

Dear Nurse Aide Program Student: **READ ALL INFORMATION CAREFULLY** Attached are the required documents that **must be completed and turned in TWO WEEKS PRIOR to the first day of class** in order to begin this program:

- Physical examination and immunization record forms.
- Background Check and Drug Screen order placement instructions.

Please begin completing the requirements below as soon as you have registered for the class. **DO NOT WAIT**. If you are NOT compliant in Complio by 2wks before the first day of class, you lose your seat!!!

<p>Physical Exam Immunizations Record Technical Standards</p>	<p>Physical exam to include vision and hearing. Please have a physician complete the attached “Physical Examination” and “Immunization Record” forms. Please note INCOMPLETE forms will NOT be accepted!!!</p>
<p>Measles, Mumps, Rubella (MMR)</p>	<p>One of these is required: -documentation of 2 doses of MMR vaccine at least 4 weeks apart -or a positive antibody titer for Measles, Mumps and Rubella (lab report required) Titers must include date, dose and interpretation.</p>
<p>COVID19 Vaccination</p>	<p>Clinical sites require students to be fully vaccinated for COVID19. Proof of either 2 Pfizer or Moderna Vaccines or 1 Johnson & Johnson Vaccine.</p>
<p>Tetanus, Diphtheria, Pertussis (Tdap)</p>	<p>Documentation of vaccination with 1 dose of Tdap within the past 10 years. (Td not accepted)</p>
<p>Varicella (Chicken Pox)</p>	<p>One of these is required: -documentation of vaccination with 2 doses of varicella vaccine at least 4 weeks apart. -or a positive antibody titer (lab report required) Titers must include date, dose and interpretation. -or a medically documented history of disease</p>
<p>TB Please note this is a 2-step TB skin test.</p>	<p>Documentation of a negative 2-step TB skin test. (Two separate tests done 1-3 weeks apart) or negative quantIFERON test</p> <p>If results are positive, provide a clear chest x-ray.</p>
<p>Hepatitis B <i>(recommended but optional).</i></p>	<p>You are strongly encouraged to take this vaccine. One of the following is required: -documentation of a series of 3 vaccinations -or a positive antibody titer (lab report required). Titers must include date, dose and interpretation OR a signed declination form (available through your program director)</p>
<p>Influenza Vaccine (flu shot)</p>	<p>You will need this when it is available in the Fall semester.</p>
<p>CPR Certification</p>	<p>The required American Heart Association (AHA) BLS course is included in the Nurse Aide I course - you will be required to pay AHA for the online portion (due within 30days of the first day of class)</p>

Criminal Background & 12-Panel Drug Screen	This is done through our clinical screening company, COMPLIO. Follow the instructions. They are included at the end of this packet.
Forms of ID	An unexpired government issued photo ID and Social Security Card is due at Registration.
CFCC student ID badge	This badge is available at no charge at the cashier's office in Union Station 24 hours after you have registered for class.
Watch w/second hand	Smart watches are not allowed!

The above documentation needs to be completed and submitted in Complio Two weeks prior to the class start date. If you have any questions regarding these requirements, please reach out to the Clinical Onboarding Navigator, Justin Stauffer, @jrstauffer999@mail.cfcc.edu

Complio \$137; MAKE SURE YOU CLICK ON "**Nurse Aide New Student Bundle**"

Other Items you are required to purchase:

- CFCC Interactive DHSR Student Manual (can only be purchased at the CFCC bookstore)
- Ceil Blue Scrubs (2 sets), white shoes; nursing or tennis shoes
- NNAAP Exam: \$140

Cape Fear Community College Health Science

IMMUNIZATION RECORD – (Please print in black ink).

To be completed and signed by a healthcare provider. A complete immunization record from a healthcare provider or clinic may be used in place of this form.

