NAU NORTHERN ARIZONA UNIVERSITY

Maria and Steve Sanghi College of Nursing

Healthcare Provider Certificate

Release: I give permission for this form to be sent to Northern Arizona University Maria and Steve Sanghi College of Nursing and I understand that this information may be sent to the clinical preceptor/agency that will be visited for clinical instruction.

Printed name _____ Date of Birth _____

Student Signature _____ Today's date _____

The following is to be completed by the healthcare provider:

I have completed the recommended physical exam and certify that the information on this form is true and correct, to the best of my knowledge, and that the student is ☐ is not ☐ physically and emotionally capable of participating in the nursing program and assuming physical, cognitive, and psychosocial responsibilities of the profession.

Exam Date _____

Licensed Healthcare Provider Signature: _____

Printed Name: _____ Phone: _____

Please verify that the following vaccinations have been completed.
Proof of immunity by titer is preferred for MMR (Rubeola, Mumps, Rubella) & Varicella.

Vaccination	Date of Vaccination	Date of Titer Collection	Proof of Immunity by Titer? SEND LAB REPORT
MMR – 1st dose			Provide lab report
MMR - 2nd dose *or* proof of immunity by titer			
Hepatitis B – 1st inoculation		Or Booster & titer as recommended by provider	
Hepatitis B – 2nd inoculation			Provide lab report
Hepatitis B – 3rd inoculation			
Varicella – 1st dose			Provide lab report
Varicella 2nd booster or proof of immunity by titer			
TB **2 Step**		mm:	Results:
Tdap (Tetanus, Diphtheria, Pertussis) – within 10 years *OR* after two years interval since last Td (NOT Dtap)			
Flu vaccine			
Covid – 1st dose			
Covid – 2nd dose			

Upon completion of the physical exam please fill out the Healthcare Provider Certificate and upload to Typhon.
Please verify that the exam date is filled out and box is marked regarding if student is or is not physically and emotionally capable of participating in the nursing program.

A description of physical and mental tasks the nursing student must be capable of performing:

General Clinical Description:

Responsibilities of a nursing student include assessment and evaluation; planning client care and performing nursing care; reviewing the client chart, developing individual nursing plans; implementing physician orders, assessing the physical-psychosocial-cognitive-spiritual aspects of the client and family; using written, verbal, and computerized communication with faculty, peers, and other health care professionals. Delivery of client care includes but is not limited to:

- Assisting clients with meals
- Moving, positioning clients in bed
- Walking clients with and without mechanical devices
- Lifting, transferring and transporting clients using wheelchairs and stretchers
- Administering medications
- Providing direct client care such as catheterization, suctioning, bathing, toileting, dressing changes, etc.
- Client-family education
- Responding to emergencies
- Supervising staff such as nursing assistants in community based and clinical settings.

During Clinical the Student Must:

Stoop/bend
Squat
Kneel
Stand, lift and walk during most of the entire clinical experience.

Physical agility is required while working around tables and chairs in a client's room as well as occasional stooping and/or bending to retrieve supplies from lower storage areas.

Push/Pull: Pushing and pulling of various medical equipment, medications, and items required for client care.

Climb
Grasp/handle
Reach over shoulders
Reach at waist
Reach below waist
Lift: There is a need to lift clients with and without mechanical devices.

Use of special senses are required to assess the client and any changes in condition:

See

Hear

Touch

Smell