

(Complio Guidelines) Given to Complio

CLINICAL HEALTH REQUIREMENTS

ANNUAL Requirements	Details
<p>A1) Drug Test – This MUST be done through Complio</p> <p>FYI - marijuana can remain in your system for at least 4-8 weeks so plan accordingly.</p>	<p>While marijuana may be legal Illinois, Cannabis is illegal under US federal law. In compliance with the federal Drug-Free Schools and Communities Act (DFSCA) of 1989, marijuana is not permitted. There are no exceptions, even with a prescription.</p> <p>If you receive a “dilute negative” result, this means the result may not be accurate since your sample was too diluted. You will need to order a new drug test for an accurate result. To avoid additional costs, schedule your test first thing in the morning when the sample will be most concentrated.</p>
<p>A2) Physical Exam</p>	<p>Submit the Clinical Health Clearance Form summarizing the physical exam performed by your primary care provider (i.e. MD, NP). The required Ambria form <u>must</u> be used.</p>
<p>A3) Tuberculosis (TB) Test</p> <p>*Chest x-rays are valid for 2 years</p> <p>To ensure an accurate test result, schedule your TB test BEFORE your COVID vaccine.</p>	<p>Submit proof of valid TB test via one of the following:</p> <ul style="list-style-type: none"> A) Negative Initial 2-Step PPD skin test. (1-Step accepted annually thereafter) B) Negative TB blood test (QuantiFERON or T-SPOT.TB) C) Negative Chest X-Ray from within the last 2 years along with a positive skin or blood test dated before your chest x-ray <p>Note: If either A or B is positive, you must also submit C.</p>
<p>A4) Influenza Vaccination</p> <p>A5) COVID Vaccination</p>	<p>Submit proof of UPDATED vaccination for flu and COVID. These vaccines change each year for the upcoming respiratory virus season. Be sure to confirm with your provider that you are getting the updated vaccine.</p> <p>Documentation <u>MUST</u> include ALL of the following:</p> <p>(1) Student name (2) Clinic/Practice name (3) Manufacturer (4) Lot # (5) Expiration Date (6) Date administered between 8/1 and 12/31</p> <p>*If you have experienced severe side effects to the vaccine(s) in the past, we recommend that you have them administered at your doctor’s office where you can be monitored*</p>
<p>A6) Medical Insurance</p>	<p>Submit proof of current medical insurance with your name and effective date. Insurance is valid for one year from the effective date unless an expiration date is listed.</p> <p>If you do not have access to health insurance, you can enroll in the student coverage offered through Wellfleet: https://www.studentinsurance.com/Client/861</p>
BIENNIAL Requirements	Details
<p>B1) CPR Certification</p>	<p>Only American Heart Association (AHA) certification in Basic Life Support (BLS) for healthcare professionals will be accepted and MUST include a hands-on skills session.</p> <p>To find a training course near you: https://atlas.heart.org/</p>
COURSE Requirement	Details
<p>C1) Illinois Child Abuse Check Required for pediatrics clinicals</p>	<p>Do not order until instructed to do. It must be completed no earlier than 3 months before pediatrics clinical.</p>

ONE-Time Requirements	Details
O1) Background Check	Must be completed through Complio. *An updated background check may be required following a police or DCFS report.
O2) Titers for: a) MMR – Measles (Rubeola), Mumps, Rubella b) Varicella (Chicken Pox) c) Hepatitis B	Submit positive titers for Measles, Mumps, and Rubella. If any of your titers are not positive for immunity you must additionally submit 2 booster doses dated after the titer test. After receiving dose 1, you will be compliant for 1 month to allow time to receive your second dose.
O3) Tdap Vaccination	Submit proof of Tdap (Tetanus/Diphtheria/Pertussis) vaccination administered within the last 10 years.

AUTHORIZATION TO DISCLOSE INFORMATION FOR CLINICAL PLACEMENT

The Family Education Rights and Privacy Act of 1974 (FERPA) prohibits access to, or release of student educational records or personally identifiable information contained in such records (other than directory information) without the prior written consent of the student.

I hereby authorize Ambria College of Nursing at Judson University to disclose the results of my Criminal Background Check, IL Child Abuse Check, Drug Test, TB Test, Physical Exam, MMRV and Hepatitis B Titers; Tdap, Influenza, and COVID immunization records; CPR Certification, and Medical Insurance as required by third party clinical/educational site(s) specifically for the purpose of my placement at third party clinical/educational site(s).

I understand that I have the right to refuse the release of my personal information contained in such records. Unless revoked by me in writing, this authorization will expire upon nursing program.

Student Name	Student Signature	Date

ACKNOWLEDGEMENT OF RESPONSIBILITY

- 1) I acknowledge that I have read, understand, and agree to comply with the clinical requirements outlined in this document as a condition of my enrollment in clinical nursing courses. I understand that requirements are subject to change based on clinical site policies and procedures. I agree to comply with any new requirements set by the facilities.
- 2) I understand that Complio is an online tool to help students establish and maintain compliance with clinical requirements; however, it is ultimately my responsibility to renew requirements before they expire. I understand that failure to receive alerts/notifications from Complio does not absolve me of my responsibility to maintain compliance.
- 3) I understand that clinical requirements must be **valid throughout the duration of the clinical course**. I understand that any requirements that will expire during the term must be renewed **BEFORE the compliance deadline** for registration eligibility, unless otherwise specified.
- 4) Due to the timing of the flu and COVID vaccine availability, I acknowledge that the compliance deadline for the fall semester occurs after the start of registration. I understand that my registration is conditioned upon compliance with the vaccination requirement, and that failure to meet this requirement by the deadline will result in being dropped from clinical course(s).
- 5) I understand that clinical sites establish the limit for each clinical group and that I am not guaranteed placement in any specific clinical section. However, I acknowledge that specific sections may be reserved for full-time or evening cohort students to avoid schedule conflicts.

Student Name	Student Signature	Date