

# HEALTH REQUIREMENTS FOR CLINICALS

## Part One

### Due Before Classes Start

(The following health documents are only required if you are selected as a student for 2024-25)

You are required to register at CastleBranch ([castlebranch.com](https://castlebranch.com)) and pay the fee in order to submit required documentation necessary for your admission to the SCCC Practical Nursing Program. Please set up a username and password and enter the required information.

**Due at CastleBranch by August 1<sup>st</sup>**

**NO EXCEPTIONS**

*You will need to upload the following documentation at CastleBranch in order to start classes:*

**Measles, Mumps & Rubella (MMR)**

One of the following is required:

- 2 vaccinations
- Positive antibody titer (lab report or physician verified)

**Varicella (Chicken Pox)**

One of the following is required:

- 2 vaccinations (must be at least 1 month apart)
- Positive antibody (lab report required or physician verified)
- Physician verified history of having chickenpox and dates of diseases.

**Hepatitis B**

One of the following is required:

- 3 vaccinations (1<sup>st</sup> & 2<sup>nd</sup> vaccination 2 months apart & 3<sup>rd</sup> vaccination 6 months after)
- Positive antibody titer (lab report required or physician verified)

☐ **Tuberculosis (TB) Test #1**

- A one-step negative TB skin test (**administered no earlier than July 2, 2023**)
- If positive results, submit:
  - 1 clear chest x-ray within the past 5 years (lab report required)**AND**
  - symptom free TB questionnaire completed by physician

☐ **Tetanus, Diphtheria, & Pertussis (TDaP)**

One of the following is required:

- Submit documentation of a TDaP vaccination administered within the past 10 years.
- Tetanus Diphtheria (Td) is acceptable if submitted with a TDaP vaccine older than 10 years. Td must be within the past 10 years for approval. The renewal will be set for 10 years.

☐ **Health Insurance Card**

- Submit a copy of your current health insurance card (both sides of card are required) or proof of coverage OR proof of accident insurance (e.g. AFLAC).
- **If the name on the insurance card does not match the name on file, submit proof of coverage from your provider showing that you are covered under the insurance policy (e.g. applicant's maiden name or parent's name on document).**

☐ **Physical Exam Form (exam must be between June 30<sup>th</sup> and August 1<sup>st</sup>)**

- Download and submit your physical exam to your health care provider to complete. **Must be signed and dated after June 30<sup>th</sup> by a medical professional.** If any limitations are present, your physical exam will be rejected and you will have to see a school administrator for approval. (This exam must cover the entire year of school from August through June. That is the reason for the specific time constraint.)

☐ **Covid-19 Vaccinations**

- Submit a copy of your Covid-19 Vaccination record card showing product manufacturer, lot # and both vaccination dates.