

MOLLOY UNIVERSITY
The Barbara H. Hagan School of Nursing & Health Sciences

Please see the following step-by-step instructions for Castlebranch Clinical Requirements:

Create your Castlebranch account using the package code OX43

Once your account is created you will be able to download the University Barbara H. Hagan School of Nursing physical forms. You will also need copies of all lab sheets for Measles, Mumps, Rubella, Varicella and Hep B. To upload your documents, you can either scan them or take a clear, legible picture and upload to CB.

- **BACKGROUND CHECK** – When you create your account with CB, your information is used for a background check. No further action is needed from you.
- **MOLLOY FORMS** – print out the forms and bring them to your physician to be filled out, signed, stamped and dated.
- **COVID-19** – upload documentation of your COVID-19 vaccination/booster(s). Documentation MUST include the vaccine manufacturer and dates given. (Excelsior Pass is not acceptable).
- **MEASLES, MUMPS & RUBELLA (MMR)** - upload your measles, mumps & rubella lab sheets. Your lab sheets must provide numerical value (if you submit a negative or equivocal titer CB will reject your submission. They will then create a line for you to submit 2 vaccines within your lifetime.) If you do not have a history of 2 MMR vaccines, call your physician to start the process of immunizations.
- **VARICELLA (CHICKEN POX)** - upload your Varicella lab sheets. Your lab sheets must provide numerical value (if you submit a negative or equivocal titer CB will reject your submission. They will then create a line for you to submit 2 vaccines within your lifetime.) If you do not have a history of 2 Varicella vaccines, call your physician to start the process of immunizations.
- **HEPATITIS B**– you have 3 options for Hep B. You can upload a Hep B lab sheet that shows immunity, **OR** you can submit a history of 3 Hep B vaccines, **OR** you can sign and date the Hep B Declination which can be found on your physical form.
- **TUBERCULOSIS (TB)** - One of the following must be completed within the past 12 months. If positive results, submit physician clearance on letterhead. A TWO STEP PPD is required for first time clinical students only. [MUST BE READ 48 – 72 HOURS LATER] *2nd PPD is required and should be implanted within 364 days of the first PPD*, **OR** QuantiFERON TB Gold Result - Lab Sheet Must Be Attached ➤ Positive findings of all tuberculosis tests require a negative chest x-ray report. X-ray report must be attached from healthcare provider stating: NO ACTIVE DISEASE.
- **TDAP/TD BOOSTER** - You must submit a copy of your Tdap/TD within the past 10 years.
- **INFLUENZA/FLU** - the new flu vaccine will be available mid/late August. Once you receive your flu vaccine, it must be uploaded by October 1st. Make sure your doctor or pharmacist fills out the form in its entirety or it will be rejected by CB. Flu vaccines must be done annually.
- **CPR CERTIFICATION** - acceptable courses are American Heart Association-BLS for the Healthcare Provider or The American Red Cross BLS for the Professional Rescuer. Please call **Molloy University Continuing Education to secure a class as soon as possible at 516-323-3550**. **ONLINE CLASSES ARE NOT ACCEPTABLE**, however, at this time of Covid-19 the AHA is offering a blended class of online lecture followed by in person skills. In the event that classes are full, you may also find a class near you at the AHA website <https://cpr.heart.org/en/cpr-courses-and-kits/healthcare-professional/basic-life-support-bls-training>. Classes are limited anywhere from 1-10 people depending on the size of the room. It would be best to secure a spot as soon as possible. Here are some numbers from the AHA you can try: **CPR123 – 516-640-5372, Jem CPR – 917-767-2760, Heartstart.ny.com (you can register for a class near you on their website), CPR Lifesaver – 347-636-6370, HealthForce – 201-222-7720**. CPR certification is valid for 2 years.
- **PHYSICAL EXAMINATION** - please bring this form to your physician and make sure it is filled out in its entirety, signed stamped and dated. Physicals must be done and uploaded annually.
- **HIPAA CERTIFICATION** - sign, date and upload the form to CB.
- **LATEX ALLERGY FORM** - fill out this form whether you have a latex allergy or not and upload to CB.

- **DRUG SCREENING** - you will be able to download a prescription from your CB dashboard under My Documents. Take this script to any LABCORP near you. LABCORP will then send your results to CB directly. Once you can view your results on your CB dashboard, download and submit. Drug testing must be done annually
- **FIT TEST** – fit testing must be completed annually. You will receive an email from CPR123 (516-640-5372) and Kimberly Webb regarding fit test appointments before the semester begins.

