



Standard Health Care Services Inc. College of Nursing
7600 Leesburg Pike, East 200
Falls Church, VA 22043
Telephone: (703) 891-1787 Fax:(703)891-1789
www.standardcollege.edu

Student Name: _____ DOB: _____

CHECKLIST FOR NEWLY ADMITTED STUDENTS

Health Requirements Form

- Physical Examination Form
- Immunization Form
- Questionnaire for Tuberculosis
- CPR (American Heart Association, health care provider card)

CB Bridges

- Criminal Background Check
- Drug Test



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info@standardcollege.edu

HEALTH HISTORY AND PHYSICAL FOR NURSING PROGRAM

This form must be filled out by applicant and a licensed primary care provider: physician, physician's assistant, nurse practitioner. Physical examinations must be completed no sooner than 3 months prior to entering the program.

PART I Personal Information to be completed by the STUDENT- PLEASE PRINT.

Last Name:	First Name:	Date Of Birth:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	E-Mail:

To the best of my knowledge, I do not have a physical or mental condition that would prevent me from performing the essential requirements of the applicable Nursing Program. I hereby authorize the release of my medical information to clinical affiliates after my admission and prior to being assigned to a clinical rotation. I understand that I may be dismissed from the program if I knowingly submit false information.

Student Signature: _____ Date: _____

PART II Physical assessment — to be completed by a HEALTHCARE PROVIDER

Height(in):	Weight (lbs):	ANY IRREGULARITIES OF THE FOLLOWING?				
B/P:	T:	YES	NO		YES	NO
HGB (or HCT):	Urinalysis:	Head		Cardiovascular system		
Sugar: Alb:	Micro:	Ears		Abdomen		
Vision: OD:	OS:	Nose:		GI system		
Corrected? Yes <input type="checkbox"/> No <input type="checkbox"/>		Throat		GU system		
General Appearance:		Neck		CNS/Reflexes		
		Breasts		Back		
		Chest		Extremities		
Describe any conditions currently being treated:		Please Explain any YES answers:				

Allergies: _____

PART III Essential Functions for Students - to be completed by a HEALTHCARE PROVIDER

Students entering the program must be able to perform all of the following essential functions and standards to become a licensed nurse.

Yes	No	
		1. Communication: Establish interpersonal rapport and communicate in English, both verbally and in writing with clients, physicians, peers, family members and the health care team from a variety of social, emotional, cultural and intellectual backgrounds.
		2. Mobility: Physical abilities sufficient to move from room to room and maneuver in small spaces and administer cardio-pulmonary procedures.
		3. Motor Skills: Gross and fine motor abilities sufficient to provide safe and effective nursing care in order to calibrate and use equipment; position patients/clients.
		4. Hearing; Auditory ability sufficient to monitor and assess health needs in order to hear monitor alarms, emergency signals, auscultatory sounds, and cries for help.
		5. Visual: Visual ability sufficient for observation and assessment necessary in nursing care in order to observe patient/client responses.
		6. Tactile: Tactile (touch) ability sufficient for physical assessment and/or those functions related to therapeutic interventions.

The student has the Physical and Emotional Health to complete the requirements of the nursing program.

Yes No

Are there any other essential functions that you believe the student may lack that would interfere with their ability to become a licensed nurse? Yes No

Student Name: _____ DOB: _____

PART IV Required Immunizations — to be completed by a HEALTHCARE PROVIDER

The following immunizations are required. It is the student's responsibility to see that the completed form is submitted to Standard College prior to clinical assignment.

