

**PLEASE NOTE: The required items are for American Data Bank (ADB) Documentation**

Please do not send any personal health records to WGU, as we cannot accept or store personal health information in accordance with HIPAA regulations. All documentation must be submitted to the ADB by uploading supporting documents to an account known as, Complio.

**Submitted documentation must include the following items:**

- ✓ Document lists name of provider (Exclusive of forms generated by ADB or WGU)
- ✓ Document lists student name
- ✓ Document lists service name
- ✓ Document lists service date
- ✓ Result with quantitative reference range and/or full interpretation of reading
- ✓ If document has a field which indicates a provider signature, document must reflect a provider signature or signature stamp

**Instructions for entering your immunization record**

1. **MMR (Measles, Mumps and Rubella):** Two (2) doses of MMR or serological evidence of MMR immunity via an IgG antibody titer screening.
2. **Tetanus Diphtheria and a-celluar Pertussis (Tdap):** Update upon expiration; you must have a Tetanus, Diphtheria, and a-celluar Pertussis vaccination within the last ten years.
3. **Varicella Titer:** Two (2) doses of varicella or serological evidence of varicella immunity via an IgG antibody titer screening.
4. **Influenza vaccine (or declination form):** A seasonal flu vaccination is required on an annual basis. If you choose to decline the flu vaccine, you must obtain a declination form from Health Placement at WGU, in addition to providing written documentation from your healthcare provider specifying your limitations to the vaccine. The supporting information will need to be uploaded to your compliance account. Please note: declining the flu vaccine may preclude you from being able to complete your PPE placement.
5. **Tuberculosis (TB):** Annual submission; you must have documentation of a current tuberculosis screening every year while at WGU. **Acceptable TB testing includes either a, b, or c:**
  - a) You must submit a 2-Step PPD, with the 2nd PPD being within 7-10 days from the 1st PPD. If both PPDs are negative, you must submit an annual PPD thereafter.
  - b) Annual IRGA (QuantIFERON Gold or T-spot) blood TB test
  - c) **If you have a Positive PPD:** You must supply printed proof of the date you tested positive, a Chest X-Ray (every two years) AND a TB Screening Report (Annually-see form)



below) from your provider. This report must state that you, the patient, are 'negative' for signs and symptoms of tuberculosis. This report must be submitted annually.

6. **Hepatitis B:** Three (3) doses of hepatitis B or serological evidence of hepatitis B immunity via an IgG antibody titer screening.
7. **Background Check:** You will need to order a background check through the American Data Bank.
8. **Student Attestation Form:** You will need to review and sign the Student Attestation form.
9. **Health Insurance:** Update upon expiration; typically, annually. You must show evidence of health insurance coverage for the BSHSC program. Please enter the submission date and submit a copy of the front and back of your card to your compliance account. If you are uninsured, you must submit a letter of explanation of personal assumption of liability in the event of injury or illness during PPE. Once you have uploaded this letter and submitted it to ADB, you must notify the Compliance Team at WGU for review.
10. **Physical Exam:** This is an additional item depending on the specific requirements for your host site. If required, you will need to submit a physical exam within the last year using the WGU form provided. Have your provider review and sign the form, certifying you are cleared for placement within a healthcare setting. (See form below)
11. **Drug Screening:** This is an additional item depending on the specific requirements for your host site. To complete this item, you will need to order a drug screening through ADB.

**\*\*Please contact the Health Placement Team at [healthplacement@wgu.edu](mailto:healthplacement@wgu.edu) with questions or concerns\*\***



**WGU Annual TB Screening Form**

*Annual Health Screening Questionnaire for History of Positive TB Skin Test*

Instructions: Annual symptom screening is required for all students who have a history of a positive tuberculosis skin test (PPD skin test). Students are required to complete this form yearly ***only*** if they have a history of a positive TB skin test.

