Welcome!
To the World of Nursing

Student Information

Includes Instructions for using CertifiedBackground.com Immunization Trackers through Magnus Health Portal.

2011
Georgia Southwestern State University
School of Nursing

Revised 12/15/2010
Georgia Southwestern State University School of Nursing

2011

STUDENT IMMUNIZATION TRACKER INFORMATION

All students are required to use www.certifiedbackground.com online immunization trackers and connect to MAGNUS HEALTH PORTAL to upload required documentation.

EFFECTIVE JANUARY 1, 2011

ALL STUDENTS ACCEPTED TO THE SCHOOL OF NURSING MUST HAVE THE FOLLOWING:

Background Check (required once) Must be purchased from CertifiedBackground.com. If previously purchased from PreCheck, upload receipt for this requirement on tracker.

Drug Test (required annually) Must be purchased from CertifiedBackground.com. If previously purchased from PreCheck, upload receipt for this requirement on tracker.

PLEASE SELECT A RESPONSE FOR EVERY REQUIREMENT LISTED on the tracker– if a requirement does not apply to you, please select “NOT APPLICABLE”

- ✓ Proof of required immunizations (Upload documentation for each requirement-see attached guidelines)
- ✓ Health insurance card (IF carried through GSW, insurance is renewable each semester-insurance must not expire during the semester)
- ✓ CPR card – American Health Association for Healthcare Providers with expiration date visible (certification must not expire during the semester)
- ✓ Proof of liability/malpractice insurance (minimum 1 million coverage with expiration date visible – coverage must not expire during the semester)
- ✓ Physical Exam - Student Physical Form and Student Statement of Health Form (upload these forms or current physical exam form if employed by healthcare provider)
- ✓ TB/PPD 1-Step (test must not expire during the semester)
- ✓ Positive PPD/TB screening questionnaire (only do if TB/PPD 1-Step was positive)
- ✓ Proof of x-ray results (only do if positive TB/PPD 1-Step test and screening questionnaire)

Note: Records entered on immunization trackers will not satisfy GSW Health Center requirements. Records must be sent directly to the GSW Health Center.

“Under no circumstances may a student take a nursing course with a clinical component without a record of all of the mandatory documents” listed below: (GSW Nursing Student Handbook)
## MANDATORY DOCUMENTS FOR IMMUNIZATION TRACKER REQUIREMENTS

<table>
<thead>
<tr>
<th>Current Immunization Tracker Requirement:</th>
<th>Guidelines:</th>
<th>Exp. Date (if required):</th>
<th>Additional Information:</th>
</tr>
</thead>
</table>
| Measles, Mumps, Rubella (MMR)            | One of the following is required:  
- 2 vaccinations, OR  
- Positive titers for all 3 (lab reports required)  
If student was born before 1957 they are exempt for this requirement. |                        | If titer is negative or equivocal, additional vaccinations are required.  
If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
| Varicella/Chickenpox                     | One of the following is required:  
- 2 vaccinations, OR  
- Positive titer (lab report required) OR  
- Documented date of illness by healthcare provider |                        | If titer is negative or equivocal, additional vaccinations are required.  
If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
| Tetanus, Diphtheria, Pertussis (Td/Tdap) | Documentation of the completed primary series & a booster within past 10 years. | 10 years | If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
| Hepatitis B Vaccine #1                   | The following is required:  
- #1 of the series (2nd in series to follow in 1 month) |                        | If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
| Hepatitis B Vaccine #2                   | The following is required:  
- #2 of the series 1 month after HepB#1  
(3rd in series to follow in 5 months) | If 1 dose given, expiration date will be set for 1 month. | If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
| Hepatitis B Vaccine #3                   | The following is required:  
- #3 of the series | If 1 or 2 doses are given, expiration date will be set for 6 | If student is allergic to vaccine, a written waiver must be provided signed by a physician, nurse practitioner, or physician’s assistant. |
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Update Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TB/PPD Skin Test 1-Step</strong> (Tuberculosis PPD Skin Test 1-Step)</td>
<td>A 1-Step must be done annually. If test result is positive mark this N/A and attach your TB/PPD Screening Questionnaire to the appropriate requirement.</td>
<td>1 year for TB test</td>
</tr>
<tr>
<td><strong>TB/PPD Screening Questionnaire</strong> (Only required if PPD positive)</td>
<td>If test results are positive a TB/PPD screening questionnaire is required. If results were negative please mark this requirement N/A.</td>
<td>1 year for Questionnaire</td>
</tr>
<tr>
<td><strong>TB/PPD X-Ray</strong> (Only if screening questionnaire PPD positive)</td>
<td>Chest X-Ray only required if screening questionnaire is PPD positive. If results were negative please mark this requirement N/A.</td>
<td>1 year for Chest X-Ray</td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td>Can use Student Physical Exam form and Student Statement of Health Form. Exam date must be within 5 years of your CertifiedBackground.com entry. Must be signed by a physician, nurse practitioner, or physician’s assistant.</td>
<td></td>
</tr>
<tr>
<td><strong>CPR Certification</strong> (AHA-BLS for Healthcare Providers)</td>
<td>Certification must be by American Heart Association and course must be Healthcare Provider (BLS). (ACLS certification acceptable.)</td>
<td>On card</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>Proof of health insurance from carrier. Policy must be in effect the whole semester. Must be renewed annually to cover each semester and/or full year while student is in nursing classes.</td>
<td>1 year</td>
</tr>
<tr>
<td><strong>Liability/Malpractice Insurance</strong></td>
<td>Proof of liability/malpractice insurance. Policy must be in effect for whole semester.</td>
<td>1 year</td>
</tr>
</tbody>
</table>
About CertifiedBackground.com

