



Moravian University Health Center Physical Examination Packet

BETHLEHEM, PA

Welcome New Nursing Students and Family • Physical Examination • Part. I (TB) •
Part. II (Management of IGRA) • Part. III (Hepatitis B Surface Antibody Testing)

Welcome New Nursing Students and Family

Enclosed is information regarding the health documents that NEW Nursing students must complete:

1. Take documents to their health care provider to complete, sign and date.
2. Upload all documents when completed and signed prior to June 1st.

Required Documents:

- Moravian University Health Center Physical Examination (included in this packet)
- Tuberculosis (TB) Screen Questionnaire (Part I)
 - Please get baseline TB testing completed using the IGRA method of testing
- Management of IGRA (Part II)
- Evaluation of Hepatitis B Immunity (Part III)
 - Please get a Hepatitis B surface antibody test and follow guidelines provided when results are available.
- Copy of Immunization records
 - From your healthcare provider or high school

In the Student Health Portal

- Login into moravian.studenthealthportal.com using your Moravian email and AMOS password
- Go to “My Forms” (top of page) and complete
 - Nursing immunizations- this will ask for your Hepatitis B blood test & your IGRA TB test result
 - Immunization history for portal if new to Moravian and not completed prior to this
- Scan and upload the following documents, using the “Document Upload” tab (can also take a picture and upload the picture)
 1. Moravian University Health Center Physical Examination Forms (Exam & Parts I-III)
 2. Immunization Record-printed copy
 3. All images of the blood test results

DO NOT FAX OR ‘HAND IN’ any of these records - all must be uploaded to the portal

Is your insurance from outside of Pennsylvania (PA)?

Notify your health insurance company that you are attending college in PA. Ask if you have to make special arrangements. Specifically, ask if medical tests need to occur in PA and not your home state. Many providers will bill insurance companies directly.

Most care at the Health Center is free, including nurse practitioner and physician visits, as well as over-the counter medications. The Health Center can perform minor lab testing on-site and has a limited number of prescription drugs available at a minimum charge. Outside lab work, specialist referrals, and prescription medications referred to outside facilities are the student’s responsibility. To expedite care, we ask that you update us should your health insurance change.

Questions?

Do not hesitate to contact us. Our staff looks forward to meeting you.

Moravian University Health Center

250 W Laurel St, Bethlehem, PA 18018
healthcenter@moravian.edu

Moravian University Health Center Physical Examination

Student Name _____ Date of Birth _____

TO THE EXAMINING HEALTH CARE PROVIDER: This student has been accepted and is attending Moravian University in a nursing curriculum. Please review the student's history and complete this examination with comments on any disease or defects. Physical exam must be done less than one year prior to first day of classes.

/	Sugar	Protein	R / L /	Y N
Blood pressure	Pulse	Height (in.)	Weight (lbs.)	BMI
	Urinalysis		Visual acuity	Corrected?
				Gross hearing

CLINICAL EVALUATION

	Normal	IF Abnormal please describe
Skin		
Head and scalp		
Eyes		
Ears/hearing		
Mouth, nose, throat		
Neck		
Heart		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurologic		
Emotional		

1. Any known impaired function and/or loss of any paired organ? ___ Yes ___ No If yes, specify _____
2. Allergies or contraindications to any medication? ___ Yes ___ No If yes, specify _____
3. Any medicine taken on a regular basis? ___ Yes ___ No If yes, specify _____
4. Recommendation for physical activity: ___ Unlimited ___ Limited; explain _____
5. Can this individual participate in intercollegiate athletics, including contact sports? ___ Yes ___ No
6. General comments or recommendations: _____

This student is a nursing major: Is there any health reason that would preclude this person from engaging in clinical practice as a student nurse? ___ Yes ___ No If yes, specify _____

TUBERCULOSIS RISK ASSESSMENT: All nursing students must be assessed for Tuberculosis. All clinical sites require baseline Tuberculosis testing via the IGRA method (Quantiferon gold [QFT] or T-spot testing) in the 6 months prior to the start of their curriculum

Our required vaccines are: MMR x2, Varicella x2 (or positive titer) Tdap, Polio and Hepatitis vaccine series. As your patient starts their University years please make sure they are up to date with Tdap, Meningitis (dose at age 16 or later) and consider the Meningitis B series. They are required to submit their vaccination history to us as well - please provide them with a written immunization record for them to upload to our student health portal.

Please complete a Hepatitis B Surface Antibody and IGRA Tb blood test and follow guidelines provided when results are available

Name of Physician/Provider MD/DO/NP/PA Street Address

Signature Date City, State, Zip Phone

STUDENTS - WHEN FORMS COMPLETED PLEASE UPLOAD TO THE MORAVIAN UNIVERSITY HEALTH CENTER PORTAL- moravian.studenthealthportal.com

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Part I. Tuberculosis (TB) Screening Questionnaire (to be completed by ALL nursing students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? () Yes () No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.) () Yes () No