If you have any questions, you can contact either Krissy Hill at khill@molloy.edu or Jeanne Dazzo at jdazzo@molloy.edu for assistance. Please include a phone number where you can be reached in your email.

CHECKLIST OF REQUIREMENTS
FOR ATTENDING CLINICAL PRACTICE HOSPITALS AND COMMUNITY AGENCIES

Each item must be completed:

1. ____ Physical examination using the **SCHOOL OF NURSING PHYSICAL FORM.**
FORM MUST BE SIGNED, STAMPED AND DATED BY PROVIDER AND INCLUDE:
 - **On initial physical for NUR 2090 students, you must provide documentation of two PPDs implanted within 365 days of each other or a Quantiferon blood test.**
 - **Each subsequent physical requires only *one* PPD or Quantiferon blood test**
 - **Laboratory Titer Reports (LAB SHEETS) for Rubella, Rubeola, Varicella and Mumps Numerical Values for each are required**
 - **Physicals/PPD must be submitted annually to Castle Branch at www.castlebranch.com Any questions uploading your documents please call 1-888-723-4263**

Summer Semester: Upload Molloy University Physical documents to Castle Branch on or before April 15th.

Fall Semester: Upload Molloy University Physical documents to Castle Branch on or before July 15th.

Spring Semester: Upload Molloy University Physical documents to Castle Branch on or before November 15th.

2. ____ **COVID-19 VACCINE and BOOSTER**
3. ____ FLU vaccines are valid for the influenza season beginning August
* **FLU vaccine must be submitted to Castle Branch by October 1st.**
4. ____ CPR-Cardiopulmonary resuscitation certification must be completed. **No online courses.**
For AHA classes please call Molloy Continuing Education at 516-323-3550 or 3559 (Siena Room 106)
CPR cards must be submitted (**Make copy of front and back**) with your Physical Information.
Acceptable Courses provided by: **American Heart Assoc. – BLS for Health Care Providers**
American Red Cross – BLS for the Professional Rescuer
- 5 ____ Order your Molloy Nursing Uniform and white professional shoes.
6. ____ Order Name Pin and Molloy University School Patch. Sew patch on left sleeve of the uniform.
7. ____ Purchase Dual Head Stethoscope in professional color only
a Sphygmomanometer to take blood pressure and a watch with a sweep second hand.
8. ____ LPN and RN NURSING STUDENTS MUST ALSO SUBMIT A COPY of LICENSE, REGISTRATION CERTIFICATE AND MALPRACTICE INSURANCE
9. ____ Review the Molloy University Nursing Handbook and review policies and health requirements.
10. ____ Signed HIPAA form

Attention All Nursing Students

For Clarification of the Attached Checklist, Physical Form, Latex Allergy Form, Flu Vaccine Form, and Student Uniform Information please come to Hagan Rm 205 between the hours of 9 am – 4:30 pm

Or

Call Krissy Hill at (516) 323-3752 or khill@molloy.edu

Or

Jeanne Dazzo at (516) 323-3666 or jdazzo@molloy.edu

Between 9 am – 4:30 pm



MOLLOY
UNIVERSITY

Lakeville Uniforms
271-11 Union Turnpike
New Hyde Park, NY 11040

(718)-343-8947
Ask for: Judy Chu

Scrubs & Beyond
216 Glen Cove Road
Carle Place, NY 11514

(516) 747-6090

Students must purchase a uniform/patch at:
LAKEVILLE UNIFORMS or LIFE UNIFORMS

In addition to the uniform, you will need white shoes and stockings (women), stethoscope (**Dual Head/Professional Color**), sphygmomanometer (B/P machine) and a watch with second hand. **You may purchase equipment and shoes at Lakeville Uniforms/Life Uniforms or on your own.**

UNIFORM Brand- Grey's Anatomy

Female Top GRST011
Female Pant GRSP500

Male Top GRT 091
Male Pant GRP 558

UNIFORM Brand- Cherokee

Female Top WW620
Maternity Top WW685
Female Skirt WW510

Molloy Patch: To be sewn on left sleeve

Name Pins:

Order through Lakeville Uniform

Red with white lettering

Name Badge should read: Example...M. Smith, N.S.

Molloy University Student

Review the Nursing Student Handbook regarding Dress Code.

