



AAS - Nursing Program Entrance Requirements

Steps (1-2) **MUST** be completed as noted below.

- 1) We utilize an Immunizations Compliance Program called COMPLIO by AMERICAN DATABANK. **During Acceptance Meeting** you will create your profile at rgvcollegecompliance.com. No less than **6 days prior** to the first day of class you will need to pay the **\$25.00** fee for the Immunization records package and pay the **\$42.00** fee for the Required Drug Screen package. **(Credit Card Only)**
- 2) Complete Drug Screen **(no less than 4 days before first day of class, provide proof of receipt 1st day)**

Steps (3-6) **MUST** be completed within 10 calendar days from the 1st day of class. Failure to do so may result in removal from the program.

Once account is created you will need to submit all your required documents to the Complio website within 10 calendar days from the 1st day of class .

- 3) Current BLS CPR Certification from American Heart Association **Submit to Complio**
- 4) Driver License **(Original, no photocopies or temporary paper receipt) Submit to Complio (as well)**
- 5) Physical Exam Form (completed on both sides) **Submit to Complio**
- 6) Required Immunization Documents **Submit to Complio**

Acceptable documents: Original Immunization Card, Immtrack form from BOC or County, high school immunization history (stamped), documentation from physician's office on letterhead (signed/ stamped) no flow sheets. -NO EMPLOYEE HEALTH RECORDS-

- a) Current Negative Tuberculin Skin Test (with reading in millimeters, mm).
If Tb Skin Test is positive or history of positive results, proof of positive documentation needs to be submitted. Chest X-Ray with negative results will be required **ONLY** when Program Administrators advises you to get it.
- b) Tdap (must be the combination of Tetanus, Diphtheria and Pertussis) Must be completed every 10 years.
- c) Hepatitis B Series (three) or Hepatitis B titer indicating antibodies present.
- d) Varicella Series (two) or titer showing antibodies present (if history).
- e) MMR Series (two) (Measles, Mumps and Rubella) vaccine or titer showing antibodies present.
- f) Flu Vaccine (October 1st – April 30th)
- g) Meningococcal Vaccine (required for students who are 22 years of age or younger by the first day of class.)
- h) COVID vaccine (1 dose J&J or 2 dose Moderna/Pfizer/Astra Zeneca)

- 7) Fingerprints for Criminal Background Check **(Complete Only When/If Authorized ByTBON)**

For any questions regarding Complio or verification of immunizations please contact the Complio Team at complioteam@rgvcollege.edu.

Notes:



PHYSICAL EXAM CERTIFICATION

Please fill out top portion before the physician examination

Name _____ D.O.B. _____

Address _____ City _____ Zip Code _____

Phone _____ Age _____

Emergency contact person: _____ Phone #: _____ Relationship: _____

Does student have insurance? _____ Yes _____ No

Name of insurance provider: _____

** Required to be completed*

To be completed by a U.S. Physician, PA, NP:

*** Past Medical History/Illnesses: (Please check those apply)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Chorea (St. Virus Dance) |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent colds #/year _____ |
| <input type="checkbox"/> Hay fever or Asthma | | |

List any other serious illness, operation, or injury, and date when it occurred. _____

***Please list any known allergies and reaction:** _____

***Physician Examination:**

Height _____ Weight _____ Temperature _____ B/P _____

Eyes: Vision R _____ L _____ with Glasses R _____ L _____ Ears: R _____ L _____ Hearing R _____ L _____

Nose _____ Sinuses _____

Teeth _____ Tonsils _____

Thyroid _____ Skin _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Feet: R _____ L _____ Varicose Veins _____

Posture _____ Spinal Curvature _____ Reflexes _____



Physical Exam Certification (cont'd)

REMARKS AND RECOMMENDATIONS

*Defects found: _____

*Recommendations: _____

*In your opinion, is the individual in a suitable physical and emotional condition to enroll in a NURSING EDUCATION program?

_____ Yes

_____ No; if not, please comment: _____

Signature of Examining MD,NP,PA

Date

Please place office stamp in box below with clinic name, address & phone number.