REQUIRED IMMUNIZATIONS	NOTE: To achieve compliance ensure ALL vaccines are completed.
<p>MMR Vaccine (Rubella, Rubeola, Mumps) The student must have proof of MMR vaccination or documented proof of immunity shown by mumps, rubeola, and rubella titers.</p>	<p><u>Measles, Mumps, Rubella (MMR) Vaccines:</u> Date of injection: ____/____/____(1) Date of injection: ____/____/____(2) OR Blood Test Titer of: <input type="checkbox"/> Positive Mumps titer: Date: ____/____/____ <input type="checkbox"/> Positive Rubeola titer: Date: ____/____/____ <input type="checkbox"/> Positive Rubella titer: Date: ____/____/____</p>
<p>Varicella Vaccine (Chickenpox) The student must have proof of Varicella vaccination or documented proof of immunity shown by varicella titers.</p>	<p><u>Varicella (Chickenpox) Vaccines:</u> Date of injection: ____/____/____(1) Date of injection: ____/____/____(2) OR Blood Test Titer of: <input type="checkbox"/> Positive Varicella titer: Date: ____/____/____</p>
<p>Tdap Vaccine The student must have proof of Tdap Vaccine (Tetanus/Diphtheria WITH Pertussis). Booster needed every 10 years. (Please note: The requirement is Tdap and not Td or Dtap)</p>	<p><u>Tdap Vaccine:</u> Date of injection: ____/____/____</p>
<p>Hepatitis B Vaccine The student must have proof Hepatitis B Vaccine (3 dose series) OR Heplisav-B (2 dose series) or documented proof of immunity shown by Positive Hepatitis B IgG antibody Titer.</p>	<p><u>Hepatitis B Vaccine:</u> Date of injection: ____/____/____(1) Date of injection: ____/____/____(2) Date of injection: ____/____/____(3) OR Blood Test Titer of: <input type="checkbox"/> Positive Hepatitis B titer: Date: ____/____/____</p>
<p>Influenza Vaccine Influenza (inactivated virus) Vaccine. Annual single dose required during Flu Season.</p>	<p><u>Flu Vaccine:</u> Date of injection: ____/____/____</p>
<p>COVID-19 Vaccine The student must have documented proof of COVID19 vaccination. Vaccine must be FDA or WHO-Approved. If you received an international vaccine, it must be a World Health Organization approved vaccine.</p>	<p><input type="checkbox"/> <u>Pfizer (2) dose vaccine:</u> <input type="checkbox"/> <u>Moderna (2) dose vaccine</u> <input type="checkbox"/> <u>Johnson & Johnson/Janssen (1) dose vaccine</u> <input type="checkbox"/> <u>WHO Approved COVID-19 (2) dose vaccine</u> - Name of Vaccine: _____ Date of injection: ____/____/____(1) Date of injection: ____/____/____(2) <input type="checkbox"/> <u>COVID-19 Booster vaccine</u> - Name of Vaccine: _____ Date of injection: ____/____/____(1)</p>
<p>Tuberculosis Students MUST undergo Tuberculin skin test (TST) OR have a TB Screening Blood Test - INTERFERON-GAMMA RELEASE ASSAY (IGRA) – Quantiferon or T-Spot. All testing must be dated less than 3 months from the first day of classes. Chest X-Ray - If patient has a documented history of a positive TB test, a chest x-ray report must be submitted with this form. Chest X-Ray must be dated within FIVE (5) year from the first day of classes. Treatment for TB or LTBI - Documentation of treatment must be submitted with form</p>	<p><input type="checkbox"/> <u>Tuberculin Skin Test:</u> Date Placed: ____/____/____ Date read: ____/____/____ Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> <u>Quantiferon or T-Spot</u> Date Test Given: ____/____/____ Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> <u>Chest X-Ray:</u> Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date read: ____/____/____ <input type="checkbox"/> <u>Treatment for TB or LTBI</u> Date treatment started: ____/____/____ Date treatment completed: ____/____/____ Name of medication: _____</p>

HEALTH CARE PROVIDER INFORMATION AND SIGNATURE: (must have all information)

Printed Name and Title: _____

Name of Practice or Clinic: _____

Address: _____

Office Phone Number: _____ Official Stamp (if available): _____

Health Professional's Signature: _____ Date: _____



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TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

STUDENT NAME: _____ Birth Date: ____/____/____

ADDRESS: _____

HOME PHONE _____ CELL PHONE: _____

SSN#: _____ E-MAIL: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever:

Had active TB	Yes	No
Taken medication for TB exposure	Yes	No
Had a reaction to TB skin test	Yes	No
Been told you had a weakened immune system	Yes	No

Do you CURRENTLY have any of the following?

