



**School of Nursing and Allied Health**  
Office: 337-421-6594 Fax: 337-491-2103  
3820 Sen. J. Bennett Johnston Ave.  
Lake Charles, LA 70615

## **APPLICATION TO CLINICAL NURSING COURSES**

### **ASN PROGRAM**

#### **Student Responsibilities**

Understand all policies and procedures for ASN admission. These are available online as well as in the Nursing office and in the ASN Student Handbook. The application process must be completed and students accepted into the program prior to beginning any clinical nursing course. **This application MUST be completed in full by the deadline or student will be considered ineligible.**

**Decisions for acceptance will not be made until final grades are posted for the semester.**

#### **Checklist and required documentation:**

\_\_\_\_\_ Apply to SOWELA Technical Community College (**you must be a student at SOWELA and attending classes before applying to the clinical courses**).

\_\_\_\_\_ Cumulative grade point average of 2.0 or higher.

\_\_\_\_\_ Minimum grade of "C" in all required biology, mathematics, and nursing courses. Students completing pre-requisite/co-requisite courses for the ASN program at SOWELA or transferring from another institution can only have **repeated 1 course** in which a "D" or "F" was earned. Credit for **nursing** courses from another institution will not be considered for transfer at this time.

\_\_\_\_\_ Completion of pre-requisite general academic courses (at least the first semester as shown on the curriculum).

\_\_\_\_\_ Minimum grade point average of **2.8** in **ALL** non-nursing courses required for the degree (All non-nursing courses shown in the ASN curriculum will be calculated into this GPA if taken prior to application for admission).

\_\_\_\_\_ Completion of the TEAS VI test with a score of 64%. This is a nationally ranked score and not necessarily on a 100-point scale. You will need to visit [www.atitesting.com](http://www.atitesting.com) to enroll for the test. Available dates to take the test are posted on the website by the Testing Center

**Applications Due - Nursing office by 3:00PM on April 12, 2019**

- \_\_\_\_\_ Current CPR card (**must be either American Heart Association Healthcare Provider or Red Cross Professional Rescuer. Attach copy of card to application**).
- \_\_\_\_\_ Immunization record with current Tdap (must be current, within 10 years, include copy of Immunization record).
- \_\_\_\_\_ Record of MMR- two (2) injections **or** Rubella **and** rubeola titers showing immunity.
- \_\_\_\_\_ Proof of meningococcal vaccination (or signed refusal, located in the application)
- \_\_\_\_\_ Proof of Hepatitis B status (vaccinations [3] or proof of immunity (titer), include copy of Immunization record).
- \_\_\_\_\_ Proof of two (2) Varicella vaccinations or varicella titer showing immunity.
- \_\_\_\_\_ Copy of negative PPD skin test or Chest X-ray result (must be within last year and be the official copy from Healthcare provider). **If no skin test in the past year, must have 2 PPD tests or QuantiFERON®-TB Gold blood test (QFT-G)**
- \_\_\_\_\_ Signed Health Status Forms (health history and physical exam included in the application must have been completed within last year).
- \_\_\_\_\_ Copy of health insurance card
- \_\_\_\_\_ Attach a passport photo with your name printed on the back of the photo to this application.
- \_\_\_\_\_ Keep a copy of all documents for your records. (make copies prior to turning in application).

**This nursing education program is Nationally Accredited by the**

Accreditation Commission for Education in Nursing (ACEN).

3343 Peachtree Road NE, Suite 850

Atlanta, Georgia 30326

Phone: (404) 975-5000

Fax: (404) 975-5020

Email: [info@acenursing.org](mailto:info@acenursing.org)

Web: [www.acenursing.org](http://www.acenursing.org)



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*Sowela Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its program and activities. The following person has been designated to handle inquires regarding the non-discrimination policies: Title: Compliance Officer Address 3820 Sen. J. Bennett Johnston Avenue Telephone: 337-421-6565 or 800-256-0483 Email: [complianceofficer@sowela.edu](mailto:complianceofficer@sowela.edu)*



Attach  
Picture  
Here

School of Nursing and Allied Health

Application for Clinical Nursing Courses- ASN Program

\_\_\_\_\_ First-time Applicant

\_\_\_\_\_ Resubmission of Application

SS #: \_\_\_\_\_

Student ID# \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last/Maiden Middle First

Permanent Mailing Address:

