



**School of Natural Sciences & Mathematics**  
**Department of Nursing**  
**California State University, Bakersfield**  
29 RNC  
9001 Stockdale Highway  
Bakersfield, California 93311-1022  
(661) 654-3101  
FAX (661) 654-6903

Dear Incoming Nursing Student,

Welcome to the Department of Nursing at California State University, Bakersfield! Please read the enclosed information carefully.

**University Admission and CSUB ID:** Registration fees are due by September 10, 2009. Failure to pay your bill will result in being automatically, administratively dropped from all of your courses. Being administratively dropped from the nursing courses may result in the loss of your seat to another student whose name has been placed on a waiting list. If you were enrolled at CSUB Spring or Summer Quarter, you should have already had your CSUB ID issued to you. If you are a student new to CSUB, you will need to make arrangements to get your CSUB photo ID. Please call (661) 654-2009 for Photo ID office hours. You must have a CSUB ID to obtain services from the CSUB Student Health Center. Financial assistance or scholarships may be available through the Financial Aid Office at (661) 654-3016.

### **Submission of Documents**

Copies of the following documents (#1-6) must be submitted to the Nursing Department **Monday, September 4, 2009**. The Department of Nursing will NOT make copies of required documents for you. Bring copies with you or stop at the CSUB Print Shop to have copies made. Partial submissions will not be accepted. There will be no exceptions to this policy.

1. A **Health Clearance Form** documenting your immunization history and completed health requirements must be obtained from CSUB Student Health Services, and a copy must be submitted to the Nursing Department. A copy of the CSUB Nursing Program health requirements and the forms to be completed follow. The health history, physical examination, and health questionnaire forms need to be submitted to CSUB Student Health Services. You may use your personal physician or CSUB Student Health Services to complete this documentation, but only CSUB Student Health Services can issue the Health Clearance Form. If you wish to use CSUB Student Health Services for your physical examination, please call them at (661) 654-2394 to schedule an appointment. If you are not enrolled in Summer 2008 courses at CSUB there will be a \$15 additional charge for the Health Clearance and/or physical exam.
2. **Proof of health insurance coverage** (or submit a declination). A brochure with information on how to purchase coverage through Associated Students, Incorporated is available at <http://www.csuhealthlink.com> or Student Health Services. If you choose not to carry medical insurance there is a copy of the Medical Insurance Declination form included in this packet.



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3. A copy of **current Healthcare Provider CPR certification** (one and two person, adult, child, and infant) must be submitted to the Department of Nursing. It **MUST** be an **American**
  
4. **Health Association CPR Healthcare Provider course.** You should contact local hospitals in your area to find out when they are offering CPR classes. In this packet you will find a list of agencies that might be offering CPR courses.
  
5. Evidence of the purchase of **Professional Liability insurance** must be submitted to the Department of Nursing. Professional Liability insurance may be purchased at CSUB's Cashier Office or online at My CSUB. Professional Liability Insurance will be available for purchase in late August. The cost is approximately \$20 per year. Be sure to print the receipt.
  
6. Evidence of **Mask Fit Testing.** All students are required to undergo Mask Fit testing annually. Mask Fit testing can be completed at Central Valley Occupational Medical Group, Inc, 4100 Truxtun Avenue, Bakersfield, CA. Walk-ins are welcome. You may also schedule an appointment by calling (661) 632-1540. The cost is \$15. You must be mask fit tested to be able to enter the clinical sites.
  
7. **Request for Student Information/Update form** follows. Please fill out this form and submit it with your packet due on September 4, 2009.

### **Drug Screening**

You must have a non-NIDA drug screen completed. Drug screening will be done at the student's expense (approximately \$25) at an off-campus site contracting with the Student Health Services. Pick up a lab request and directions at Student Health Services.

### **Background Check**

All students are required to undergo a background check. Information about the background check will be given to you during Orientation on September 18, 2009. The \$40 request for a certified background check must be paid by September 4, 2008. An instruction sheet on how to make your payment is included in this packet.

### **Official Transcripts Required for Courses not Completed at CSUB**

Official transcripts of all college coursework must be in the Department of Nursing by July 31, 2009. Failure to submit transcripts will result in being administratively dropped from nursing courses.

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles - Maritime Academy  
Monterey Bay - Northridge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus



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### **Mandatory Testing**

Throughout the nursing program, you will be participating in standardized ATI testing. There is a one-time fee of \$379.98 for the testing packet. The ATI testing packet must be purchased by July 31, 2009. This is not an optional purchase. In order to take the tests as scheduled throughout the program, you will need to have paid the required fee. **An instruction sheet on how to make your online ATI payment will be emailed to you the week of 7/6/09.**

### **Nurse Equipment Packs**

You will need to purchase a "Nurse Pack". These supplies will be used in clinical courses. The pack need to be ordered through Coursey Enterprises, Inc. There is an order form in this packet. To avoid paying a late fee and to ensure that you have your nurse pack for the first week of classes in the fall, order ASAP .