Last Name First Name Middle Name Date of Birth (mo/day/year)

REQUIRED IMMUNIZATIONS				
	mo/day/year	mo/day/year	mo/day/year	mo/day/year
Tdap	Tdap dose within last 10 years	if expired, then Td booster		
MMR 2 doses or individual doses below	Dose #1	Dose #2	or positive antibody titer for MMR (lab report required) must include date, dose and interpretation.	
Measles	Dose #1	Dose #2	or Disease Date	or Titer Date & Result
Mumps	Dose #1	Dose #2	Disease Date NOT Accepted	or Titer Date & Result
Rubella	Dose #1	Dose #2	Disease Date NOT Accepted	or Titer Date & Result
Varicella 2 doses (chicken pox)	Dose #1	Dose #2	or Disease Date	or Titer Date & Result
TB Skin Test (2-step) Tuberculin (PPD) or Gold Interferon	(1) Date given: Date read:	result in mm positive <input type="checkbox"/> negative <input type="checkbox"/>	(2) Date given: Date read:	result in mm positive <input type="checkbox"/> negative <input type="checkbox"/>
for positive TB Chest x-ray	Date:	Results:		
Influenza Vaccine (Flu)	Date:			
Hepatitis- B Series (optional but recommended)	Dose #1	Dose #2	Dose #3	or Titer Date & Result

Print of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone

Office Address City State Zip Code

Signature or Clinic Stamp REQUIRED above

Health Science PHYSICAL EXAMINATION

INCOMPLETE forms will NOT be accepted!!! NO EXCEPTIONS

Please print in black ink – To be completed and signed by the healthcare provider!

Last Name First Name Middle Name DOB

Height Weight	Date of Physical Exam:
Temp Pulse Respirations	Blood Pressure
Vision: Corrected <div style="display: flex; justify-content: space-around; margin-left: 100px;"> Right 20/ Left 20/ </div> <div style="display: flex; justify-content: space-around; margin-left: 100px;"> Right 20/ Left 20/ </div> Uncorrected Color Vision	Hearing: (gross) Right <div style="display: flex; justify-content: space-around; margin-left: 100px;"> Left </div> <div style="display: flex; justify-content: space-around; margin-left: 100px;"> Left </div> 15 ft. Right

Are there abnormalities?	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

A. Is there loss of seriously impaired function of any paired organ? No Yes

B. Is student under treatment for any medical or emotional condition? No Yes

C. Recommendation for physical activity Unlimited Limited

Based on my assessment of this student's physical and emotional health on this date , he/she appears to be able to participate in the activities of a health professional in a clinical setting and provide safe care to the public.

Yes No If no, please explain (use back of page or separate sheet of paper) Print of Physician/Physician Assistant/Nurse Practitioner Area Code/Phone Office Address City State Zip Code

Signature or Clinic Stamp REQUIRED above

Complio

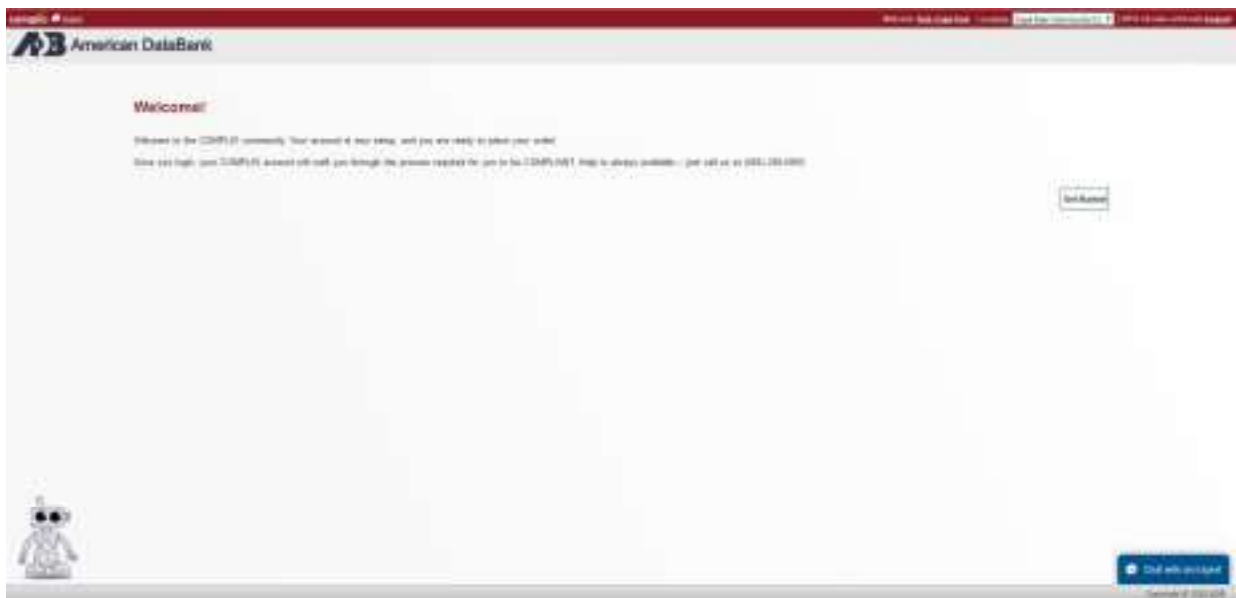
Placing an Order

IMPORTANT: You **MUST go to the lab and complete the drug screen within 5 business days after placing your order.**

Your background check will be completed automatically so there is nothing further you need to do.