\_\_\_\_\_  
Street (P.O. Box, Apt. Number) City State/Zip code

Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell

E-Mail Address: \_\_\_\_\_ Gender: M / F

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_ Work number: \_\_\_\_\_

Ethnicity (required for Federal Reports by 1964 Civil Rights Act):

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Amer. Indian/Alaskan \_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Other (please specify): \_\_\_\_\_

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**Please list below all courses and name of institution where you are enrolled this semester:**

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Spring 2019 courses:

_____	_____	_____
_____	_____	_____

**Please list any other degrees held, year obtained, and name of college/university:**

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Degree earned	Year obtained	Name of college/university

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**Important Information:**

- 1) Students who are accepted into the School of Nursing and Allied Health ASN program will be required to submit to mandatory drug testing upon admission and random drug screens throughout the duration of clinical nursing courses.
- 2) **The number of students accepted** to the clinical nursing ASN Program will be dependent on resources. **No waiting list will be established** and those students that are eligible but not accepted into the ASN nursing program must reapply for admission.
- 3) Eligible students for admission to the clinical nursing ASN Program will be ranked based on nursing grade point average (GPA), overall GPA and TEAS test results. Consideration will be given to students completing all pre-requisite and co-requisite non-nursing courses at SOWELA Technical Community College.
- 4) I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant and SOWELA Technical Community College School of Nursing and Allied Health.
- 5) My signature below indicates that I have read and understand the criteria and requirements listed in this packet. I declare that all the information I have submitted is complete and accurate.

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**Signature of Applicant:**

**Date:**



**ASN CLINICAL APPLICATION FORM**

**STUDENT NAME:**

**STUDENT ID#**

The SOWELA Technical Community College School of Nursing and Allied Health, in keeping with the rules and regulations of the State Board of Nursing and health care agencies, requires all students to complete certain admission health screening procedures. In addition, this form contains important information for students applying to the ASN Program.

**HEALTH INSURANCE INFORMATION**

**ALL SCHOOL OF NURSING STUDENTS must carry and be prepared to show evidence that you have current health insurance. This is a requirement for the ENTIRE duration of your program. This health insurance must cover you for any treatments related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical.**

**FORM INSTRUCTIONS**

All students are required to provide health history information and to have a health evaluation prior to admission to the School of Nursing and Allied Health. Continuing students will be required to submit an **annual** immunization update for PPD status and flu vaccination. If a significant change in health status occurs during a semester; the student must report that change to the clinical faculty and follow the policy for Significant Change in Health Status found in the ASN Student Handbook.

Please print unless otherwise indicated. ALL Date Fields required by this Form must be legible and completed with Month, Day and Year Values. Failure to comply with these requests will prevent your registration for the upcoming Term and prevent your participation in Clinical Rotations

**DISABILITY INFORMATION**

If you have a health problem that may require individualized disability support services, it is your responsibility to contact:

Office of Student Services  
3820 Senator J. Bennett Johnston Ave  
Lake Charles, LA 70616  
337.421.6969  
800.256.2443

**PART 1: STUDENT INFORMATION**

**STUDENT LEVEL (Circle one)** Clinical semester 1 2 3 4 Other \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Circle one) Male Female  
Mo Day YYYY

**HEALTH INSURANCE**

I verify that I carry, and will carry for the entire duration of my program, health insurance that will cover payment of treatment and follow-up procedures related to blood borne pathogens, other potentially infectious materials, and any illness or injury that could occur during class or clinical. Attach a copy of your health insurance card or policy.

\_\_\_\_\_  
(Student signature)

\_\_\_\_\_  
(Date)

**PART 2: IMMUNIZATION/VACCINATION HISTORY**

**Attach Immunization Records to the Application**

**TETANUS/ACELLULAR PERTUSSUS (Tdap)**

\*\*\*STUDENT MUST HAVE HAD A BOOSTER TO INCLUDE PERTUSSUS WITHIN THE LAST 10 YEARS\*\*\*

**HEPATITIS B**

Must have the 3-vaccination series or titer showing immunity  
\*\*\*If Non-immune, please give current booster date within 6 months

**VARICELLA**

Must have 2 doses of vaccine or titer showing immunity  
\*\*\*If Non-immune, please give current booster date within 6 months

**MMR – MUMPS RUBELLA RUBEOLA (MEASLES)**

Must have 2 doses of vaccine or titer showing immunity  
\*\*\*If Non-immune, please give current booster date within 6 months

**MENINGOCOCCAL**

Must have 2 doses of vaccine or a signed refusal form  
 Check here when you are attaching a signed refusal form if immunization is contraindicated or refusing (Form at end of application).

