

FORT SCOTT COMMUNITY COLLEGE
DEPARTMENT OF NURSING EDUCATION

Health Record

Name: _____
 Last First Middle

Date of Birth: _____ (Optional) Social Security #: _____ - _____ - _____ (Optional)
 Month Day Year

Address: _____
 Street City State Zip

Telephone (Home): (____) _____ Telephone (Work): (____) _____

To be completed by the applicant:

Note: Falsification of information and/or failure to submit information may lead to serious consequences, such as dismissal from the program.

The following statement is to be read by the applicant. Any questions or concerns should be addressed with the program director before signing and returning the health form.

Students entering any health care program should be aware that they will be in close contact with other individuals having a variety of health problems in which the etiology (cause) may or may not be known.

The nursing program has specific precautionary requirements based on the type of exposure and/or clinical agency policies. It is the responsibility of each student to know and follow the program guidelines for necessary precautions against contracting and transmitting disease.

Students enrolled in the nursing program at Fort Scott Community College who experience any injury or who have been diagnosed with an infectious disease, or who have been exposed to an infectious disease which could place themselves or their patients at risk should immediately inform the Instructor or Director of Nursing. All matters surrounding students with or exposed to an infectious disease will be held in strict confidence. Documentation of an understanding of universal/barrier precautions is required each year the student is in the nursing program. In-services on Universal Precautions are held yearly for all nursing students.

All health care costs are to be assumed by the individual student. Neither the college nor the clinical agency in which students are assigned is responsible for the provision of any health care nor for any payment of costs related to an injury, or the exposure, to or infection with a disease. Students are strongly encouraged to obtain adequate hospital and outpatient insurance coverage during their association with the nursing program at Fort Scott Community College.

A decision about student participation in program activities will be made on an individual basis by the Director and Faculty of the nursing program. Students are responsible for meeting all course, clinical and program objectives. Students may be asked to provide a physician's statement to explain absences and/or to justify re-entry into the class or clinical setting. This is for the safety of the patients who will be treated, as well as the student.

Do you have any communicable or infectious diseases? Yes ____ No ____

Is there anything that would prevent you from performing all course, clinical and program objectives?

Yes ____ No ____

To be read and signed by the applicant: (This must be notarized - Sign in front of a notary.)

“I acknowledge that neither the College nor any of its affiliations is responsible for health care provisions or costs in the case of any injury or the exposure to or infection with a disease while I am participating in program-related activities. I hereby waive and release Fort Scott Community College and the affiliating agencies from any and all claims or responsibility for insurance and hospital or health insurance benefits for health care services.”

Student Signature

Date

Subscribed and sworn before me this ____ day of _____, ____.

My commission expires: _____

Notary Public: _____