

## NR 490/690 Capstone Requirement & Health Verification Form

I validate that by signing this form I have met all of the educational and health requirements of my workplace needed for employment. If my NR490 or 690 capstone facility placement is different from my workplace I will comply with all of the necessary requirements of that facility including a criminal background check and/or drug screening if required. (I will pay for this if necessary) This document will be provided to the capstone faculty **4 weeks** prior to the NR 490 course start (6 weeks prior to the course start for NR 690). Failure to provide this document may result in a requested withdrawal from the course.

1. CPR certification is active and current.
2. HIPAA, Universal Precautions and Blood Borne Pathogens competencies are current.

My current health status is good and a copy of my health status is on file with my primary care provider. I am compliant with all required immunizations recommended by the CDC and PPD testing at my workplace. These include but are not limited to:

1. Annual PPD testing
2. Verification of a completed series of:
  - A. Measles, Mumps, Varicella Vaccine
  - B. Hepatitis B Screen
  - C. Diphtheria, Tetanus, Pertussis

By clicking this box I certify all of the above information is true and accurate.

**Student name:** [Click here to enter text.](#) **Date:** [Click here to enter text.](#)

*This completed form should be submitted electronically to your instructor.*