____, 20 _____

Signature of Notary Public

List hospital insurance company and policy number