*****Bring this letter with you to the store!!!*****

MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
PHYSICAL FORM 2023-2024

Molloy University – Barbara H. Hagan School of Nursing
Hagan 205 Krissy Hill (516) 323-3752 or Jeanne Dazzo (516) 323-3666
1000 Hempstead Ave., Rockville Centre, New York 11571-5002

*Anticipated Class
next semester:*

Course Section

Last Name _____ *First Name* _____ *ID#* _____
Maiden Name _____ *Date of Birth* _____
Address _____ *Male* _____ *Female* _____
_____ *Phone* _____

Required on Initial Physical Only: TITERS NEED TO BE DONE ONE TIME ONLY
LAB REPORTS MUST BE ATTACHED FOR EACH TITRE!

Rubella Titer Value _____ Result: _____ Date _____
Rubeola Titer Value _____ Result: _____ Date _____
Varicella Titer Value _____ Result: _____ Date _____
Mumps Titer Value _____ Result: _____ Date _____

HISTORY OF VACCINATIONS: Please provide immunization dates

MMR #1 _____ MMR #2 _____ VARICELLA #1 _____ VARICELLA #2 _____

HEPATITIS B: You must provide one of the following: Three Hepatitis B vaccines, Hepatitis B titer OR **sign the Declination Statement.**

Hepatitis B Vaccine: HepB #1 _____ HepB #2 _____ HepB #3 _____

HepB Titer Value _____ Result: _____ Date _____ (lab sheet must be attached)

NURSING STUDENTS ARE TO BE IMMUNIZED WITH HEPATITIS B VACCINE PRIOR TO THE BEGINNING OF CLINICAL PRACTICE OR MUST SIGN A DECLINATION STATEMENT.

DECLINATION STATEMENT

If HepB titer is Negative or Equivocal and you DO NOT have record of your immunization you must sign Declination.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Student Name (Print): _____

Date: _____ **STUDENT SIGNATURE:** _____

Diphtheria/TetanusPertussis: [Within Last 10 Years] (Tdap) _____ **(Td)** _____

If, as an adult you haven't had a vaccine that contains pertussis (whooping cough) one of **the doses you receive** needs to have pertussis in it.

I certify that _____

Is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments which may be of potential risk to patients or other personnel or which may interfere with the performance of his or her duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter individual behavior. This individual is able to participate in clinical learning experiences as a student of Nursing.

I have identified the following:

B.P.: _____

Vision: _____ Hearing: _____

Allergy to Latex: Yes: _____ No: _____ Other Allergies: _____

Illnesses: _____

Injuries: _____

Restrictions on activity: _____

Medications: _____

Disabilities: _____

**Students with disabilities are considered on an individual basis. Students must be able to meet program objectives.

Name of Health Care Provider:

(Stamp Is Required)

Address: _____ Phone: _____

Date of Exam: _____

HEALTH CARE PROVIDER

SIGNATURE: _____

RELEASE OF HEALTH RECORDS

I, the undersigned, authorize release of information from my Health Record to affiliating clinical agencies.

PLEASE SIGN BELOW:

SIGNATURE: _____ **Date** _____

Student name

MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
PPD FORM

Molloy University – Barbara H. Hagan School of Nursing
Hagan 205 Krissy Hill (516) 323-3752
1000 Hempstead Ave., Rockville Centre, New York 11571-5002

*Anticipated Class
next semester:*

Course Section

Last Name _____ First Name _____ ID# _____
Maiden Name _____ Date of Birth _____
Address _____ Male _____ Female _____
Phone _____

A TWO STEP PPD IS REQUIRED FOR INTIAL PHYSICAL ONLY

- **ONE OF THE FOLLOWING MUST BE COMPLETED WITHIN THE PAST 12 MONTHS. If positive results, submit physician clearance on letterhead. A TWO STEP PPD is required for first time clinical students *only*.**

1. PPD – Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]

Date Implanted: _____ Date Read: _____ Result: _____

2nd PPD IS REQUIRED AND SHOULD BE IMPLANTED WITHIN 364 DAYS OF THE 1st PPD

Date Implanted: _____ Date Read: _____ Result: _____

OR

2. QuantiFERON TB Gold Result: _____ Date: _____ Lab Sheet Must Be Attached

- **POSITIVE FINDINGS OF ALL TUBERCULOSIS TESTS REQUIRE A NEGATIVE CHEST XRAY REPORT. XRAY REPORT MUST BE ATTACHED FROM HEALTHCARE PROVIDER STATING: NO ACTIVE DISEASE**