CertifiedBackground.com is a service that allows students to enter immunization document verification via the internet with Magnus Health Portal services. Information collected through CertifiedBackground.com is secure, tamper-proof, and kept confidential. The services performed are based on guidelines provided by your school, so you know you will receive all the information you need from one source. Your results will be posted on the CertifiedBackground.com website where the student, as well clinical agencies and the GSW SON, can view them. (Background check results and drug screening results are access restricted by student and never viewed by GSW School of Nursing.)

Immunization Trackers

Georgia Southwestern State University School of Nursing – Student Immunization Trackers

Generic BSN Program and Accelerated BSN Program - requirements must be completed and current before entering NURS 3100 or higher courses.

LPN-BSN Program - requirements must be completed and current before entering NURS 3100 or higher courses.

RN-BSN Program - requirements must be completed and current before entering NURS 3200 or higher courses.

You and GSW SON will be notified via email when your documentation is going to expire and you will be given ample time to update your information. Check your personal email and GSW RADAR account for messages concerning your documentation.

Before Placing Your Order

➢ Required Personal Information
• In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and email address.

➢ Payment Information

• At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a $10 fee and an additional turnaround time.

➢ Immunization

• At the end of the background check order process, you will be prompted to visit a secure website to upload specific documents required by your school for immunization, medical or certification records. Be sure to upload your documentation into the correct Student Immunization Trackers on Magnus Health Portal. If you upload to the wrong tracker by mistake, contact HELP for instructions on moving the documentation to the correct tracker.

➢ Background Check – required of all students accepted to the School of Nursing.

➢ Drug Test – Echains – LabCorp (for annual testing and those not previously tested through PreCheck.)

• After you place your order, you will receive an email directly from the lab with the subject line: “LabCorp” within 24-48 hours. This email will explain where you need to go to complete your drug test. (PreCheck will no longer be used after January 2011.)

Place Your Order

Step 1: Go to www.CertifiedBackground.com and click on “Students”.

Step 2: Enter Package Code:

GE06 Background Check, Immunization, and Drug Test Package - $106. Select this package if you are entering the School of Nursing and have not previously purchased an immunization tracker or previously had a background check or drug test.

GE06bg Background Check Only Package - $48. Select this package if you have not previously had a background check through PreCheck.

GE06dt Drug Test Only Package - $38. Select this package if you need your annual drug test, or have not previously had a drug test through PreCheck.

GE06im Immunizations Only Package - $20. Select this package if you have already purchased your background check and drug test through PreCheck and only need the immunization trackers.

Uploading Documents
After placing your order on CertifiedBackground.com, you will receive a confirmation email that will contain the password needed to access your results and view any missing information required to process your order. From the confirmation page, simply click on the link: “Login to your Magnus Account.” You will then be re-directed to the Magnus Health Portal website to set up an account.