### **Nursing Courses**

After confirmation of your acceptance to join CSUB Department of Nursing's Fall 2009 class is received, you will be enrolled in Nursing 261 and Nursing 262 and Nursing 245. This will take place in mid August. Once you are registered you can check your schedule in "My CSUB".

### **Disability Policy**

Please review the enclosed disability policy. If you feel that you have a disability that is relevant to your academic and/or clinical performance in the nursing program, you must have this disability evaluated and verified by the Services for Students with Disabilities Office. Please call (661) 654-3360 for further information or assistance.

Congratulations on your decision to enter the CSUB Nursing Program.

Sincerely,  
CSUB Department of Nursing  
Undergraduate Program Committee Members

**California Nursing Student Association  
California State University Bakersfield  
9001 Stockdale Hwy  
Bakersfield, CA 93311-1099**

July 1., 2009

Congratulations on your decision to enter the CSUB nursing program. The next few years will bring you a lot of satisfaction in striving to meet your goal of becoming a professional nurse.

The California Nursing Student Association (CNSA) is a service club composed of fellow students who are also enrolled in Cal State's nursing program. Traditionally, the CNSA has organized the **MANDATORY new student Orientation, which is scheduled this year for Friday, September 18, 2009.** Please arrive to RNEC 105 at **8:00am**. This orientation will help you get off to a fast start. You will have the opportunity to meet your nursing instructors and get oriented to the nursing department and the University campus. Representatives from various departments on campus will be here to answer your questions, and program requirements will be discussed. CNSA will be sponsoring an equipment and merchandise sale.

This is the seventh year CNSA is offering a student-to-student mentoring program. If you are interested in obtaining mentoring from a junior or senior nursing student, you can call or e-mail either:

Cassie Williams 661-754-0324, cwilliams19@runner.csub.edu  
Cami Fowler 559-361-4013, cfowler@runner.csub.edu

**Health Care Provider CPR** (two man adult, single-person adult, child and infant CPR) certification is a requirement for the nursing program. You will need to obtain this certification from a local organization prior to the start of classes.

Students in the past have asked about the projected **financial** recommendations for **Nursing Orientation**. Purchases can be made using checks or cash. Please bring more than one check. Credit cards can be used to purchase the Littman stethoscopes and National Student Nursing Association membership.

CNSA/NSNA (Nat'l Student Nursing Assoc.) membership (optional) - \$30.00  
"Nurse Equipment Pack" contains equipment used for Soph/Jr/Sr levels – order on-line,  
(see enclosed information)  
Nursing clipboard with calculator and storage box (optional)- \$18.00  
CSUB Sweat shirts – (optional) - \$45.00  
Littman Stethoscopes (**optional – discount price, 20% off manufacturers price**)  
CSUB Nursing t-shirts - optional

Welcome to the CSUB Nursing Program! We look forward to meeting you.

Sachiko Kageyama, CNSA President  
559-905-5898cell  
sachiko.kageyama@yahoo.com

Amy Z. Hedden, CNSA Faculty Adviser  
661-654-3104 office  
ahedden@csub.edu

**California State University, Bakersfield**  
**Department of Nursing**  
**Incoming Nursing Student Checklist**

**No later than these dates:**

Friday, July 31, 2009

All official transcripts must be received by the Department of Nursing

Friday, July 31, 2009

ATI testing packet is paid for

Thursday, August 13, 2009

Nurse Equipment Pack is ordered

Friday, September 4, 2009

This is the deadline for submitting copies of the following forms to the Department of Nursing:

- Health Clearance Form
- Evidence of Health Insurance Coverage or a copy of the waiver
- Evidence of current Healthcare Provider CPR certification
- Evidence of Professional Liability Insurance
- Mask Fit Testing Documentation
- Request for Student Information/Update form

Return copies of all the above forms in person to Kathy Lewis, Romberg Nursing Center, room 113. Partial submissions will not be accepted. The nursing office will not make copies of documents for you.

By this date, you also need to have:

- obtained a CSUB Photo ID card
- requested a background check (\$39 online)

Thursday, September 10, 2009

**By this date, you need to have paid university fees.**

Monday, September 14, 2009

**Arrive at CSUB campus for first day of classes!**

Friday, September 18, 2009

**Be in Romberg Nursing Education Center room 105 by 8:00 am SHARP for the MANDATORY orientation.**

# Questions?

If you have questions regarding the information in your packet, here's a guide of who to call.