Go to <http://cfcccompliance.com/> to create an account.

After you have activated your account, the next time you log in you will come to a splash screen that prompts you to place an order. You will need to select “Get Started”



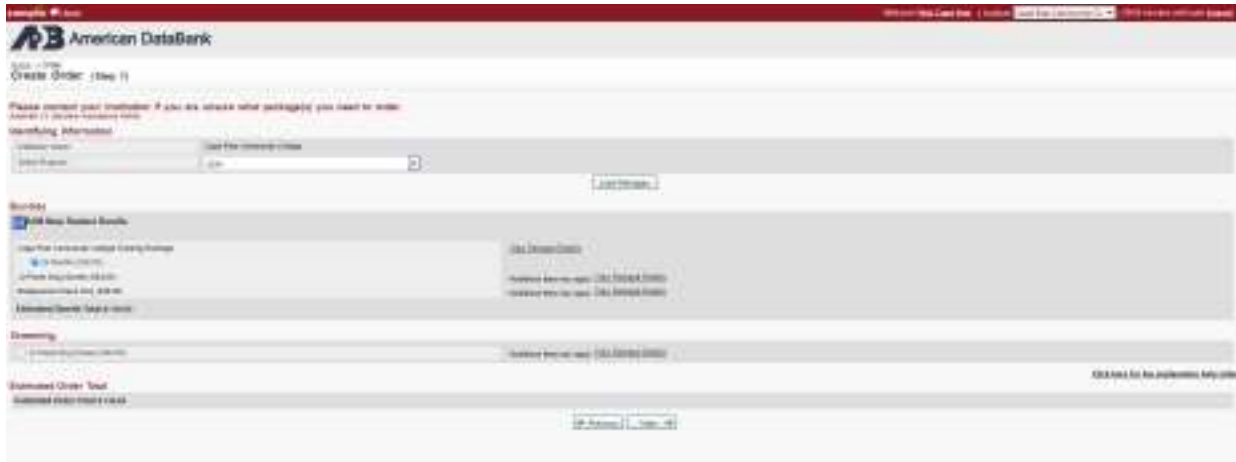
Once you click “Get Started” you will be taken to a screen where you will select your institution hierarchy:

- Select “NURSE AIDE” in the drop-down and click “Load Packages”



After you click the “Load Packages” button. All of the possible packages you can choose from will now populate on the screen. After you have chosen all of the required services, you will click “Next.”