**TUBERCULOSIS SCREENING**

\*\*\*If you do not have a documented negative Mantoux PPD test within the past year; **you must have the 2 Step PPD test.** The second PPD Test must be administered 1 week to 3 weeks after the first PPD Test. These tests cannot be completed during a single visit with a healthcare provider. \*\*\* Or one QuantiFERON®-TB Gold blood test (QFT-G)

**Must have signed form from Provider**

**Chest X-Ray** (required if PPD is positive) X-Ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Normal Abnormal (Circle one)  
MO DAY YYYY

\*\*\*If abnormal, you must have clearance from a healthcare provider stating you are free from contagion.

Please attach documentation of medical clearance.



**PART 4: HEALTH HISTORY AND PHYSICAL EXAMINATION**

Students should complete this page prior to visiting the healthcare provider.

**PAST MEDICAL HISTORY**

Chronic health problems: \_\_\_\_\_

Surgical procedures/dates: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Allergies/reactions: \_\_\_\_\_

**Do you have a latex allergy or sensitivity?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, it is the student's responsibility to notify each assigned clinical instructor of this condition and to provide proof of medical management prior to the start of each clinical setting. Please refer to the Latex Allergy Policy in the SoNAH Student Handbook.

**List Current Medications (include over-the-counter medications):**

**VERIFICATION OF PERFORMANCE DUTIES**

**Purpose:**

Sowela Technical Community College nursing students are expected to be able to perform duties associated with those of a registered nurse, which means able to perform their clinical care responsibilities in a safe, appropriate, and effective manner free from the adverse effects of physical, mental, emotional, and personal problems.

**Physical Requirements:**

Nursing is a physically demanding profession. Clinical experiences may be up to twelve hours in duration in a hospital, health care, or community setting and students may be on their feet for extended periods of time. Clinical experiences may also be required on weekends and unusual hours of the day (e.g. until 11 p.m.). Nursing students are required to lift and transport patients and use equipment which may require some degree of physical strength. Considerable manual dexterity is also required for many nursing skills and activities.

Students must be able to hear equipment alarms from a distance and distinguish subtle changes in breath sounds, heart sounds, and other assessment data. Patients are often observed from a distance and heart monitors must be accurately read from at least the end of a patient's bed, approximately six (6) feet away. Students must also be able to accurately read small print on the barrel of a syringe. Students may be exposed to cleaning materials, as well as biological (i.e., blood, mucous), infectious/communicable diseases, and chemically hazardous materials in the clinical setting.

Emergency situations frequently occur that require immediate response and action by the student, including situations involving agitated patients who may be physically or verbally combative. Considerable reaching, stooping, bending, kneeling and crouching are also required. Students must have the ability to judge distance and space relationships, see peripherally, and, distinguish and identify different colors.

Students with physical health conditions must be considered to be under control and able to function safely in a clinical setting.

**Applications Due - Nursing office by 3:00PM on April 12, 2019**

**Psychological Requirements:**

Nursing students must be emotionally stable in order to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be considered to be on a stabilized dose in order to function safely in a clinical setting.

The following are examples of the everyday demands of clinical nursing courses.

<b>PHYSICAL DEMANDS: Strength Requirements</b>		Approximate frequency
Standing		45% of time
Walking		45% of time
Sitting		10% of time
Lifting	40-50 lbs	Frequently
Carrying	20 lbs	Occasionally
Pushing	< 200 lbs	Frequently
Pulling	45-50 lbs	Frequently
Pushing with Assist	> 200 lbs	Frequently
Climbing		Occasionally
Stooping		Frequently
Balancing and Kneeling		Occasionally
<b>Sensory Demands</b>		
<b>SIGHT REQUIREMENTS</b>		Approximate frequency
Acuity, Near and Far		Frequently
Depth Perception		Frequently
Color Vision		Frequently
Field of Vision		Frequently
<b>HEARING REQUIREMENTS</b>		
Ordinary Conversation		Constantly
Other Sounds		Frequently
<b>MENTAL DEMANDS and DISCIPLINE</b>		
Reading		Frequently
Reasoning and Problem Solving		Constantly
Organization		Constantly
Math		Frequently
Language		Constantly
Detailed Work		Constantly
Multiple Concurrent Tasks and Interruptions		Constantly
Stress		Constantly
Confidentiality		Constantly
Training classes		Frequently
<b>Potential Environmental Exposures - Approximate frequency</b>		
Exposure to radiation and chemicals		Occasionally
Exposure to blood/body fluids, infectious agents, and airborne pathogens		Frequently
Exposure to needle/syringes and waste handling		Frequently

