

Welcome to the College of Saint Mary!

The following two forms need to be filled out and signed by your doctor. Once these forms are filled out, you need to take them with you to your drug screen at Alegent Occupational Health, Bergan Hospital (72nd and Mercy Streets). To schedule an appointment call 402-398-6581. If you do not have health insurance, please call Bergan OHS to schedule an appointment for the Brief Nursing Assessment and any of the other services that you need to obtain your clearance card. There will be a nominal fee for services performed on a cash basis. Insurance is not accepted and will not be billed for services performed through Bergan OHS.

To be completed by Student:

College of Saint Mary
STUDENT HEALTH SERVICE

Date _____ Social Security # _____

Name _____ Date of Birth _____

I will enroll at College of Saint Mary _____ Major _____
Month/Year

Permanent Address _____ Phone _____

Local/Dorm Address _____

Emergency Contact Person _____ Relationship _____

Phone #1 () _____ Phone#2 () _____

Address _____

HEALTH HISTORY

Have you ever sought or received treatment or advice for:

Yes	No (if yes, please explain)	
_____	_____	Asthma, Emphysema, Bronchitis _____
_____	_____	Tuberculosis _____
_____	_____	Diabetes _____
_____	_____	High Blood Pressure _____
_____	_____	History of Heart Problems _____
_____	_____	Headaches, Migraines _____
_____	_____	Convulsions, Fainting _____
_____	_____	Ringings of Ears _____
_____	_____	Hearing Loss _____
_____	_____	Colds, Sinus, Sore Throats _____
_____	_____	Frequent Nosebleeds _____
_____	_____	Back Problems _____
_____	_____	Skin Disorders _____
_____	_____	Gastrointestinal Disease (nervous stomach, ulcers) _____
_____	_____	Mental Health and/or Psychiatric Disorder _____
_____	_____	Other Disorder or Disease _____

Give details of any health, emotional, or mental problems for which you have been or are being treated.
Use backside of form.

Do you have any restrictions to activity (e.g. number of pounds lifted)? _____

HEALTH HISTORY (continued)

Student Name _____
 Social Security Number _____

Insert immunization information here.

	Vaccine or test	Vaccine type/Results	Date(s)	Name of Doctor of Clinic
1.	TB Skin test (X-ray if positive)	_____	_____	_____
2.	a. MMR 1 st dose b. MMR 2 nd dose	_____	_____	_____
3.	Hepatitis B #1 #2 #3 titer	_____	_____	_____
4.	Chickenpox (or date of disease)	_____	_____	_____
5.	Diphtheria, Tetanus	_____	_____	_____
Recommended but <u>not</u> required				
6.	Meningitis	_____	_____	_____
7.	Smallpox	_____	_____	_____

List any medication you are currently taking:

Allergies:

Have you ever had a reaction, allergy, and/or sensitivity to any drugs?
 _____ Yes _____ No

If yes, what medication? _____
 Any environmental substances or products? _____ Yes _____ No
 If yes, what type of reaction? _____

Assessment Data:

Height: _____

Weight: _____

Temperature: _____

Pulse: _____

Respiration: _____

Blood Pressure: _____

Have you ever had a reaction to latex (rubber) products?
 _____ Yes _____ No If yes, what type of reaction?

Whisper Hearing Test: Right _____ Left _____
 Audiogram (if needed): _____
 Visual Acuity: Right _____ Left _____

COMMENTS/RECOMMENDATIONS: _____

I hereby certify there is evidence the patient has demonstrated "suitable health status."

Nurse Assessor Signature: _____

Physician Assessor Signature: _____

Date: _____

The next form needs to be filled out by you, signed and taken with you to Alegent when you complete your drug screen.

MEDICAL FORM

Please provide medical information on this form.

RETURN COPY DIRECTLY TO ALEAGENT

Alegent Occupational Health Services
Bergan Medical Office Building
7710 Mercy Road, Suite 124
Omaha, NE 68124

EMERGENCY PERMISSION

Consent for Treatment

(This section to be completed only if student is 18 or younger.)