Admissions Office.....	654-3036	
Advising..... Kathy Lewis .....	654-6926	
ATI TEAS Testing..... Debbie Boschini.....	654-6336	
Cashier's Office .....	654-2073	
Professional Liability Ins. ....	654-6204	
CNSA*..... Amy Hedden .....	654-3104	
Disability Services .....	Debbie Trunkey.....654-3360	
General Questions..... Cheryl Moore .....	or	
..... Martie Martinez.....	654-3101	
Health Clearance..... Student Health Center .....	654-2394	
ASI Health Insurance..... Taren Mulhause.....	654-2418	
Mask Fit Testing .....	Central Valley Occupational Medical Group, Inc ....632-1540	
Photo ID .....	Marirose Brown .....	654-2009
Runner Bookstore..... Textbook Information Desk.....	654-3490	

\*California Nursing Student Association

**HEALTH REQUIREMENTS FOR NURSING 2008-2009**  
**INITIAL REQUIREMENTS FOR UNDERGRADUATES**

The following health requirements apply to all newly admitted undergraduate and transfer students to the nursing program.

The Student Health Service (SHS) will complete a Health Clearance Form after the following have been verified and placed on file.

**1. Completed Health History Form.**

**2. Physical examination within the last year.**

**3. Lab requirements: CBC, UA.**

**4. Tuberculin Skin Test.** Two-step testing will be required of all students entering the nursing program. That is, two TB skin tests separated by 1 to 3 weeks will be needed. Testing must be done after June 1<sup>st</sup>. Verification must include date, reading at 48-72 hours, and the name of the agency providing the service. The skin test should not be repeated if the previous test was positive.

Those students with positive results will be evaluated by the SHS. A chest x-ray will be required for those students who have a positive skin test for the first time. The chest x-ray will be repeated again the second year prior to Fall quarter. Verification of x-ray must include patient name, date, radiologist's reading, and name of the agency providing the service.

**5. Required Immunizations:** Written verification must be in English and include the patient name, date given, and provider signature.

**Hepatitis B Vaccine Series.** The series consists of three injections given over a period of 6 months. The Hepatitis B Surface Antibody (HBsAB) test will be drawn 1 month after the last injection.

If the student refuses or has reason to believe that the vaccine is contraindicated for him or her, the student must sign a waiver, which acknowledges the risk of Hepatitis B infection in a health care setting.

**Rubeola/Mumps/Rubella (MMR) vaccination** must have been given after 1968 and after 15 months of age. Rubeola, rubella and mumps titers, showing immunity to each disease, are acceptable in place of vaccinations. Two doses of measles vaccine given before entry into college are recommended for those born after 1956.

**Varicella (Chickenpox) vaccination** given in 2 doses one month apart. The student may waive varicella vaccination by: 1) signed statement declaring previous chickenpox, or 2) varicella titer, showing immunity to chickenpox.

**Highly Recommended Vaccinations:**

**Tetanus, Diphtheria and Acellular Pertussis Vaccine (TDAP)** every 10 years.

**Influenza Vaccine** - given yearly in October/November well ahead of the flu season.

**Hepatitis A Vaccine** - two injections given 6 months apart.

**Meningitis Vaccine** - one vaccination recommended.

**6. Latex Allergy:** Students will be asked whether they have a known allergy to latex.

**7. Non-NIDA Drug Testing.** Drug testing will be done at the student's expense at an off campus site contracting with the SHS. Referral forms are to be picked up the day prior or the day of testing at the SHS. Non-NIDA screening will be done one time for each entering student at the beginning of the academic year. Results from the laboratory will be sent directly to the CSUB SHS and reported to the Chair of the Nursing Department. Results will not be noted on the health clearance form.

**8. Worker's Compensation Form:** All nursing students must complete a "Health Questionnaire" to be eligible for Worker's Compensation while in a clinical setting. Turn the original questionnaire into the SHS, a copy is maintained in your medical record and the original is sent to CSUB Human Resources.

### ***Why perform two-step tuberculin skin testing?***

The two-step tuberculin skin test (TST) is designed to detect individuals with past tuberculosis (TB) infections who now have diminished skin test reactivity. Use a two-step test for new employees or volunteers who will have serial TSTs and:

- Have never been tested or have no documentation of being tested, or
- Do not remember being tested, or
- Tested negative over 12 months ago.