Persistent cough	Yes	No
Night sweats	Yes	No
Unexplained weight loss	Yes	No
Unexplained tiredness	Yes	No
Persistent fever	Yes	No
Hoarseness	Yes	No

Have you ever received BCG vaccination? Yes No

Were you born in the USA? Yes No

If no, what is your country of origin? _____

Since your last TB skin test or TB questionnaire:

Have you had exposure to anyone with known TB disease? Yes No

Have you had and abnormal chest x-ray? Yes No

When was your first positive TB skin test? _____

When was your most recent chest x-ray? _____

Was your most recent chest x-ray normal? _____

Explain any yes answers:

I certify that the information I have provided is complete and true to the best of my knowledge.

Signed: _____ Date: _____

Welcome to Bridges™

Standard Healthcare Services Inc. - College of Nursing

To set up an account and place an order, go to mycb.castlebranch.com

In the "Place Order" field, enter the following package code specific to your organization.

DM70bridges

To get started, please log into your myCB account. Your school administrator should have given you a CB Bridges Package code to enter.

Once you have placed your new CB Bridges order in myCB, an item will appear in your To Do List that includes a link to the log in page for CB Bridges. **CB Bridges will use the same username and password as your myCB account.** Once you have logged in successfully, you will see two pop-up windows asking for your consent and signature before moving forward. One will be the "E-Signature and Transactions Consent" and the other will be "The Terms of Use and Conditions Consent."

CB Bridges is a platform designed to help schools, facilities, and most importantly, you manage your clinical education experience.

Your first interaction with CB Bridges will likely be to complete the orientation documents that are required by a medical facility prior to starting your clinical rotations. You will be able to read and review all documents provided by the facility, as well as download, fill out, sign, and upload documents back into the system as needed.

As soon as your clinical coordinator has placed you into your Clinical group for the semester within CB Bridges, you will receive a notification from CB Bridges alerting you that you have checklist items to complete. (Note: CB Bridges will send notifications to the primary email address on file).

Your first few checklist items are generated by CastleBranch. You will need to complete the Clinical Group Membership Checklist Items:

- FCRA Consent
- FERPA Consent
- Bridges Subscription – If you have already paid for CB Bridges, this item will be marked as COMPLETE

Once you have completed all of the items above, you will receive another CB Bridges notification alerting you when your facility-specific Orientation items have been added to your Checklist (this may not happen immediately because your clinical coordinator will need to trigger the items to be added).

Your clinical coordinator will be able to see your progress as you work through your Checklist. Some items may require review before they are considered complete. Items that are waiting to be reviewed will have a status of Pending.

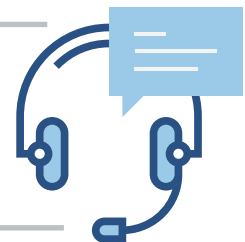


View User FAQ's

Click the link above or visit the student FAQ section of the CB Bridges website.

Do you have questions? We have answers.

The Service Desk is available to assist you via phone, chat and email.
Mon-Thurs: 8 am - 8 pm, Fri: 8 am - 6:30 pm & Sun: 10 am - 6:30 pm EST
888.723.4263 | servicedesk.cu@castlebranch.com



NOTE: If you are already obtaining your pre-clinical requirements through CastleBranch, you will continue to use myCB to complete background checks, immunization records, and/or drug testing requirements. CB Bridges is the place you will go to complete all other orientation requirements specific to a facility.



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Instructions for Order Placement

Welcome to myCB!

When you place your initial order, you will be prompted to create your secure myCB account. From within your myCB, you will be able to:

- ✓ View your order results
- ✓ Upload and store important documents and records
- ✓ Manage requirements specific to your programs
- ✓ Place additional orders as needed.
- ✓ Complete tasks as directed to meet deadlines

Username Password LOGIN
Forgot Password?
Place Order Package Code GO

To place an order, go to mycb.castlebranch.com

In the “Place Order” field, enter the following package code specific to your organization:

DM70im : Compliance Tracker

During order placement you will be asked for personal identifying information needed for security or compliance purposes. Supplying accurate and comprehensive information is important to the speed in which your order is completed.

The email address you use when placing your order will become your username for your myCB and will be the primary form of communication for alerts and messages. Payment methods include: MasterCard, Visa, debit card, electronic check, money order, and installment payment.

