

**Department of Nursing**  
**Annual Health, Safety, and Technical Standards Self-Evaluation**

<b>Name</b>	<b>DOB</b>	<b>Date</b>
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Emergency Contact Info</b>	<b>Name</b>	<b>Relationship</b>
<b>Phone numbers</b>	<b>Cell</b>	<b>Work/Home</b>

Consistent with Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA), it is the policy of Appalachian State University that no qualified individual with a disability shall be excluded from, denied the benefits of, or be subjected to discrimination in any university program, service or activity. In accordance with Section 504 and the ADA, all applicants for the nursing program must be qualified individuals who are able to meet the essential competency requirements of the program, with or without reasonable accommodations. Essential competencies include the ability to meet the cognitive, affective and psychomotor requirements of the curriculum (i.e., critical thinking, communication, interpersonal skills, mobility, tactile ability, vision, and hearing). The Department of Nursing is committed to providing access to its programs to qualified individuals with disabilities. However, the Department of Nursing is unable to make accommodations that impose an undue burden, present a threat to the health or safety of the individual or others, or fundamentally alter the nature of the curriculum including didactic components, laboratory sessions, and clinical affiliations.

**Have there been any changes in your overall health status since your admission physical?**    YES    NO

If yes, please describe in the space below and attach documentation from your healthcare provider.

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**Are you currently under treatment for any of these identified issues?**    YES    NO   If yes, please describe in the space below and attach documentation from your healthcare provider.

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**Have there been any changes in your ability to meet the cognitive, affective and psychomotor requirements of the curriculum as outlined in the Safety and Technical Standards policy (Student Handbook)?**    YES    NO

If yes, please describe in the space below and attach documentation from your healthcare provider.

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**Have you had any hospitalizations, injuries or surgeries since your admission physical?**  YES  NO

If yes, please describe in the space below and attach documentation from your healthcare provider.

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**To your best knowledge are you currently free from communicable disease(s)?**  YES  NO

If no, please describe in the space below and attach documentation from your healthcare provider.

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**Are there any health issues that may prevent you from participating in patient care?**  YES  NO

If yes, please describe and attach documentation from your healthcare provider.

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**Do you have any newly identified allergies:**  Latex  Medications  Foods  Insects  Other

If yes, please describe:

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**If you have not already done so, please attach documentation of your annual PPD or the annual tuberculosis surveillance questionnaire (previously positive PPD with chest x-ray).**

**I certify the information contained on this form is true and correct. I am aware that if during the course of the academic year my status should change in any way that would impact my ability to perform in the classroom or clinical setting, I must notify the Appalachian State University Department of Nursing Program Director. I also authorize the release of this information to the Appalachian State University Student Health Services if deemed appropriate.**

**I understand that misrepresentation or omission of any information will be sufficient grounds for dismissal from the Nursing Program.**

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**Signature**

\_\_\_\_\_  
**Date**