

**CHECKLIST FOR CLINICAL DOCUMENTS**  
**STUDENTS GOING INTO 2<sup>ND</sup>, 3<sup>RD</sup>, AND 4<sup>TH</sup> YEAR**  
**DEADLINE DATE: JUNE 1<sup>ST</sup>**

Date: _____	Program: Bachelor of Science in Nursing	Year Level:						
Name: _____	Compressed ____ Collaborative ____ (check one)	<table style="margin: auto;"> <tr> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> <td style="padding: 0 10px;">4</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">(year going into - circle one)</td> </tr> </table>	2	3	4	(year going into - circle one)		
2	3	4						
(year going into - circle one)								

\*All documents must cover the upcoming academic year (check "Important Dates" on LU website)\*

\*\*Provide photocopies of documents only – keep your originals in a safe and easily accessible location\*\*

Suggestion: Scan & store all documents (each year) on your computer ensuring they are secure but easily accessible at all times – they may be required by your placement agency when you are in your final year.

	✓ when complete	<b><u>YEARLY REQUIREMENTS:</u></b>
1.	_____ _____ _____	<p><b>Criminal Records Check with Vulnerable Sector Screening (CRC with VSS)</b></p> <ul style="list-style-type: none"> <li>Thunder Bay Police are on-line. They no longer offer walk-in service. Choose <b>LEVEL 3 (PVSC) for employment.</b></li> <li>Toronto Police Dept. has a specific form that is required. You must contact the Registration &amp; Information Assistant to get a copy of that form (clinicaldocs.nurs@lakeheadu.ca).</li> </ul> <p>Police Depts. except Toronto require a "Nursing Records Check Letter" when applying for your CRC with VSS. Letter is on "MyInfo" under "Forms". <a href="https://erpwp.lakeheadu.ca/home/student">https://erpwp.lakeheadu.ca/home/student</a></p>
2.	_____ _____ _____	<p><b>1 Step TB (Tuberculosis) Skin Test:</b> It is preferred that your test is recorded on the form found on the Nursing Website (under Forms). Your Health Care Provider may supply their own form as long as the following is shown: <b>Date administered; Date read; Result; HCP name, HCP signature, Clinic name with address (stamp with info accepted).</b></p> <p style="text-align: center; background-color: yellow;">Results recorded on Immunization Record will not be accepted.</p> <p style="text-align: center;"><a href="https://www.lakeheadu.ca/academics/departments/nursing/current-students/forms">https://www.lakeheadu.ca/academics/departments/nursing/current-students/forms</a></p>
<b><u>DOCUMENTS THAT EXPIRE: ONLY SUBMIT IF RENEWED OR RE-CERTIFIED</u></b>		
A.	_____ _____	<p><b>Basic Life Support (BLS); BLS Provider, CPR BLS (HCP) or an existing CPR at HCP Level:</b></p> <p>Nursing applies a 2-year expiry to all BLS certificates. If you have existing CPR at HCP level with a 2 or 3-year expiry it will be honoured if it covers you for the upcoming academic year. <i>First Aid, Oxygen Therapy or Airway Management is not required. A 3-year certificate because of First Aid is not accepted - it is only valid for a 2-year period.</i> <b>On-line courses are not accepted - you must attend in person.</b></p> <p style="text-align: right;">_____ expires: _____</p>
B.	_____ _____	<p><b>Mask Fit Certificate:</b> (2-year expiry) You can either find an agency that provides this service in your hometown (N95 Respirator) or choose to have this done on campus (by an independent provider) in the March/April timeframe.</p> <p style="text-align: right;">_____ expires: _____</p>
C.	_____ _____	<p><b>Tetanus Vaccination:</b> (10-year expiry) If you require a vaccination it is recommended that you get the <b>Tdap</b> vaccination (tetanus, diphtheria and acellular pertussis). You may have to be vaccinated early to meet deadline date.</p> <p><b>Tdap</b> _____</p>
<b><u>MISSING DOCUMENTATION - FOR 2<sup>ND</sup> YEAR STUDENTS (IF PREVIOUSLY NOT SUBMITTED):</u></b>		
D.	_____ _____	<p><b>Serology Report:</b> If you have not handed in your Hep B, MMR or Varicella serology due to vaccinations, proof of the vaccinations and serology must be turned in with this package.</p> <p>Hep B = _____; Date: _____ Measles _____; Mumps _____; Rubella _____; Varicella _____; Date: _____</p>
E.	_____ _____	<p><b>Varicella Vaccinations:</b> If your Varicella serology was non-reactive and you did not hand in your updated immunization record showing the 2 Varicella vaccinations required, you need to hand in with this package.</p> <p>_____</p>
**		<b>**ATTACH THIS PAGE TO THE FRONT OF YOUR COMPLETED PACKAGE</b>

\*\*\* Do not submit an incomplete package – incomplete packages are subject to fine \*\*\*

\*\*\*\* For more in-depth info on any of the above, please go to Nursing website under "Clinical Documentation"; "Documents" \*\*\*\*  
 Submit Package (ensuring each document is clear and fully visible or will not be accepted) by:

1. **Email (pdf format preferred) to clinicaldocs.nurs@lakeheadu.ca**
2. Hand deliver to SN 1021E or deposit in Clinical Document drop box
3. Mail: School of Nursing/Clinical Docs, 955 Oliver Rd, Thunder Bay, ON P7B 5E1
4. Fax: 807-346-7898 (complete packages only)