You can respond to any active alerts or To-Do List items now, or return later by logging into your myCB. You will receive alerts if information is needed to process your order. Access your myCB anytime to view order status and completed results. Authorized users at your organization will have access to view your compliance status from a separate CastleBranch portal.



Your myCB Service Desk is available to assist you via phone, chat and email
Monday-Thursday 8:00 am-8:00 pm & Friday 8:00 a.m. - 6:30 p.m. & Sunday 10am- 6:30pm EST
888-723-4263 or servicedesk.cu@castlebranch.com

Standard Healthcare

**American
Discount
Uniform
inc**

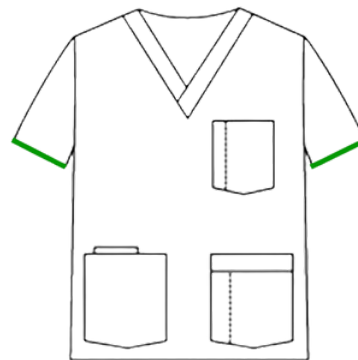

**Required
Uniforms**



Mix + Match to create your style!



**Tops + Jackets
come with
school emblem.**



All tops come with green trim on the collar and sleeves.

Order Online Now!

americandiscountuniform.com

Group Code: STANDN

Garments are customized. Please order early. Allow 4-6 weeks for delivery.

Place your orders on-line at www.americandiscountuniform.com










Click on Student & Group Uniforms - you will be redirected to another page.

Click on "Shop by Group" in the upper right corner - Enter your group code : STANDN

Need help with the ordering process? Watch our VIDEO. Find it under GROUPS> Student Uniform Programs on our website.

Return Policy - please be sure of your size, garments with the emblems sewn on are not returnable/exchangeable.

ALL EMBLEMS (PATCHES) SEWN ON THE UNIFORMS FOR YOUR CONVENIENCE.

Women's Uniforms							
RN Program				LPN Program			
	Ladies White Snap Tunic	XS-XL	\$37.99		Ladies White Snap Tunic	XS-XL	\$37.99
	custom green trim on collar & sleeve	2X-3X	\$39.99		custom green trim on collar & sleeve	2X-3X	\$39.99
	with emblem (EMP-SHC RN)	4X-5X	\$41.99		with emblem (EMP-SHC LPN)	4X-5X	\$41.99
Required				**Required**			
	Ladies Elastic Waist	XS-XL	\$21.99		Ladies Elastic Waist	XS-XL	\$20.99
	Modern Fit, Mid Rise, Straight Leg Pant	2X-3X	\$23.99		High Rise Straight Leg Pant	2X-3X	\$22.99
	Available in Regular, Petite and tall (+\$2.00) lengths	4X-5X	\$25.99		Available in Regular, Petite and tall (+\$2.00) lengths	4X-5X	\$24.99
USED FOR BOTH RN AND LPN PROGRAMS				**USED FOR BOTH RN AND LPN PROGRAMS**			
					Long Sleeve		\$13.99
					White Underscrub		\$16.99
					Optional		
USED FOR BOTH RN AND LPN PROGRAMS							
Men's Uniforms							
RN Program				LPN Program			
	Men's 3 Pocket V-Neck Tunic	XS-XL	\$32.99		Men's 3 Pocket V-Neck Tunic	XS-XL	\$32.99
	Custom green trim on sleeve	2X-3X	\$34.99		Custom green trim on sleeve	2X-3X	\$34.99
	with emblem (EMP-SHC RN)	4X-5X	\$36.99		with emblem (EMP-SHC RN)	4X-5X	\$36.99
Required				**Required**			
	Men's Elastic Waist	XS-XL	\$24.99		Long Sleeve	XS-XL	\$13.99
	Zipper Fly and Drawstring Pant	2X-3X	\$26.99		White Underscrub	2X-5X	\$16.99
	Available in Regular, Short and tall (+\$2.00) lengths	4X-5X	\$28.99		*Optional*		
USED FOR BOTH RN AND LPN PROGRAMS				**USED FOR BOTH RN AND LPN PROGRAMS**			

American Discount Uniform, Inc. 912 New York Ave., Lower Burrell, PA 15068

email : info@americandiscountuniform.net

www.americandiscountuniform.com