

Healthcare Provider Certificate

Release: I give permission for this form to be sent to Northern Arizona University College of Nursing and I understand that this information may be sent to the clinical preceptor/agency that will be visited for clinical instruction.

Printed name _____

Date of Birth _____

Student Signature _____

Today's date _____

The following is to be completed by the healthcare provider:

I have completed the recommended physical exam and certify that the information on this form is true and correct, to the best of my knowledge, **and that the student is is not physically and emotionally capable of participating in the nursing program and assuming physical, cognitive, and psychosocial responsibilities of the profession.**

Date of Physical Exam - by the start of the program.

Exam Date

Licensed Healthcare Provider Signature: _____

Printed Name: _____

Phone: _____

**Please verify that the following vaccinations have been completed.
 Proof of immunity by titer is preferred for MMR (Rubeola, Mumps, Rubella) & Varicella.**

Vaccination	Date of Vaccination	Date of Titer Collection	Proof of Immunity by Titer? SEND LAB REPORT
MMR – 1 st dose			Provide lab report
MMR - 2 nd dose <i>or</i> proof of immunity by titer			
Hepatitis B – 1 st inoculation		Or Booster & titer as recommended by provider	Provide lab report
Hepatitis B – 2 nd inoculation			
Hepatitis B – 3 rd inoculation			
Varicella – 1 st dose			Provide lab report
Varicella 2 nd booster or proof of immunity by titer			
2-step TB skin test or blood test.		mm:	Results:
Tdap (Tetanus, Diphtheria, Pertussis) – within 10 years <i>OR</i> after two years interval since last Td (NOT Dtap)			
Flu vaccine			
Covid – 1 st dose		<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> J&J	
Covid – 2 nd dose		<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna	

Upon completion of physical exam please fill out the Healthcare Provider Certificate.

Upload the exam AND the certificate to Exxat. Please verify that the exam date is filled out.

A description of physical and mental tasks the nursing student must be capable of performing:

Responsibilities of a nursing student include assessment and evaluation; planning client care and performing nursing care; reviewing the client chart, developing individual nursing plans; implementing physician orders, assessing the physical-psychosocial-cognitive-spiritual aspects of the client and family; using written, verbal, and computerized communication with faculty, peers, and other health care professionals. Delivery of client care includes but is not limited to:

- Assisting clients with meals
- Moving, positioning clients in bed
- Walking clients with and without mechanical devices
- Lifting, transferring, and transporting clients using wheelchairs and stretchers
- Administering medications
- Providing direct client care such as catheterization, suctioning, bathing, toileting, dressing changes, etc.
- Client-family education
- Responding to emergencies
- Supervising staff such as nursing assistants in community based and clinical settings.

During Clinical the Student Must:

Stoop/bend

Squat

Kneel

Stand, lift, and walk during most of the entire clinical experience.

Physical agility is required while working around tables and chairs in a client's room as well as occasional stooping and/or bending to retrieve supplies from lower storage areas.

Push/Pull: Pushing and pulling of various medical equipment, medications, and items required for client care.

Climb

Grasp/handle.

Reach over shoulders

Reach at waist.

Reach below waist.

Lift: There is a need to lift clients with and without mechanical devices.

Use of special senses are required to assess the client and any changes in condition:

See

Hear

Touch

Smell