The first TST administered may not be positive, but helps the body “remember” *Mycobacterium tuberculosis*. The second TST evokes a positive response because the body now identifies and reacts to the purified protein derivative-tuberculin (PPD). **The second (boosted) response is the valid baseline for the individual.** For example, an employee who was infected with *Mycobacterium tuberculosis* as a child, but has not had a TST in a long while, might have a negative test at hire. One year later, the employee is tested as part of routine employee TB surveillance, and develops 16 mm of induration. There is no way to tell if this is a TST conversion representing new infection, or a boosted reaction from old infection. A two-step test at the time of hire would have prevented this dilemma.

### ***Is it cost effective?***

Two-step testing allows a facility to accurately establish baseline TSTs for employees, determine TST conversion rates, and more accurately assess facility risk. It will reduce the likelihood that a boosted reaction is interpreted as a new infection, which can result in unnecessary investigation, treatment for TB infection, and employer/employee expense. While groups with a high prevalence of TB infection will particularly benefit from two-step testing, facilities with lower boosting rates should also find it cost effective.<sup>1</sup> This information is available at our website: [www.nationaltbcenter.edu](http://www.nationaltbcenter.edu)

<sup>1</sup> Slutkin G, Perez-Stable EJ, Hopewell PC. Time course and boosting of tuberculin reactions in nursing home residents. *Am Rev Respir Dis* 1986; 134:1048-1051.

### **Frequently Asked Questions**

Francis J. Curry National Tuberculosis Center

<http://www.nationaltbcenter.edu>

Updated March 2004

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD  
STUDENT HEALTH CENTER  
FEE SCHEDULE**

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Physical examination (includes UA)	\$35.00
CBC	\$15.00
Tuberculin Skin Test	\$20.00
Tetanus/Diphtheria/Pertussis (TDAP) Vaccination	\$50.00
Rubeola/Mumps/Rubella Vaccination (MMR)	\$ 60.00
Rubeola titer	\$14.25*
Mumps titer	\$12.00*
Rubella titer	\$11.00*
Hepatitis A Vaccination (per injection)	\$35.00
Hepatitis B Vaccination (per injection)	\$40.00
Hepatitis B Surface Antibody test (HBsAB)	\$14.50*
Influenza Vaccination (October/November)	\$20.00
Meningitis Vaccination	\$105.00+
Varicella Vaccination (per injection)	\$95.00+
Varicella titer	\$14.25*
Chest X-ray	\$37.00 <sup>†</sup>
Non-NIDA Drug Test (done at National Toxicology Lab in Bakersfield)	\$25.00

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\* These lab tests are sent off campus for processing. Prices may vary. Cash payment is expected at the time of service. A \$5.00 fee will be added for the processing of each specimen.

<sup>†</sup> Each x-ray study done in the SHS will have a \$12 additional fee for the off-campus reading.

<sup>‡</sup> Because of cost and/or storage requirements, varicella and meningitis vaccines are ordered on an individual basis.

Note: Prices are current as of June 2008. However, charges are subject to regular review and may vary from these amounts at the time of service.



**Student Health Services**  
**California State University, Bakersfield**  
 9001 Stockdale Highway  
 Bakersfield, California 93311-1099  
 (661) 654-2394 Fax (661) 654-3301

# Physical Examination

NAME \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Exam \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_ B.P. \_\_\_\_\_

Posture \_\_\_\_\_ Nutrition \_\_\_\_\_ Skin \_\_\_\_\_

		NORMAL	ABNORMAL			NORMAL	ABNORMAL
HEAD:	.....	_____	_____	LUNGS:	.....	_____	_____
EARS:	TM .....	R _____ L _____	R _____ L _____	HEART:	Rate .....	_____	_____
	Canals .....	R _____ L _____	R _____ L _____		Rhythm .....	_____	_____
	Audio R _____ /15				Murmurs .....	no _____	yes _____
	L _____ /15			ABDOMEN:	Tender .....	no _____	yes _____
EYES:	Conjunctivae .....	_____	_____		Organs .....	_____	_____
	Sclerae .....	_____	_____		Masses .....	no _____	yes _____
	Pupils .....	_____	_____		Scars .....	no _____	yes _____
	E.O.M. ....	_____	_____		Herniae .....	no _____	yes _____
	Fundi .....	_____	_____	EXTREM:	Radial pulses .....	no _____	yes _____
	Vision				Femoral pulses .....	_____	_____
	R 20/ _____ L 20/ _____				Edema .....	no _____	yes _____
	Corrected				Deformities .....	no _____	yes _____
	R 20/ _____ L 20/ _____				Joints .....	_____	_____
NOSE:	.....	_____	_____	NERVOUS:	Varicosities .....	no _____	yes _____
MOUTH:	Teeth .....	_____	_____		Tremor .....	no _____	yes _____
	Gums .....	_____	_____		Sensory .....	_____	_____
	Tongue .....	_____	_____		Motor .....	_____	_____
	Pharynx .....	_____	_____		Speech .....	_____	_____
	Tonsils .....	_____	_____		Reflexes .....	_____	_____
NECK:	Trachea .....	_____	_____	GENITALIA (Optional):	.....	_____	_____
	Thyroid .....	_____	_____	RECTAL (Optional):	.....	_____	_____
	Venous distension .....	no _____	yes _____	SPINE: .....	.....	_____	_____
ADENOPATHY:	.....	no _____	yes _____				
THORAX:	.....	_____	_____				
BREASTS:	.....	_____	_____				

