GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING
Clinical Course Renewal Form

Student Name __________________________ Date of Birth _______________ Eagle ID # ____________

School of Nursing Clinical Course Requirements:

1. Tuberculin Skin Test (PPD) 
   Date: __________
   Result: __________
   Chest x-ray, required if PPD is positive*
   Date: __________
   Result __________
   *Attach summary from health care provider regarding follow-up of any positive PPD.

Print or type name and address of health care provider completing this form.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City or Town __________________ State __________ Zip ______ Phone Number ____________

Immunization Status is certified by: (Signature) ____________________________ (Date) ____________

2. Current CPR: 
   Expiration Date: ________________
   Type: (Provider Level) ________________
   Attach copy of CPR card with expiration date.

3. Liability Insurance:
   a.) Individual policy* Expiration date: ________________ (RN-BSN only):
      *Attach copy of policy cover sheet showing amount and expiration date.
   b.) Group policy holder** (BSN only):
      **A charge will be included with the tuition invoice to cover the McGinnis and Associates Blanket Liability Insurance Program (which is carried by the School of Nursing.)

4. Health/Medical Insurance:
   Attach a copy of the student=s current health/medical insurance card or policy cover sheet, including effective dates.

Updated: 10/00 chr