Date: _____ Result: _____

Name of Health Care Provider: _____

Address Phone Number

STAMP IS REQUIRED

MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
PPD FORM

Molloy University – Barbara H. Hagan School of Nursing
Hagan 205 Krissy Hill (516) 323-3751 or 3752
1000 Hempstead Ave., Rockville Centre, New York 11571-5002

*Anticipated Class
next semester:*

Course Section

Last Name _____ *First Name* _____ *ID#* _____
Maiden Name _____ *Date of Birth* _____
Address _____ *Male* _____ *Female* _____
_____ *Phone* _____

FOR RETURNING STUDENTS ONLY

- **ONE OF THE FOLLOWING MUST BE COMPLETED WITHIN THE PAST 12 MONTHS.**

3. PPD – Tuberculin Test (PPD intradermal only) [MUST BE READ 48 – 72 HOURS LATER]

Date Implanted: _____ **Read:** _____ **Result:** _____

OR

4. QuantiFERON TB Gold Result _____ - Lab Sheet Must Be Attached

5. POSITIVE FINDINGS OF ALL TUBERCULOSIS TESTS REQUIRE A NEGATIVE CHEST XRAY REPORT. XRAY REPORT MUST BE ATTACHED FROM HEALTHCARE PROVIDER STATING: NO ACTIVE DISEASE

Date: _____ **Result:** _____

Name of Health Care Provider: _____

Address

Phone Number

STAMP IS REQUIRED

MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
Latex Allergy Policy

Background: Latex allergy has become a serious healthcare problem. Experts have described it as a disabling occupational disease among healthcare workers (American Nurses Association, 1997).

The allergic reaction to latex is evoked by direct contact with products containing latex rubber or by inhaling powder from latex gloves. Responses may range in severity from a rash to asthma attacks to death from anaphylaxis (New York State Nurses Association, 1999).

The increased need to don gloves in both medical and non-medical settings has increased the prevalence of latex allergies. A 1997 alert published by the National Institute of Occupational Safety (NIOSH) indicated that less than 1% of the general population and 8% to 17% of regularly exposed healthcare workers are sensitized to latex (American Latex Allergy Assoc., 2016). These statistics indicate that an increasing number of entering nursing students may already have a latex sensitivity. Beginning one's professional life with a latex allergy presents unique challenges for students and faculty.

In light of this growing problem the School of Nursing has developed the following policy related to latex exposure.

Initial Steps: All Molloy School of Nursing Student and Faculty History and Physical Forms to have a category, which indicates *Latex Allergy*. The healthcare provider completing the form must specifically respond to this item.

Follow-Up: In those instances where a latex allergy has been indicated, faculty/student will need to be contacted by Health Services: The following actions should be initiated:

- Faculty/Student will be given literature on latex allergies
- Faculty/Student will be counseled regarding acceleration of sensitivity with repeated exposures
- Faculty/Student will be encouraged to wear a Medi-Alert bracelet as suggested by NIOSH
- Faculty/Student acknowledgement of this policy will be kept on file in department

Agency Contact: The faculty/student will be responsible for sharing information about themselves regarding latex allergy with the respective clinical agency.

I am a faculty member/student in the Molloy University School of Nursing. I have read the Molloy University policy concerning Latex Allergy.

I do not have any allergy to latex, or

I have a latex allergy and I have previously so notified Molloy University. I am fully aware of the dangers arising out of exposure to latex and I agree to exercise appropriate caution. I hereby release Molloy University, its Board of Trustees, officers and administrators and employees from any claim or liability arising out of my exposure to latex either on the campus of Molloy University or in any clinical setting.

Print Name

Signature

Date

APPENDIX J

**MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING & HEALTH SCIENCES
Health Insurance Portability and Accountability Acknowledgment Form**

Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Amendment to the Internal Revenue Code of 1986 concerning health insurance and issues in combating fraud and abuse in health insurance and health care delivery.

- HIPAA provides for standardization of the interchange of medical data
- Protects patient privacy
- Protects security of patient data

FERPA stands for Family Educational Rights and Privacy Act (Buckley Amendment). Passed by Congress in 1974 the Act grants four specific Rights to the student.