**CODE:** ✓ = Normal  
 x = Not examined

**LABORATORY FINDINGS:** Hemocrit \_\_\_\_\_ % or Hemoglobin \_\_\_\_\_ gm  
 Urine: Albumin \_\_\_\_\_ Glucose \_\_\_\_\_

- Please note any allergies or sensitivities \_\_\_\_\_
- Please explain any physical or emotional conditions \_\_\_\_\_
- Is this student presently under medical therapy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_
- Is this student capable of normal physical exercise, swimming or other athletic activity?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

Any information which would make it easier to support this student's emotional or academic adjustment will be appreciated.

**COMMENTS:**

Please sign and date: \_\_\_\_\_ (Name) \_\_\_\_\_ (Date)

Street

City

State



**HABITS:**

1. Do you exercise regularly? Yes  No  If yes, what type? \_\_\_\_\_  
How many days/week? \_\_\_\_\_ How many minutes/day? \_\_\_\_\_
2. Do you wear seat belts while driving? Yes  No
3. Do you smoke cigarettes? Yes  No  If yes, age of onset \_\_\_\_\_ Number of packs/day \_\_\_\_\_  
Would you like to quit Yes  No
4. Did you ever smoke in the past? Yes  No  How long ago did you quit? \_\_\_\_\_
5. Do you drink alcohol? Yes  No  If yes, age of onset \_\_\_\_\_  
Type \_\_\_\_\_ Number of drinks/day \_\_\_\_\_ Do you feel you have a problem with alcohol? Yes  No
6. Have you ever been arrested while under the influence of drugs or alcohol? Yes  No
7. Have you ever had an auto accident while under the influence of drugs or alcohol? Yes  No

**FAMILY HISTORY:** Has any member of your family (including grandparents) ever had any of the following?  
*(Circle)*

Asthma	Cancer	Convulsions	Diabetes	Epilepsy	Heart Trouble	High Blood Pressure	Stroke	Tuberculosis
Other _____			Describe: _____					

**IMMUNIZATIONS:** Have you been vaccinated against:

HPV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Measles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Mumps?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Rubella?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Tetanus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Most recent Date: _____
Hepatitis B?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Meningitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____
Varicella?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date(s): _____

**PERMISSION TO TREAT:**

Permission is granted to the Student Health Service, California State University, Bakersfield, to immunize, examine, treat and/or refer to other physicians and facilities as indicated, the above named student.

Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent's or Guardian's Signature \_\_\_\_\_  
(Parent or guardian must also sign if student is under 18.)

**FOR STUDENT HEALTH CENTER STAFF USE BELOW:**

Physician/Nurse comments or additional history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH QUESTIONNAIRE

(With Physician's Report)

STD. 610 (REV. 12/2002) (Page 1 of 4)

STATE LAW AND THE AMERICANS  
WITH DISABILITIES ACT REQUIRE APPLICANTS  
TO FILL IN QUESTIONS ON PAGES 1 AND 2 OF THIS FORM  
ONLY AFTER A JOB OFFER HAS BEEN MADE

DATE JOB OFFER MADE

SOCIAL SECURITY NUMBER (Optional - See Privacy Statement below.)

**THIS AREA TO BE COMPLETED BY HIRING AGENCY - COMPLETED QUESTIONNAIRE WILL BE RETURNED TO HIRING AGENCY**

APPLICANT NAME (Last) _____ (First) _____ (Middle) _____	HIRING AGENCY NAME _____
APPLICANT ADDRESS (Number and Street) _____ (City) _____ (State) _____ (ZIP Code) _____	AGENCY ADDRESS _____
CLASS TITLE AND POSITION NUMBER OF VACANCY _____	HIRING MANAGER'S NAME AND TELEPHONE NUMBER _____
APPOINTMENT TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TAU <input type="checkbox"/> LIMITED TERM <i>(If reinstatement, enter dates of previous State employment)</i> <input type="checkbox"/> REINSTATEMENT _____	DESIRED APPOINTMENT DATE _____ CERTIFICATION NUMBER _____ CURRENT OCCUPATION _____

**THIS AREA TO BE COMPLETED BY THE APPLICANT**

DO NOT LEAVE YOUR PRESENT EMPLOYMENT TO ACCEPT A POSITION IN STATE SERVICE UNTIL YOU HAVE BEEN SPECIFICALLY NOTIFIED TO REPORT FOR WORK. MEDICAL CLEARANCE IS REQUIRED PRIOR TO EMPLOYMENT IN STATE SERVICE. Your answers to the following questions will be evaluated in conjunction with the essential functions of the desired position. In addition, a physical examination may be required. "YES" answers to questions 1 - 43 below must be explained in the space provided on the back of this form.