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com), enter the password provided and the last 4 digits of your Social Security Number to access your information.

Although 95% of background check results are completed within 3-5 business days, some results may take longer. To see your order status, return to Certifiedbackground.com with your password. Your order will show as “In Process” until it has been completed in its entirety.
IMPORTANT INFORMATION
WHAT YOU WILL NEED TO KNOW
BEFORE STARTING CLASS . . .

**STUDENT STATEMENT OF HEALTH FORMS**
All students are required to complete the Student’s Statement of Health and the Physical Evaluation Form and upload on the immunization tracker online (www.certifiedbackground.com) prior to starting classes. Please note: “only a healthcare professional may complete and sign parts III (Immunizations) and IV (Physical Evaluation)”.

**STUDENT LIABILITY/MALPRACTICE INSURANCE REQUIREMENTS**
*All students must obtain Liability/Malpractice Insurance (w/date of expiration) Most hospitals require $1,000,000 coverage. The School of Nursing requires that each student have/apply for $1,000,000 coverage. We have included a malpractice/liability insurance application from CM&F Group Inc. and NSO in your acceptance packet.
*Students are responsible for submitting applications for Malpractice Insurance - submit the application with a check or credit card information, by mail via USPS or apply online. Please know that the application process takes at least 6 weeks - so please submit or apply as soon as possible. **You should upload a copy of coverage information with an expiration date to your immunization tracker.

✓ **CPR REQUIREMENTS**
All students are required to have a current certification in Cardiopulmonary Resuscitation (CPR) at the minimum level of basic life support for Healthcare Professionals
*American Heart Association: BLS Health Care Providers/Professionals
*ACLS certification acceptable.
You must upload a copy of the card w/ proof of an expiration date to your immunization tracker.

➢ The School of Nursing does NOT share proof of immunization and health information with the GSW Health Center.
**MANDATORY HEALTH INSURANCE**

The School of Nursing and the University System of Georgia mandate that all students participate in the new Student Health Insurance Program for student health insurance from Pearce & Pearce, Inc. The fee will be included in all students’ fees/tuition at the beginning of each semester.

A student may waive the mandated GSW health insurance if they can prove that they have personal health insurance that is comparable to the required coverage provided by Pearce & Pearce. To waive mandatory insurance, go to [www.studentinsurance.com](http://www.studentinsurance.com) and complete a waiver application.

*Students who are using their own personal insurance** MUST complete a Waiver application every semester at [www.studentinsurance.com](http://www.studentinsurance.com) and notify the School of Nursing that they will be using their personal health insurance or the student will be charged every semester for GSW University’s student health insurance automatically.

*If the student waiver is approved he/she must UPLOAD a copy of the waiver and a copy of their personal health insurance card onto immunization tracker at: [www.certifiedbackground.com](http://www.certifiedbackground.com)*

**NOTE:**
*Students using GSW University health insurance must go online and register for GSW mandated health insurance every semester ([www.studentinsurance.com](http://www.studentinsurance.com)).*

*Students using GSW University health insurance should print a copy of the insurance card emailed to them from Pearce & Pearce and upload this copy onto the Immunization tracker at [www.certifiedbackground.com](http://www.certifiedbackground.com)*
**ANNUAL TB/PPD SCREENING QUESTIONNAIRE**

**Student/Patient’s Name:** ____________________________

**Student ID Number:** ________________________________

**Date of Birth:** _________________________________

**Date:** _______________________________________

<table>
<thead>
<tr>
<th>Please answer the following questions by “checking” yes or no:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a new cough for the last 3 weeks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have a chronic cough, has it changed or become worse in the last 6 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you ever cough up blood?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost 10 pounds or more in the last 3-6 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sweat a great deal at night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had unexpected fevers in the last 6 months?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been unusually tired?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had loss of appetite?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you answered these questions honestly and to the best of your ability?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Student/Patient signature:** __________________________________________  **Date:** ________________

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**Healthcare Professionals Only**

Other action taken _____________________________________________________________

_____________________________________________________________________________

Health care professional’s signature __________________________ Title ___________ Date ___________

Address ________________________________________________________________ Telephone Number ________________