



# College of Nursing

## Student Health and Safety Records

### General information

**Who needs to process the Health & Safety form and why?**

Students planning to register for NUR 503, NUR 541, NUR 600, or NAN 600 course must request a check of their Health & Safety records to verify that they are complete and current for the quarter(s) of practicum.

The Health & Safety form must be completed **prior** to meeting with your advisor. A **new** validated Health & Safety form is required for **every quarter** that you register for the courses specified. A student **will not** be permitted to register for these courses without a valid Health & Safety form attached to his/her registration form.

**IMPORTANT:** All licensed RNs (Illinois & out-of-state) must notify the College of Nursing immediately if there is any change in their license status. Failure to do so may result in suspension/dismissal from the program.

### Directions to Student

1. Complete PART A of the Health & Safety form.
2. Bring this form to Queen E. Flowers (1080 Armour) or fax to (312) 942-3043. Anesthesia students should bring this form to Vevlyn Rogers (1061 Armour) or fax to (312) 942-8157.
3. If records are in order, a validated Health & Safety form will be returned to the student. (Students who have discrepancies will be required to resolve them before a validated Health & Safety form will be issued.)
4. Have advisor review and sign registration form.
5. Attach Health & Safety form to registration form and submit both to the Office of the Registrar (440 Armour).

### Directions to Advisor

**Do not** sign this form, or the student's registration form, without a valid "authorized signature" below verifying that Health & Safety records are complete and up-to-date.

### Part A To be completed by the Student

Rush ID# \_\_\_\_\_

Student's Name \_\_\_\_\_

Advisor's Name \_\_\_\_\_

Quarter  WINTER \_\_\_\_\_ year  SPRING \_\_\_\_\_ year

SUMMER \_\_\_\_\_ year  FALL \_\_\_\_\_ year

Preceptor/Clinical site (if known):

### Part B To be completed by the College of Nursing

Tuberculosis Skin Test \_\_\_\_\_ CPR Provider Recognition Card \_\_\_\_\_

Rubella Immunity \_\_\_\_\_ Nursing License \_\_\_\_\_

Varicella Zoster \_\_\_\_\_ OSHA Training Record \_\_\_\_\_

Hepatitis B Immunity \_\_\_\_\_ Other \_\_\_\_\_

### Authorized Signatures To be signed by College of Nursing and Advisor

College of Nursing Signature \_\_\_\_\_ Date \_\_\_\_\_  
Queen E. Flowers (or Vevlyn Rogers - Anesthesia only)

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_