BIRTH DATE _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT _____	WEIGHT _____
For questions 1-31, have you ever had or do you have the following:		ITEM	YES NO
1. Lung or respiratory trouble, including bronchitis, tuberculosis, or asthma		27. Gall bladder trouble	
2. Residuals of poliomyelitis		28. Kidney or bladder trouble	
3. Hepatitis, jaundice, or other liver ailments		29. Shortness of breath	
4. Cancer, malignant tumor, or cysts		30. Any speech impairment	
5. Diabetes or sugar in urine		31. History of addiction to drugs or alcohol	
6. Pernicious anemia, leukemia, or other blood disorder or ailment		32. Do you wear or have you ever worn glasses?	
7. Mental illness		33. Do you or have you ever worn contact lenses?	
8. Any disorder of the nervous system		34. Have you had any eye injury, surgery, or disease?	
9. Seizure disorder or loss of consciousness		35. Are you blind in one eye?	
10. Severe headaches or migraine		36. Are you blind in both eyes?	
11. Heart trouble--including circulatory disease		37. Do you wear a hearing aid or have you had at any time a problem with your hearing?	
12. Rheumatic fever		38. Do you have any existing temporary medical condition such as broken bones, recovery from surgery, pregnancy, etc.? If yes, list condition and anticipated date of recovery on Page 2.	
13. Any defect of bones or joints, including amputations, dislocations, or broken bones		39. Are you at present under a doctor's care for any condition? Give reason and doctor's full name and address.	
14. Rheumatism, arthritis, or bursitis		40. Are you taking any medication now or in the last 12 months? If yes, what?	
15. Back pain or back injury		41. Have you ever been hospitalized? If yes, list reason and date of hospitalization.	
16. Head injury		42. a. Have you had an illness or injury which caused you to lose time from work?	
17. Any problems with hips, knees, ankles, or feet		b. Does this illness or injury continue to limit your ability to perform certain types of work?	
18. Any problems with hands, elbows, or shoulders		43. Have you ever had any other illness, injury or physical condition not named above (exclude minor problems such as colds, flu, etc.)?	
19. Fainting spells or dizziness			
20. Skin rash from work			
21. Allergies			
22. Sensitivity to dust or smoke			
23. High or low blood pressure			
24. Varicose veins			
25. Stomach or duodenal ulcer or other bowel problem			
26. Rupture or hernia			

## PRIVACY NOTICE

(Continue on reverse.)

Official Responsible: Medical Officer, State Personnel Board, P. O. Box 944201, Sacramento, CA 94244-2010; Authority: Government Code Section 18931; Purpose: The information you furnish will be used to evaluate your medical fitness to carry out the duties of the position applied for without endangering the health and safety of yourself or others; Providing Information: Medical clearance is required prior to employment in State service; Effects of Not Providing Information: Omission or misrepresentation may result in placement in a position where the duties or work environment could be hazardous. A misrepresentation or omission may be cause for adverse employment action; Access: Your medical records will be maintained in a confidential manner and may be reviewed by contacting the employing agency's personnel office.

HEALTH QUESTIONNAIRE

(With Physician's Report)

STD. 610 (REV. 122002) (Page 2 of 4)

Please write your own account and your own evaluation of all items to which you have answered "YES" to the prior questions. Include DATE OF ONSET, YOUR PRESENT CONDITION AS YOU EVALUATE IT and what accommodations to your limitations, if any, you feel you may require to perform satisfactorily the duties of the position for which you are applying without endangering the health and safety of yourself or others. Return this completed form to the hiring agency unless (1) advised otherwise by the hiring agency, or (2) if you prefer, send it directly to the Medical Officer, State Personnel Board, P. O. Box 944201, Sacramento, CA 94244-2010. If you choose the latter, be sure to notify the hiring agency you have done so.

NAMES OF DOCTORS WHO WERE CONSULTED FOR TREATMENT OF CONDITION DESCRIBED ABOVE DOCTORS' ADDRESSES

Empty table for doctor names and addresses.

