



**Georgia Baptist College of Nursing (GBCN)
of Mercer University
Newly-Accepted Students Records Checklist**



Name: _____

Mercer ID# _____

CAMPUS HEALTH Initials _____

Date Received _____

- CAMPUS HEALTH INFORMATION FORM**
Complete and Submit Original to Health Care Svcs, Sheffield Bldg, Room 206.
- IMMUNIZATION RECORDS** (HEP, TITER, MMR, VARICELLA, TD)
Submit legible copies to Health Care Svcs, Sheffield Bldg, Room 206.
- PPD (TB Skin Test) RESULTS** *Read Date* _____
Submit Original to Health Care Svcs, Sheffield Bldg, Room 206.

NURSING ADMIN Initials _____

Date Received _____

- CPR CARD** (BLS for Healthcare Providers) *Expire Date* _____
Submit (1) front, back, signed copy of CPR card to Nursing Bldg, 2nd Floor, Room #218.
CPR must be certified from American Heart Association
- PROOF of HEALTH INSURANCE**
Submit (1) copy Front & Back of Insurance card to Nursing Bldg, 2nd Floor, Room #218.
Students who are covered by **Other than Mercer's Health Insurance, must access Mercer's BEARPORT website to complete the **Health Insurance Waiver** prior to the deadline or be **automatically billed** for Mercer's Pearce & Pearce Health Insurance.**
- HIPAA Results**
Access **BLACKBOARD**, Print and Submit (1) copy of results to Nursing Bldg, 2nd floor, Room #218.
- OSHA Results**
OSHA is not required of licensed and actively practicing registered nurses.
Access **BLACKBOARD**, Print and Submit (1) copy of results to Nursing Bldg, 2nd Floor, Room #218.

Upon completion, submit completed checklist to Nursing Admin

For more information, Contact the following:

- | | | |
|------------------------------|--------------|-------------------|
| ○ Campus Healthcare Services | 678-547-6130 | Fax: 678-547-6054 |
| ○ Nursing Admin Office | 678-547-6800 | Fax: 678-547-6777 |
| ○ Nursing Admissions Office | 678-547-6700 | Fax: 678-547-6794 |