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**Description of Terms:**

**Occasionally (activity or condition exists up to 1/3 of the time)**

**Frequently (activity or condition exists from 1/3 to 2/3 of the time)**

**Constantly (activity or condition exists 2/3 or more of the time)**

I have read and understand the above physical and mental requirements for clinical nursing courses. I am able to withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Nursing Program.

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Student Signature

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Date

**PHYSICAL EXAMINATION FORM: HEALTHCARE PROVIDER FORM**

**ASN CLINICAL APPLICATION**

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Temp: \_\_\_\_\_

B/P: \_\_\_\_\_ HR: \_\_\_\_\_ Resp: \_\_\_\_\_

**General appearance:**

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
LUNGS			
CARDIOVASCULAR			
MUSCULOSKELETAL			
NEUROLOGICAL			
DERMATOLOGICAL			

**VERIFICATION OF PERFORMANCE DUTIES**

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read from at least the end of a patient's bed, approximately six (6) feet away. Students must also be able to accurately read small print on the barrel of a syringe. Students may be exposed to cleaning materials, as well as biological (i.e., blood, mucous), infectious/communicable diseases, and chemically hazardous materials in the clinical setting.

Emergency situations frequently occur that require immediate response and action by the student, including situations involving agitated patients who may be physically or verbally combative. Considerable reaching, stooping, bending, kneeling and crouching are also required. Students must have the ability to judge distance and space relationships, see peripherally, and, distinguish and identify different colors.

Students with physical health conditions must be considered to be under control and able to function safely in a clinical setting.

**Psychological Requirements:**

Nursing students must be emotionally stable in order to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be considered to be on a stabilized dose in order to function safely in a clinical setting.

**The student meets the physical and mental demands described above and listed below.**

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**Provider:**

In your opinion, is there any reason why the student could not withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Nursing program?

YES                      NO                      If YES, please explain:

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I find the above-named individual able to perform the applicable duties of a student registered nurse and free from communicable disease:    YES                      NO

\_\_\_\_\_  
Print Name of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Address stamp (including phone #)

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Exposure to radiation and chemicals		Occasionally
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**Description of Terms:**

**Occasionally (activity or condition exists up to 1/3 of the time)**

**Frequently (activity or condition exists from 1/3 to 2/3 of the time)**

**Constantly (activity or condition exists 2/3 or more of the time)**



**Save a life. Learn CPR.**

**In need of your CPR card? Look no further!**

SOWELA will be offering CPR training taught by BLS provider on the dates listed below. Schedule your training today. The cost of the course is \$55 with payment due at registration. For more information, contact SOWELA's Workforce Solutions at (337) 421-6560.

**LIMITED TIME ONLY**

**SOWELA nursing students can attend CPR for free!**

**Just register for a class below.**

<https://www.sowela.edu/programs/school-nursing-allied-health/cpr-training/>

2019 CPR Training Courses	
Date	Time
February 1 <sup>st</sup> (opens new window)	3:30 – 7:30 p.m.
February 8 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.
February 15 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.
February 23 <sup>rd</sup> (opens new window)	8:00 a.m. -12:00 p.m.
March 4 <sup>th</sup> (opens new window)	8:30 a.m. – 12:30 p.m.
March 9 <sup>th</sup> (opens new window)	8:00 a.m. – 12:00 p.m.
March 15 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.
March 22 <sup>nd</sup> (opens new window)	3:30 – 7:30 p.m.
March 29 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.
April 5 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.
April 12 <sup>th</sup> (opens new window)	3:30 – 7:30 p.m.