CERTIFICATION: I certify that I have provided true and complete information concerning my fitness. (Any misrepresentation or material omission may be cause for dismissal.) APPLICANT'S SIGNATURE DATE SIGNED TELEPHONE NUMBER

APPLICANT-DO NOT WRITE BELOW THIS LINE-DELEGATED AUTHORITY OR STATE PERSONNEL BOARD MEDICAL OFFICER ONLY

REVIEWER [ ] APPROVED [ ] Subject to Proper Placement (STPP) [ ] DISAPPROVED

IF DISAPPROVED, STATE JOB-RELATED RATIONALE; IF STPP, STATE RESTRICTIONS

REVIEWING AUTHORITY'S SIGNATURE DATE SIGNED TELEPHONE NUMBER

REVIEWING AUTHORITY'S NAME (Typed or printed)



**School of Natural Sciences & Mathematics**  
**Department of Nursing**  
**California State University, Bakersfield**  
 29 RNC  
 9001 Stockdale Highway  
 Bakersfield, California 93311-1022  
 (661) 654-3101  
 FAX (661) 654-6903

**MEDICAL INSURANCE DECLINATION**

_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name, First Name, MI	CSUB ID#
_____	_____
Street Address	Date of Birth
_____	_____
City, State, Zip Code	Phone Number

Entrance into the CSUB Nursing Program requires proof of Medical Insurance, but at this time, I am unable to obtain insurance due to hardship and/or personal reasons. By signing this declination form I accept full responsibility for my medical care outside of the CSUB Student Health Services.

\_\_\_\_\_  
 Print Student Name

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorization

\_\_\_\_\_  
 Date

**CPR CLASSES (BLS Basic Life Support/ CPR Health Care Provider Courses)**  
**“Health Care Provider CPR” (2 man adult, single-person adult, child, infant)**

**San Joaquin Hospital**  
2615 Eye Street, Bakersfield, CA  
326-4160  
BLS (Basic Life Support/ CPR) Classes:

**Bakersfield Memorial Hospital**  
420 – 34<sup>th</sup> Street, Bakersfield, CA  
327-4647 ext.3325  
Ask for Steve  
Call for dates, times, and availability

**Kern Medical Center**  
1830 Flower Street, Bakersfield, CA  
326- 2000 (ask for Diane, Staff development – ext. 62646)

**Bakersfield Heart Hospital**  
3001 Sillect Ave, Bakersfield, CA  
316-6036 (ask for educational services)

**Mercy Hospital - Truxtun**  
2215 Truxtun Ave, Bakersfield, CA  
632-5000 (ask for educational services)

**Health South**  
323-5500 ext. 4174

**Sierra View Hospital**  
Porterville  
559-788-6109 (Educational Services Dept.)

**Request for Student Information/Update**

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ CSUB ID: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                    Apt.                    City                    State                    Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SSN: \_\_\_\_\_

**Program**

In coming class of fall 2009



# CertifiedBackground.com

## -----Student Instructions-----

### Background Check

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#### California State University - Bakersfield (Nursing)

The above organization has chosen CertifiedBackground.com as an approved source for background checks.

### About CertifiedBackground.com

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CertifiedBackground.com is a service that allows students to order their own background check directly online. The results of your background check are posted to the CertifiedBackground.com website in a secure, tamper-proof environment. You can view the background check anytime, anywhere online with your secure password. The background check we perform is based on guidelines provided by Regis College, so you know you'll get the information you need, all from one source.

### Ordering Instructions

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1. Go to [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and click on "Students."
2. In the package code box, enter package code: **AI88**.
3. You will be prompted to enter your Personal Identification Number (PIN).

### Retrieving Results

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Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in 2 – 6 weeks. Once your background check is complete, you can supply the password directly to clinical sites that you wish to give access to your results.



## **POLICY FOR STUDENTS WITH DISABILITIES OR LIMITATIONS**

Policies concerning students with disabilities or limitations appear in the Undergraduate Nursing Student Policy Handbook and in the Graduate Nursing Student Policy Handbook. For more information see the Services for Students with Disabilities web page at: <http://www.csub.edu/UnivServices/SSD/index.htm>.

If a student has a physical or mental disability that limits his/her ability to perform per the criteria listed as policy in the appropriate Nursing Student Policy Handbook dealing with clinical assignments, it is the student's responsibility to bring this information to the attention of the clinical faculty before they begin the clinical courses.

If any condition changes, the student is required to notify the clinical instructor as soon as possible, but no later than the end of the first week of the quarter and provide documentation of the limitations to the instructor prior to the clinical assignment.

If the student does not meet the physical and mental requirements as stated in the appropriate Nursing Student Policy Handbook, he/she will be required to submit a physician's documentation that the student is able to meet these criteria. The nursing department will provide the release forms for the physician to sign. Each form will be personalized to the student and the student's condition by the Department of Nursing Administrative Coordinator and the form mailed to the student's physician for signature and return.