Afghanistan	Algeria	Angola	Anguilla	Argentina	Armenia	Azerbaijan	Bangladesh
Belarus	Belize	Benin	Bhutan	Bolivia (Pluractional State of)	Bosnia and Herzegovina	Botswana	Brazil
Brunei Darussalam	Bulgaria	Burkina Faso	Burundi	Cote d'Ivoire	Cabo Verde	Cambodia	Cameroon
Central African Republic	Chad	China	China, Hong Kong SAR	China, Macao SAR	Colombia	Comoros	Congo
DPR of Korea	DR of Congo	Djibouti	Dominican Republic	Ecuador	El Salvador	Equatorial Guinea	Eritea
Eswatini	Ethiopia	Fiji	French Polynesia	Gabon	Gambia	Georgia	Greenland
Guam	Guatamala	Guinea	Guinea-Bissau	Guyana	Haiti	Honduras	India
Indonesia	Iraq	Kazakhstan	Kenya	Kiribati	Kuwait	Krygyzstan	Lao PDR
Latvia	Lesotho	Liberia	Libya	Lithuania	Madagascar	Malawi	Malaysia
Maldives	Mali	Marshall Islands	Mauritania	Mexico	Micronesia (FS of)	Mongolia	Morocco
Mozambique	Myanmar	Namibia	Nauru	Nepal	Nicaragua	Niger	Nigeria
Niue	Northern Mariana Is	Pakistan	Palau	Panama	Papua New Guinea	Paraguay	Peru
Phillipines	Portugal	Qatar	Republic of Korea	Republic of Moldova	Romania	Russian Federation	Rwanda
Sao Tome and Principe	Senegal	Sierra Leone	Singapore	Solomon Islands	Somalia	South Africa	South Sudan
Sri Lanka	Sudan	Suriname	Tajikistan	Thailand	Timor-Leste	Togo	Tokelau
Trinidad and Tobago	Tunisia	Turkmenistan	Tuvalu	Uganda	Ukraine	UR of Tanzania	Uruguay
Uzbekistan	Vanuato	Venezuela	Viet Nam	Yemen	Zambia	Zimbabwe	Ghana

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of ≥ 20 cases

- Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CIRCLE the countries or territories, above) () Yes () No
- Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? () Yes () No
- Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? () Yes () No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? () Yes () No

All nursing students are required to have IGRA testing as a baseline within 6 months of the start of their curriculum, EVEN if this screening is negative. Please provide the student with a copy of the testing or complete the form in the following page.

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Part II. Management of IGRA

Has the patient had prior positive TB testing? ___ Yes ___ No

If yes: Describe any treatment provided _____

Interferon Gamma Release Assay (IGRA)

Date of testing _____ (specify method) ___ QFT ___ T-Spot ___ other

Result: ___ Negative ___ Positive ___ Indeterminate ___ borderline

Chest X-ray is required if IGRA is positive

Date of chest x-ray _____ Result: _____

TB Symptom Check – to be completed with a positive IGRA test (or past positive)

Does the student have signs or symptoms of active pulmonary tuberculosis disease? NO _____

If yes, check below:

- () Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- () Coughing up blood (hemoptysis)
- () Chest pain
- () Loss of appetite
- () Unexplained weight loss
- () Night sweats
- () Fever

All students with a positive IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB (LTBI) with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Persons infected with HIV
- Children younger than 5 years of age
- Persons who were recently infected with M. tuberculosis (within the past 2 years)
- Persons with a history of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Persons who are receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Persons with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Persons who have had a gastrectomy or jejunioileal bypass
- Persons who weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol
- Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations.

Source: Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination. Core Curriculum on Tuberculosis: What the Clinician Should Know: Chapter 2, Table 2.6. Persons at Increased Risk for Progression of LTBI to TB Disease. 6th edition (2013). https://www.cdc.gov/tb/education/corecurr/pdf/corecurr_all.pdf Accessed February 15, 2020.

() Student agrees to receive treatment () Student declines treatment at this time

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Part III. Hepatitis B Surface Antibody testing

Hepatitis B Surface Antibody testing is required of all incoming nursing students. If your patient's antibody test result is reactive (or over 10 mIU/ml) then their test is indicating they are protected from Hepatitis B and nothing else needs to be done but give them a copy of the results.

- If the Hepatitis B Surface Antibody test is non-reactive (or less than 10 mIU/ml) - PLEASE discuss the following options:
 - Give ONE dose of vaccine and REPEAT the blood test in 6-8 weeks - if reactive you are done. If the blood test is still non-reactive then continue on with the rest of the series to complete 3 doses.
 - Give a full second series and REPEAT the blood test 6-8 weeks after the last dose - the timing of the repeat blood test is important, schedule for 6-8 weeks and include the Hepatitis B Surface Antigen test at the same time

If testing is non- reactive: please mark plan of care:

- ___ Giving one dose and repeating blood test at 6-8 weeks
- ___ Giving full second series and repeating blood test 6-8 weeks after last dose

Health Care Provider Signature

Date

Check list for completion:

- () Physical exam completed, signed and dated
- () Immunizations reviewed and up to date
- () Copy of immunization records provided
- () Tb screening completed
- () IGRA testing ordered
- () Hepatitis B Surface Antibody ordered
- () Results to blood test provided to student
- () Follow up as needed for IGRA and Hepatitis B
- () Still need to complete _____

To the HEALTH CARE PROVIDER:

If at any point you have questions about the requirements, please email the Health Center healthcenter@moravian.edu so we can clarify. The Health Center is closed during the summer months, but staff is available to assist you if needed via email.

To the NURSING STUDENTS:

Now that you have a completed packet please go to Moravian.studenthealthportal.com and use the document upload feature to upload the entire packet as your physical. Be sure to complete your forms within the portal and email us with any questions.

Moravian University Health Center
healthcenter@moravian.edu