**Physicals and PPDS's:**

1. You may visit your personal healthcare provider and have them fill out the history and physical form in the application packet. They may also provide PPD's, immunizations and flu shots.
2. Many of the local Urgent Care facilities are able to physicals, PPD's and immunizations without an appointment. Call agency prior to visiting to make sure they are able to complete requirements needed for admission.
3. The Calcasieu Community Clinic located in Hardtner Hall on the McNeese State University Campus offers physicals to students that meet their criteria. The clinic is open on Thursday's only and new patients need to arrive between 4:00pm-5:30pm. The student **MUST** contact Kayla Rigney at 478-8650 to make appointment.
4. If you have had a positive PPD or are allergic to the PPD components, refer to the ASN student handbook under the Tuberculosis policy for the steps that need to be taken.





Spring 2019 TEAS Dates	
January 11, 2019	8:30 a.m.
January 25, 2019	8:00 a.m.
February 8, 2019	8:30 a.m.
February 22, 2019	8:30 a.m.
March 8, 2019	8:30 a.m.
March 22, 2019	8:30 a.m.

### TEAS VI test instructions

1. You will need to sign up for the TEAS VI exam online at [www.atitesting.com](http://www.atitesting.com). The TESTING CENTER will offer several test dates and there are limited seats at each test time. We cannot add more seats at the test times so do not wait until last minute to sign up.
2. The exam has 170 multiple choice questions and is 3 ½ hours long so plan accordingly. The exam will automatically cut off at the 3 ½ hour mark. If you are approved through the office of student support services to receive extra time for the TEAS VI test you must notify us at the time you sign up for the exam. Failure to do this will result in you taking the test during the scheduled time frame without the extra time concession.
3. There are fees that change for the proctored exam and must be paid at the time of enrolling.
4. You will need to create an account with ATI **prior to test day**. You will not be allowed to test without a username and password.
  - a. Go to [www.atitesting.com](http://www.atitesting.com). (Download free Silverlight software, if necessary).
  - b. Click "Create an account" and keep track of your username and password.
  - c. My Username \_\_\_\_\_ My Password \_\_\_\_\_
5. You will only be allowed to take the TEAS VI test two times total and only one time a semester. You will not be allowed to retake the TEAS VI test in order to improve your score. In order to be considered eligible for the program you must pass the TEAS VI test with a score of 64%.
6. **Arrive on time for the test to the Nursing and Allied Health Building computer lab room 208.**
7. **Bring a picture ID with you day of test to show the test proctor.**
8. Bring two pencils with you. You will be given paper upon entry to test.
9. Do not bring a calculator, the test has a pull up calculator.
10. We recommend purchasing the TEAS VI study guide. Go to [ATItesting.com](http://ATItesting.com) click on the online store in the upper right corner then click on the TEAS products, they have several options of products, under shop for: on left side of screen. You can also copy and paste the following link into your browser to go directly to the site.  
[https://www.atitesting.com/ati\\_store/product.aspx?zpid=1175](https://www.atitesting.com/ati_store/product.aspx?zpid=1175)
11. If you are not able to purchase study products through ATI then you can also utilize a free test prep resource offered through the SOWELA Technical Community College library. Go to [www.sowela.edu](http://www.sowela.edu) click on library under quick links on lower right side of page. On library page go to databases, middle of page, then scroll down until you see learning express library and click on it. You will have to create an account to log in. Click on new featured resources, middle of page and this may take several seconds to load. On the left side of that page you

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will see prep for entrance exams, click on prepare for nursing school entrance tests. You will then see a list of 12 different 50 question practice tests in biology, chemistry, general science, math, reading and verbal availability. We do not guarantee that by using either this site or any of the ATI study guides will ensure that you pass the TEAS VI test.



**SCHOOL OF NURSING AND ALLIED HEALTH**

## Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and bacteremia or septicemia (infections of the blood). Meningococcal disease often strikes without warning – even people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *Neisseria meningitidis*, called "serogroups." Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants less than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, amputations, nervous system problems, or severe scars from skin grafts.

**Serogroup B meningococcal (MenB) vaccine** can help prevent meningococcal disease caused by serogroup B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

Obtained from: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>



**WAIVER FORM FOR MENINGOCOCCAL VACCINATION**

My signature below indicates that I have elected **NOT** to receive the meningococcal immunization at this time. I understand that I may be at risk for acquiring meningitis by refusing this vaccine. I accept the responsibility of this risk by refusing the meningococcal vaccine.

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Student Signature

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Date