

“Initial Participant”

- Nursing (RN) Nursing (PN) Respiratory Therapy Certified Nursing Assistant Phlebotomy

All sections of this health form must be completed in order to be eligible to participate in both clinical and classroom activities.

Please upload completed form to ACEMAPP using directions provided by the Nursing Program Coordinator (**RN and PN students only**). Students in all other programs to submit documents to program leads. Student must be able to meet all technical standards as listed below.

Note: Specific examples of Technical Standards can be found on the back of this page.

Critical Thinking:	<input type="checkbox"/> Sufficient critical thinking and cognitive abilities in classroom and clinical settings
Professionalism:	<input type="checkbox"/> Interpersonal skills sufficient for professional interaction with a diverse population of individuals, families and groups
Communication:	<input type="checkbox"/> Communication sufficient for professional interactions
Mobility:	<input type="checkbox"/> Physical abilities sufficient for movement from room to room and in small spaces
Motor Skills:	<input type="checkbox"/> Gross and fine motor abilities which are sufficiently effective and safe for providing allied health care
Sensory:	<input type="checkbox"/> Auditory and visual ability sufficient for observing, monitoring and assessing health needs
Observation:	<input type="checkbox"/> Ability to sufficiently make observations in a health care environment, consistent with program competencies
Tactile Sense:	<input type="checkbox"/> Tactile ability sufficient for physical assessment

Is the individual free of contagious illness? Yes No

If No, please explain: _____

I do hereby give my consent for the individual to fully participate in the classroom and clinical activities including complete patient care.

Additional Comments: _____

Health Care Provider Signature

Date

Please affix sticker or stamp with Provider name and address

Phone number

Note: All costs associated with this exam are the responsibility of the individual.

	Examples
Critical Thinking	Make safe, immediate, well reasoned clinical judgments. Identify cause/effect relationships in all clinical situations and respond appropriately. Utilize the scientific method and current standards of evidence based medicine/practice (EBM) to plan, prioritize, and implement patient care. Evaluate effectiveness of health related interventions. Accurately follow course syllabi, assignments, directions, academic and facility patient protocols, and any action plan(s) developed by the dean, faculty, administration, or healthcare institution. Measure, calculate, reason, analyze and/or synthesize data as it applies to patient care and medication administration.
Professionalism	Establish effective, professional, relationships with clients, families, staff and colleagues with varied socioeconomic, emotional, cultural, and intellectual backgrounds. Capacity to engage in successful conflict resolution. Capacity to comply with all ethical and legal standards, including those of the healthcare profession and the corresponding policies of the College and Clinical Placements Facilities. Ability to relate to clients, families, staff and colleagues with honesty, integrity, and non-discrimination. Ability to self regulate behavior and maintain composure during stressful or sensitive care of clients in all areas of the healthcare environment. Respond appropriately to constructive criticism. Effectively work independently and cooperatively in team situations. Displays attributes of professionalism such as: integrity, honesty, responsibility, accountability, altruism, compassion, empathy, trust, tolerance, and unbiased attitudes.
Communication	Explanation of treatment, procedure, initiation of health teaching (e.g. teach-back or show-me method). Accurately obtain information from clients, family members/significant others, health team members, and/or faculty. Documentation and interpretation of health related interventions and client responses. Read, write, interpret, comprehend, and legibly document in multiple formats using standard English. To relay accurate and thorough information in oral, written, and electronic forms for continuity of care with all health care team members appropriately. Communicate in a courteous, non-aggressive, non-defensive manner with instructors, peers, staff, patients and health care team members.
Mobility	Functional movement about patient's room, workspaces, and treatment areas. Administer rescue procedures such as cardiopulmonary resuscitation. The physical ability to transition quickly to accommodate patient needs and to maneuver easily in urgent situations for client safety
Motor Skills	Ability to effectively calibrate and use equipment. Strength to carry out patient care procedures, such as assisting in the turning and lifting/transferring of patients. Perform and/or assist with expected procedures, treatments, and medication administration using appropriate sterile or clean technique (for example, medication administration, CPR, insertion of catheters). Physical endurance sufficient to complete all required tasks during the assigned period of clinical practice, including the physical and mental demands of a 12-hour clinical shift. To physically be able to control falls by slowly lowering patient to floor. Lift or move (turn, position) clients or objects, pull or push objects weighing up to 35 pounds to accommodate client care needs.
Sensory	Ability to detect monitoring device alarm and other emergency signals. Ability to discern sounds and cries for help. Ability to observe client's condition and responses to treatments. Ability to collect information through listening, seeing, smelling, and observation and respond appropriately. Ability to detect foul odors, smoke, changes in skin temperature, skin texture, edema, and other anatomical abnormalities
Observation	Accurate interpretation of information obtained from digital, analog, and waveform diagnostic tools such as temperatures, blood pressures, and cardiac rhythms as well as diagnostic tools that monitor or obtain physiological phenomena with client care. Observation and interpretation of the following: client heart and body sounds, body language; color of wounds, drainage, urine, feces, expectoration; sensitivity to heat, cold, pain and pressure; and signs and symptoms of disease, pain, and infection.
Tactile Sense	Ability to palpate in physical examinations and various therapeutic interventions. To detect temperature changes, and feel vibrations (pulses) and palpate veins for cannulation.

