

RN Refresher Student Name _____

Permanent Phone number _____

Office
Use
Only

Please complete the information requested below and return this form, your completed Health Assessment form, and copies of your CPR and health insurance cards to RCTC Business and Workforce Education – Attn: Kathy Richie, Box 50 – 851 30th Ave. SE, Rochester, MN 55904-4999 or at the BWE office located at the Heintz Center, Room HC107.

◆ **Insurance Signature:** My signature below indicates that I understand that personal health insurance coverage is a requirement of the RCTC RN Refresher program. I am currently covered by a health insurance plan and I understand that I am required to maintain coverage while I am a student in this program. I have provided RCTC Business and Workforce Education office with a copy of my health insurance information and I agree to notify this office if my coverage changes.

Student Signature

Date

◆ **Health Assessment:** _____ (completed Health Assessment form required)

◆ **Tetanus/Diphtheria:** _____

◆ **Flu:** _____

◆ **Chicken Pox (Varicella):** Had Disease? Yes ____ No ____

If no, date of vaccination: 1st _____ 2nd _____

◆ **Measles, Mumps, and Rubella (MMR):** 1st _____ 2nd _____

◆ **Hepatitis B:** 1st _____ 2nd _____ 3rd _____

◆ **CPR:** Expiration Date: _____ (copy of current card required)

◆ **TB Skin Test (TST, Mantoux):** Most recent date _____ Result _____

Complete this section only if history of a positive TST:

Date of most recent Chest X-ray _____ Findings _____

Prophylactic Treatment? Yes ____ No ____

If yes, date started _____ date completed _____

(Office Use Only)

OK _____



RN REFRESHER STUDENT HEALTH ASSESSMENT

To be Completed by Health Care Provider

Student Name: _____ ID#: _____
Last First Middle

Statement of Physical and Emotional Health

Based on this student's health history and this assessment, it is my judgment that this student,

(Check one)

is able to physically and emotionally perform the essential requirements* of his/her educational experience.

is able to physically and emotionally perform the essential requirements* of his/her educational experience with the following restrictions:

is unable to physically and/or emotionally perform the essential requirements* of his/her educational experience

Additional comments or concerns:

Healthcare provider's stamp or printed name

Date: _____

Signature

Address: _____

Phone: _____

***Essential Requirements listed on page 2**

Essential Requirements for RN Refresher Students

1. Ability to demonstrate gross and fine motor skills sufficient to provide safe and effective nursing care such that the student can ambulate, transport, move, and position adult and pediatric clients in and out of bed, calibrate and use equipment, and perform cardiopulmonary procedures.
2. Ability to function efficiently and effectively in a healthcare setting that may be, at times, a hectic and stressful environment.
3. Ability to think critically, such that the student can begin to make clinical decisions, identify cause-and-effect relationships with clinical data, and develop nursing care plans.
4. Ability to demonstrate interpersonal abilities such that the student can appropriately interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.
5. Ability to maneuver in small spaces and move from one place to another such that the student can move around in client rooms and bathrooms, into and out of work spaces, access treatment areas, and procure needed emergency materials when indicated. While health care agencies must meet ADA physical access standards, potential clients and equipment may limit the amount of available space in which to move.
6. Ability to hear well enough to monitor and assess clients health needs such that the student can hear cries for help, alarms on equipment, emergency signals, breath and heart sounds on auscultation, and various overhead codes.
7. Ability to see well enough to observe and assess clients health status and changes in condition such that student could see grimacing, movement, changes in skin color, rashes, and other observed client changes or responses.
8. Ability to have tactile capabilities sufficient for physical assessment such that the student could successfully perform palpation, note changes in skin temperature, perform skills related to therapeutic activities and identify by touch other changes in client condition.

Information for Students with Disabilities

The American with Disabilities Act (ADA) of 1990 was instituted by Congress to The Americans with Disabilities Act (ADA) of 1990 was instituted by Congress to prohibit discrimination against qualified individuals with disabilities. Schools of nursing and state university systems, like other state and federally funded entities, are required to comply with the stipulations of the ADA. The ADA defines a qualified individual with a disability as an individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires. In addition, the Rehabilitation Act of 1973 prohibits discrimination in admissions of a qualified person with disabilities.

ADA and the Rehabilitation Act of 1973 eligibility requirements vary depending on the type of services, activities, and functions needed in particular areas. Because the practice of nursing is an applied discipline with cognitive, sensory, affective, and motor components, students must be able to perform the functions which are necessary for the safe practice of nursing and essential to the licensing standards with or without reasonable accommodations in order to be admitted to the nursing program at Rochester Community and Technical College.

If a student requires disability accommodations, he/she must self identify and provide appropriate documentation directly to RCTC Disability Support Services. It is **strongly recommended** that the student do this prior to beginning the nursing program. RCTC Disability Support Services is located in the University Center Rochester in the Student Support Services office, SS172. The phone numbers are: (507) 280-2968 and the Minnesota relay TTY 1-800-627-3529 or e-mail travis.kromminga@roch.edu.