When did you convert to a positive PPD? \_\_\_\_\_

What is the date of your last chest x-ray? \_\_\_\_\_

Result: \_\_\_\_\_

Do you CURRENTLY have symptoms of any of the following? :

	YES	NO
Weight loss (unrelated to dieting)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite for >2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Bloody sputum	<input type="checkbox"/>	<input type="checkbox"/>
Night sweats/fever	<input type="checkbox"/>	<input type="checkbox"/>
Unusual fatigue for > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Persistent cough > 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>

***Answering “yes” to any of the above questions constitutes a positive screening evaluation and requires further follow-up with your Health Care Provider.***

I am aware that misrepresentation of health information may result in dismissal from the program. I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

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

Provider Print Name \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_



### WGU Student Attestation Form

Dear Student,

Below is a list of essential job functions that you **MUST** be able to execute in order to perform successfully in the role of your desired profession. By signing below, you acknowledge there are no reasons you are aware of that would prohibit you from accomplishing any of the following functions within normal expectations.

Student Name: \_\_\_\_\_

#### Work hours:

1. Must be able to work at various clinical sites, including the hospital, at least 8-12 hours per day two days per week.

#### Physical demands:

1. Must be medically cleared to complete all physical demands required of a Health Informatics Specialist in a health care setting.
2. Must be able to use all physical senses, i.e., seeing hearing, feeling, smelling.
3. Must be able to use fine motor skills of the hands to carry out job functions accurately and safely.
4. Must be able to perform such duties as, but not limited to:
  - a. Lifting at least 20 pounds.
  - b. Maneuvering, pulling, pushing, lifting and turning of heavy objects in awkward positions.
  - c. Performing related tasks which require the use of hands, arms, shoulders, legs and feet.
  - d. Participating in work related activities that require extensive bending, kneeling, and crouching, stooping, standing and critical movements.

#### Work Environment:

6. Must be able to recognize potential risks in health care settings which require the wearing of safety equipment such as masks, head coverings, glasses, latex or non-latex gloves, shoe coverings, etc.
7. Must be able to meet hospital and college performance standards
8. Must be able to travel to and from academic and clinical training sites.

#### Cognitive Abilities:

5. Must be able to understand and work from written and verbal orders.
6. Must possess problem solving skills
7. Must possess effective verbal and written communication skills in English sufficient to safely work in academic and clinical settings.
8. Must possess technical competency.
9. Must be in a functional state of mental health.
10. Must not have any disability that would interfere with cognitive, physical or sensate ability to function safely in emergency situations.
11. Must possess the ability to adapt quickly to changes re nascent of the health care environment.

Student Name (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

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



**Western Governors University Compliance Form  
Physical Examination**

As part of your program, you must have a licensed MD, ND, DO, ARNP, or PA complete the form below and document that you can physically fulfill the essential job functions of a nursing or allied health professions student.

<b>Student Name:</b>				<b>Birth Date:</b>		
<b>Gender:</b>	Male	Female	Nonconforming	Transgender Male	Transgender Female	Decline to Answer
<b>Height:</b>				<b>Weight:</b>		
<b>Vital Signs:</b>		B/P	Pulse	R/R	Temp.	
<b>Vision:</b>	OS	OD	OU	<b>Hearing:</b>	Right	Left

SYSTEM	Function WNL		
	Yes	No	Comment
General			
HEENT			
CV			
Pulmonary			
GI			
GU			
Neurological			
Integumentary			
Musculoskeletal			
Immune System			
Endocrine			
Mental Health			

FUNCTION	Ability to Perform		
	Yes	No	Comment
Able to work standing, sitting, bending, lifting			
Able to use all physical senses			
Able to perform fine motor skills			
Able to coordinate physical and mental activities to perform tasks or skills safely			
Able to verbally communicate in English			
Possess sound mental health			
Exhibits a disability that would interfere with the cognitive, physical, or sensate ability to function safely in patient care situations			

<b>Health Care Practitioner Declaration</b>		
I declare I have completed a Physical Examination on this student. I certify I am a qualified MD, ND, DO, ARNP, or PA licensed in the state of _____.		
<b>X</b>	<b>X</b>	
<b>Licensed Health Care Practitioner Name (Print)</b>	<b>Licensed Health Care Practitioner Signature</b>	<b>Date</b>
<input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> DO <input type="checkbox"/> ARNP <input type="checkbox"/> PA	<b>Practitioner License #</b>	