I hereby give permission for medical treatment to be given to _____
in the event it is necessary. Name of Student

Signature of Student _____ Date _____

Signature of Parent or Guardian _____ Date _____

RELEASE OF INFORMATION

All information contained in the student's health record is maintained by Alegent Bergan Mercy Occupational Health Services for College of Saint Mary. I, _____, hereby authorize Alegent Health to release requested parts of my medical information to authorized college administration, staff or faculty for the purposes of clinical/fieldwork clearance, athletic program documentation and/or residence life emergency files.

Signature of Student _____ Date _____

If student is 18 or younger -
Signature of Parent or Guardian _____ Date _____

This form and the form which follows are for your information. Please read before continuing with the clearance card process.

**ALEGENT HEALTH OCCUPATIONAL HEALTH SERVICES
DRUG SCREEN INFORMATION**

NAME/ADDRESS	PHONE #	FAX #	OFFICE HRS
Alegent Occupational Health, Suite 124 7710 Mercy Road Omaha, NE 68124	OHS 402-398-6581 Option 1	OHS 402-398-6001	OHS M-F 7:00a.m. – 4:00p.m. M-F

General Information:

_____ Collection must be completed no later than two weeks prior to start date of Clinical Rotation.

_____ Collection site needs picture ID at time of collection.

_____ If you are of legal age (18 Iowa, 19 Nebraska), you may sign consent form. If not, a parent must be available by phone to consent for the drug screen.

_____ Come to collection site ready to provide specimen of urine.

_____ Turnaround time for drug screen results is generally 24 hours (weekends not included). If drug confirmation is required by secondary testing, an additional 48 to 72 hours will be needed.

_____ Immunization records will be reviewed at time of drug screen testing.

_____ Clearance cards given based on CSM Checklist for Health Care Professions student.

_____ Conflicts with days of the week, days of operation, or need of a remote collection site should be called to Brad Hoffman, Drug Screen Coordinator, at 402-398-6666.

What to bring with you:

1. Copy of Immunization Record or Cash Payment (exact amount only) if requesting Alegent Health Occupational Health Services to perform any of the services. Include last T.B. Skin Test (when given and result), Mumps, Measles and Rubella Vaccination/Immunity Status, Hepatitis B Vaccination/Immunity Status; chicken pox, diphtheria, tetanus. CSM Student verify that your file is complete and obtain clearance card. **Appointments are required for all services provided.**
2. Photo I.D. required for drug screen to be performed.
3. Payment – full payment is required at the time of visit by cash (exact amount.) No health insurance is accepted at Occupational Health Services.
4. Full Bladder

Please do not go in earlier than May and the absolute last date for any drug screening will be prior to the beginning of the semester. Please call Alegent Occupational Health at 402-398-6581 option 1 if you have any questions.

College of Saint Mary Checklist For
Health Care Professions Students

Date: _____

Name: _____

DOB: _____

HI-LITED SERVICES ARE REQUIRED – Students receive a card that expires in one year if only the tuberculin test is needed. The clearance card is issued for only one semester if follow up is needed for hepatitis series or a medical waiver.

	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Brief Nursing Assessment					
PPD Within 6 months					
Hepatitis B Series – Started					
1.					
2.					
3.					
*HB.AB Result – Recommended, Not required					
MMR					
1.					
2.					
Measles and Rubella titers are required if no proof of MMR. Mumps titer is not required.					
Tetanus within 10 years					
Varicella status					
Chest Xray if PPD Positive					
Negative					
Positive					
Drug Screen Completed					
T.B. Read					
Negative					
Positive					
Blood/Body Fluid Exposure Protocol					
Signature					

*Nursing and Occupational Therapy Students may sign waiver only for medical reasons. It is strongly recommended that HIM students get the Hepatitis B Series, though may sign the waiver.