- The right to see the information the institution is keeping on the student
- The right to seek amendment to those records and in certain cases append a statement to the record
- The right to consent to disclosure of his/her records
- The right to file a complaint with the FERPA office in Washington

Confidentiality provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as provisions of the Family Educational and Privacy Act of 1974 (FERPA) have been explained to me and I fully understand them.

I hereby authorize release of information from my student health record to affiliated clinical agencies as indicated below in accordance with all relevant State and Federal confidentiality laws including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Federal Educational Rights and Privacy Act of 1974 (FERPA).

Name (Please print)

Signature

Date

<input type="checkbox"/> Baldwin High School District	<input type="checkbox"/> North Shore/LIJ Health Care Systems	<input type="checkbox"/> Visiting Nurse Association of Long Island
<input type="checkbox"/> Broadlawn Manor Nursing & Rehab. Center	<input type="checkbox"/> North Shore University Hosp. at Manhasset	<input type="checkbox"/> Visiting Nurse Service, Inc.
<input type="checkbox"/> Children & Family Services	<input type="checkbox"/> North Shore University Hosp. at Glen Cove	<input type="checkbox"/> Visiting Nurse Service of New York City
<input type="checkbox"/> CNR Health Care	<input type="checkbox"/> North Shore University Hosp. at Plainview	<input type="checkbox"/> Winthrop Home Care
<input type="checkbox"/> Community Health Centers/Nassau Health Corp.	<input type="checkbox"/> North Shore University Hospital at	<input type="checkbox"/> Winthrop Poison Control
<input type="checkbox"/> Good Samaritan Hospital Medical Center	<input type="checkbox"/> Huntington	<input type="checkbox"/> Winthrop University Hospital
<input type="checkbox"/> Good Shepherd Hospice	<input type="checkbox"/> North Shore University Hospital at Syosset	<input type="checkbox"/> Any other clinical agencies
<input type="checkbox"/> Holliswood Hospital	<input type="checkbox"/> Nursing Sisters Home Visiting Service	_____
<input type="checkbox"/> Huntington Hospital	<input type="checkbox"/> Our Lady of Consolation Geriatric Care	_____
<input type="checkbox"/> Jamaica Hospital	<input type="checkbox"/> Pederson Kreg	_____
<input type="checkbox"/> John T. Mather Memorial Hospital	<input type="checkbox"/> Peninsula Hospital Center	_____
<input type="checkbox"/> Komanoff Center for Rehabilitative Medicine	<input type="checkbox"/> St. Francis Hospital	_____
<input type="checkbox"/> Long Beach Hospital Home Care	<input type="checkbox"/> St. Johns Episcopal Hospital, South Shore	
<input type="checkbox"/> Long Beach Medical Center	<input type="checkbox"/> St. Mary's Hospital for Children	
<input type="checkbox"/> Long Beach Schools	<input type="checkbox"/> South Nassau Communities Hospital	
<input type="checkbox"/> Mercy Medical Center	<input type="checkbox"/> South Nassau Home Care	
<input type="checkbox"/> Nassau Boces Teen Age Parenting Program	<input type="checkbox"/> South Oaks Hospital	
<input type="checkbox"/> Nassau University Medical Center	<input type="checkbox"/> The Center for Developmental Disabilities	
<input type="checkbox"/> New Hyde Park Schools		
<input type="checkbox"/> NY Hospital Medical Center of Queens		



The Barbara H. Hagan School of Nursing & Health Sciences
FLU VACCINE FORM

PLEASE PRINT

Student Name

Molloy ID Number

E-Mail Address

Phone Number

Course & Section

Entire form must be completed

Manufacturer or Company Name of Vaccine

Lot Number of the Vaccine

Expiration Date

Dose Administered

Date Administered

Placement

Right Deltoid

Left Deltoid

Name of Provider

License Number

Stamp

Address of Provider

DUE BY OCTOBER 1st

MOLLOY UNIVERSITY
The Barbara H. Hagan School of Nursing & Health Sciences

BLS FOR THE HEALTHCARE PROVIDER:

Below are some numbers from the AHA you can try:

Molloy University Continuing Education-516-323-3550 (If you cannot reserve a class with Continuing Education please try one of the numbers below)

Camille Twardzik – 516-946-0798 or ctwardzik@molloy.edu

Jem CPR. - 917-767-2760

Heartstart Training - Heartstart.ny.com (you can register for a class near you on their website)

CPR Lifesaver - 347- 636-6370

HealthForce - 201-222-7720

CPR 123 - 516-640-5372 ext. 1005