## JOHNS HOPKINS SCHOOL OF NURSING PRE-ENTRANCE HEALTH FORM

### CHECK (√) PROGRAM OF STUDY

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<th>Master's Entry into Nursing</th>
<th>Start Date: ___________ (Ex: Spring 2018)</th>
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<td>MSN Advanced Practice</td>
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### IMMUNIZATIONS AND SCREENING TESTS

Listed below are the requirements for attending the School of Nursing. Lab report or physician verification of results required for all immunizations and tests. (Note: Some clinical sites may have additional compliance requirements.)

### INFLUENZA

All students must receive a flu shot on or before December 1st each year they are enrolled in their academic program. Students can get a flu shot from their healthcare provider, or any other immunization provider. In concurrence with the Center for Disease Control’s recommendation, the nasal spray vaccine (Flu Mist) is not an acceptable flu vaccine and does not satisfy the flu vaccine compliance requirement.

Date of flu vaccine if received during this visit: ____/____/____
### MEASLES, MUMPS, RUBELLA (MMR)

Has the student been immunized for measles or had the measles? **YES ___ NO ___**

Please provide documentation of measles vaccination. 2 doses must be documented for all students.

Date of DOSE #1: ____/____/____ Date of DOSE #2: ____/____/____

Or, please provide documentation of antibody titer to confirm immunity.

Date of Positive Titer: ____/____/____

Has the student been immunized for rubella or had rubella? **YES ___ NO ___**

Please provide documentation of rubella vaccination. 2 doses must be documented for all students.

Date of DOSE #1: ____/____/____ Date of DOSE #2: ____/____/____

Or, please provide documentation of antibody titer to confirm immunity.

Date of Positive Titer: ____/____/____

Has the student been immunized for mumps or had the mumps? **YES ___ NO ___**

Please provide documentation of mumps vaccination. 2 doses must be documented for all students.

Date of DOSE #1: ____/____/____ Date of DOSE #2: ____/____/____

Or, please provide documentation of antibody titer to confirm immunity.

Date of Positive Titer: ____/____/____

### TUBERCULOSIS

All students must be screened for TB with a TST/PPD test within 12 months of enrollment. Students must be retested annually.

Students who have received the BCG vaccine in childhood are not exempt from this requirement. The only exceptions to this rule are a) a prior history of Tuberculosis, b) a prior positive PPD or, c) administration of BCG vaccination within the last 12 months.

Does the student have signs or symptoms of active tuberculosis disease? **YES ___ NO ___**

Has the student ever had a positive Tuberculin Skin Test, Quanti-FERON Tb or T-spot test? **YES ___ NO ___**

Tuberculin Skin Test: Date placed: ____/____/____ Date read: ____/____/____

Results pf Quanti-FERON Test: Positive ____ Negative ____

A chest x-ray is required if current or previous TST/PPD or QFT test is positive:

Date of chest x-ray: ____/____/____

Chest x-ray was Normal ______ Chest x-ray was Abnormal ______

INH Treatment: Initiate Date: ____/____/____
HEPATITIS B
Has the student completed the 3-injection Hepatitis B vaccine series?
If YES, Date of Dose #1: ___/___/____ Date of Dose #2: ___/___/____ Date of Dose #3: ___/___/____
If NO, does the student have a positive hepatitis B surface Ab titer (anti-HBs > 10 mIU/mL)? YES ____  NO ____
Date of Positive Titer: __________________________.
If titer is negative or equivocal student will be prompted to receive 1 booster shot. Booster Date: ____/____/____

VARICELLA (Chicken pox)
One of the following is required: Positive Titer or 2-dose vaccine series. Must be completed prior to enrollment.
Date of Positive Titer: ___/___/____
Date of Dose #1: ___/___/____ Date of Dose #2: ___/___/____
If any titer is negative or equivocal student will be prompted to receive 1 booster shot.
Booster Date: ____/____/____
Please note: History of disease is no longer acceptable for compliance.

TETANUS, DIPHTHERIA, PERTUSIS (TDaP)
One of the following is required: TDaP vaccine or TD vaccine.
Boosters must be administered within the past 10 years.
Please document date(s) of TDaP or TD vaccine. Date of Vaccine: ____/____/____

TECHNICAL STANDARDS FOR ADMISSIONS & GRADUATION
Nursing students must be able to meet the minimum standards listed below with or without reasonable accommodation:

1. **Observation**: Students must have sufficient capacity to make accurate visual observations and interpret them in the context of laboratory studies, medication administration and patient care activities. A student must be able to observe a patient accurately at a distance and close at hand. Students must have a sufficient level of hearing to determine both high and low levels of frequency and amplitude (monitor, assess and respond to health needs).

2. **Communication**: Students must communicate effectively both verbally and non-verbally to elicit information and to translate that information to others. A student must be able to read and write English effectively in order to fulfill academic requirements, and to maintain accurate clinical records on patient care.

3. **Motor**: Students are required to possess motor skills sufficient to elicit independently information from patients by palpation, auscultation, percussion, and other manually-based diagnostic procedures. Students should be able to conduct laboratory and diagnostic tests, and carry out physical assessments. Students must possess motor skills required for their specialty’s scope of practice. The student must also be able to coordinate fine and gross muscular movements to treat patients in emergency situations. Emergency situations include any circumstance requiring immediate remedy.
4. Intellectural-Conceptual, Integrative, and Quantitative Abilities: The student must be able to develop and refine problem-solving skills that are critical to practice as a nurse. The student must have the ability to measure, calculate, reason, analyze and synthesize objective and subjective data and to make decisions that reflect consistent and sound clinical judgment. Students must possess good judgment in patient assessment, and the abilities to incorporate new information, comprehend three-dimensional relationships, and retain and recall pertinent information in a timely fashion. This includes decision-making in order to maintain safety and security of patients and to behave appropriately with patients, staff, students, supervisors and faculty.

5. Behavioral and Social Attributes: Students must possess the physical and emotional health required for the application of his/her intellectual abilities and the employment of sound judgment in an appropriate and prompt manner. Students must be able to function effectively under physically taxing workloads, and in times of physical and mental stress. Students must display compassion, sensitivity, and concern for others, and maintain professional integrity at all times. Students must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism and learn to function cooperatively and efficiently in the fact of uncertainties inherent in clinical practice. This includes appropriately interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

6. Program Specific Requirements: In addition to the areas enumerated above, applicants and students must also possess any abilities and skills deemed essential for their particular program. These areas of enumerated skills and abilities are the minimum attributes required of applicants for admission to the specific nursing program and of students who are candidates for graduation.

7. Ability to Manage Stressful Situations: Students must be able to adapt to and function effectively in stressful situations in the classroom and clinical settings (including emergency situations). Students will encounter multiple stressors while in the nursing program; these stressors may be (but are not limited to) personal, patient care, faculty, peer, family, and or program-related.

In my judgment, this student meets the essential abilities and is able to participate in the School of Nursing program.

YES _____  NO _____

Health Care Professional Signature: ________________________________

Printed Name of Health Care Professional: _____________________________

Address of Medical Facility: _______________________________________

Date: _____/_____/_____  

Copies of acceptable documentation should be attached to this form so the student can upload these documents into his/her CastleBranch account. Documentation includes copy of Lab Titer Report for Measles, Mumps, and Rubella, Personal immunization records (written in English), etc.