## PHYSICAL AND MENTAL QUALIFICATIONS

A student with a disability has to have the disability verified by the Services for Students with Disabilities office at CSUB. It is to the student's advantage to do this as soon as possible in the quarter to ensure that approved accommodations can be granted in a timely manner.

### Essential Functions

There are essential functions or abilities necessary for admission and progression in the complex discipline of nursing at CSU Bakersfield. To matriculate or progress in the nursing curriculum, the candidate must be able to perform all of the essential functions (with or without accommodations). The Department of Nursing follows the CSUB nondiscrimination policy, and students requesting accommodations should contact the Disability Services office. These essential functions include, but are not limited to, the following:

#### A. Critical Thinking:

A student must demonstrate critical thinking ability sufficient for clinical judgment.

1. Make effective clinical decisions.
2. Identify cause and effect relationships with clinical data.
3. Develop nursing care plans.
4. Perform math calculations requisite to safe dosage calculations and medication administration.
5. Read, synthesize, analyze, evaluate, and integrate material in the classroom and the clinical setting.

#### B. Professional-Ethical Conduct:

A student must possess the ability to reason morally and practice nursing in a professional and ethical manner.

1. Demonstrate integrity, honesty, responsibility, and tolerance.
2. Abide by professional standards of practice.
3. Deliver compassionate care to all patient populations.

#### C. Interpersonal Skills:

A student must demonstrate appropriate interpersonal abilities while interacting with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.

1. Communicate effectively and sensitively with other students, faculty, staff, patients, families, and other professionals.
2. Demonstrate willingness and ability to give and receive feedback.
3. Develop mature, sensitive, and effective relationships with clients.
4. Establish trust and rapport with clients and colleagues.

D. Communication:

A student must have the ability to clearly communicate in oral and written forms, and to effectively interpret communication with others.

1. Use appropriate grammar, vocabulary, and syntax.
2. Effectively communicate nursing actions.
3. Appropriately interpret client responses.
4. Initiate health teaching.
5. Demonstrate accurate nursing documentation.
6. Accurately report patient information to members of the health care team.

E. Mobility and Stamina:

A student must possess sufficient gross and fine motor skills and endurance to provide safe and effective nursing care in all health care settings.

1. Perform basic life support, including CPR.
2. Function in an emergency situation.
3. Safely assist a patient in moving (e.g., from wheelchair to commode, from chair to bed, lift and transfer from gurney to bed).
4. Calibrate and use equipment.
5. Perform treatments and procedures.
6. Apply pressure to stop bleeding.
7. Manipulate diagnostic instruments to adequately perform all aspects of a physical assessment.
8. Sit, stand, and move about in patient environments for 12 hour periods.

F. Tactile:

A student must have sufficient tactile ability to perform a physical assessment of a patient and to perform procedures necessary for nursing care.

1. Perform palpation and other functions necessary for a physical exam.
2. Assess texture, shape, size, and vibration.
3. Note temperature changes in skin and equipment.
4. Perform therapeutic functions (e.g., inserting a urinary catheter or IV, change dressings, give medications).

G. Auditory:

A student must have sufficient auditory ability to effectively monitor and assess health needs of patients.

1. Hear cries for help.
2. Hear alarms on equipment and overhead codes.
3. Hear auscultatory sounds using a stethoscope.
4. Hear and interpret verbal communication from patients.
5. Communicate over the telephone.

#### H. Visual:

A student must possess visual ability for observation and assessment necessary in nursing care.

1. Observe patient responses (e.g. changes in skin color, grimaces).
2. See drainage on dressings and note characteristics of body fluids.
3. Note fluid levels in collection devices, syringes and infusion devices.
4. Read gauges that monitor patient progress (e.g. sphygmomanometer).
5. Discriminate colors for diagnostic purposes.
6. Assess movements of patients.
7. Observe patient behavior (e.g. in rehabilitation or psychiatric facilities).

#### I. Behavioral-Emotional Health:

A student must possess the emotional health required for full use of his or her intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the care of patients.

1. Maintain mature, sensitive, and effective relationships with patients, students, staff, faculty, and other professionals under even highly stressful situations.
2. Experience empathy for the situations and circumstances of others and effectively communicate that empathy.
3. Be willing to examine and change his or her behavior when it interferes with productive individual or team relationships.
4. Prioritize competing demands.
5. Function in stressful circumstances.
6. Separate own needs and experiences in order to maintain objectivity and client-centered care.
7. Adjust to changing circumstances.
8. Plan effectively and complete all assigned duties carefully.