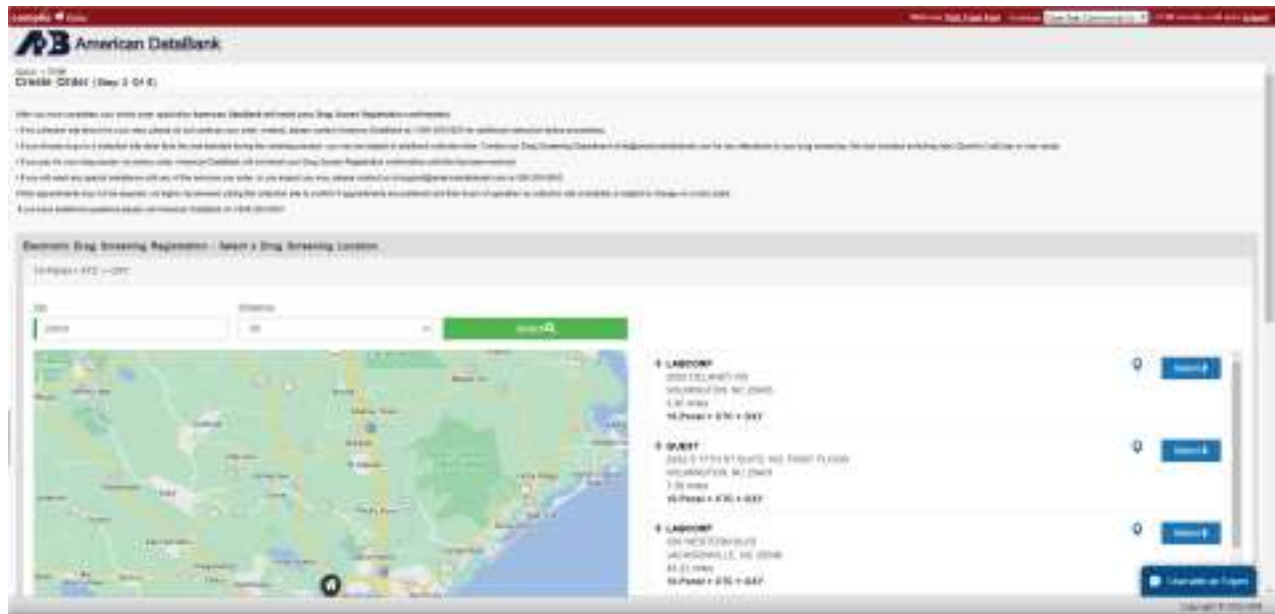
- **Select: NURSE AIDE New Student Bundle**



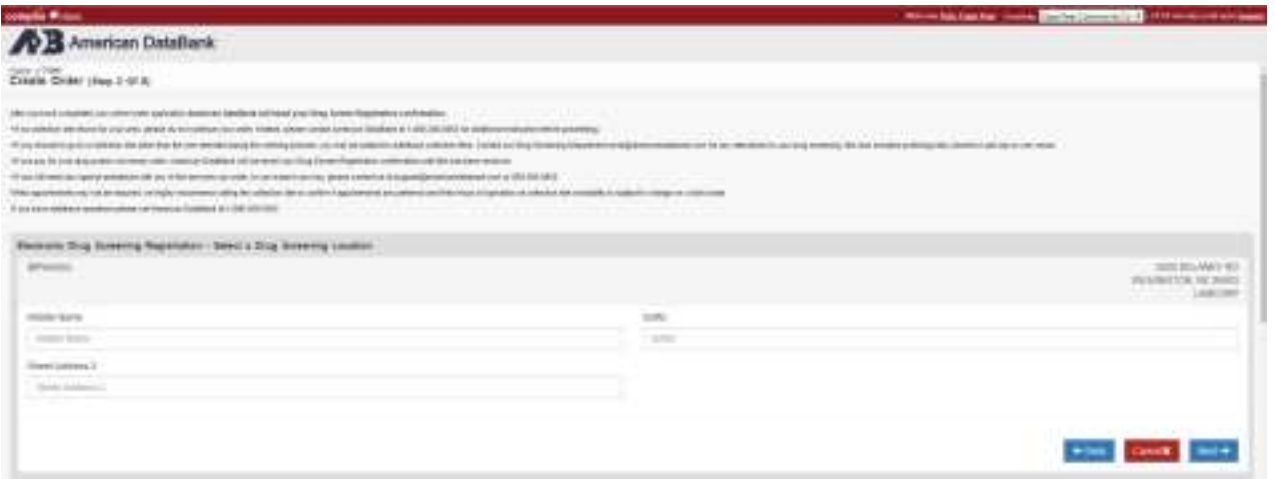
Next, you will review the information that was entered into Complio. Please make sure the information is correct.



A drug screening is included in your package. Please select a location that works best for you. The zip code can be updated to find a location convenient to you. From the list on the right select a location.



You can enter any information missed here. This screen can be bypassed by clicking “Next”



Please read through the information about your drug screening registration. The expiration for the registration form is included on the page and on the form that can be found in your Complio account. Your drug screen must be complete PRIOR to the expiration date on the form.



Next, you will review and sign the “Complio Terms of Use” and Then click “Next” A signed copy of the form will populate. Click “Next” after reviewing your signature.

Repeat the above steps for the “Discloser and Authorization Form” and “Consent Required for



Follow the prompts to make your payment for steps 7 & 8. Congratulations you have successfully placed an order!!

Complio support

Account login:

<http://cfcccompliance.com/>

Technical Support:

complio@americandatabank.com Or
(800) 200-0853