INFECTIOUS DISEASE AND IMMUNIZATION INFORMATION

TB Testing: For Tuberculosis testing, please refer to the next page, Student Tuberculosis (TB) Testing.

Vaccinations: The following vaccine or titer results/records must also be submitted to the appropriate program coordinator or uploaded into ACEMAPP (if used by the program). If using ACEMAPP, the student may need to upload the same vaccination log **multiple times** in order to meet the various health requirements.

- **Measles/Mumps/Rubella:** Students are required to have valid documentation of **2** MMR vaccines **OR** have titers (bloodwork) drawn to document immunity. Titer results demonstrating “non-immune” or “equivocal” will require a student to receive **2** doses of MMR vaccine*, 1 month apart.
- **Varicella (Chicken Pox):** Students are required to have valid documentation of **2** Varicella vaccines **OR** have titers (bloodwork) drawn to document immunity **OR** have documentation of the disease by their Health Care Provider. Titer results demonstrating “non-immune” or “equivocal” will require a student to receive **2** doses of Varicella vaccine*, 1 month apart.

❖ No **additional titers** required after receiving the vaccines as described above.

- **Tetanus Diphtheria & Pertussis (Tdap):** Students must receive a Tdap vaccine. Td booster required every 10 years
- **Hepatitis B:**

Scenario #1:

- ***Students having previously completed the 3 part Hepatitis B vaccination series*** must be tested via a titer (blood test) verifying they are **positive** for Hepatitis B surface antibody (anti-HBs), thus immune to the disease.
- Those whose results are either “non-immune” or “equivocal” must repeat the Hep B 3-part vaccination series at 1, 2 and 6 months
- A repeat titer is then required 1-2 months post-vaccination series completion
- Students whose titers continue to read “non-immune” or “equivocal” are considered, “non-responders”, should be considered susceptible to HBV, and should be counseled regarding precautions and treatment via their health care provider.
- Students are responsible for tracking these results and vaccine due dates along with re-titer dates as needed

Scenario #2:

- Students who have not previously completed the 3-part Hepatitis B vaccination series must first obtain the 3-part vaccination series initially at 1, 2 and 6 months
- A titer (blood test) to verify they are **positive** for Hepatitis B surface antibody (anti-HBs), thus immune to the disease, is required 1-2 months following the vaccination series completion.
- Students whose titer results are either “non-immune” or “equivocal” must **repeat** the Hep B 3- part vaccination series at 1, 2 and 6 months
- An additional Hep B titer is required, again 1-2 months post immunization
- Students whose titers continue to read “non-immune” or “equivocal” are considered, “non-responders”, should be considered susceptible to HBV, and should be counseled regarding precautions and treatment via their health care provider

Note: Students are responsible for tracking these results and vaccine due dates along with re-titer dates as needed

Flu vaccination: Flu vaccination is required during flu season, October through March. Students entering any program in fall semester will receive email notification of an October due date for this requirement. Students entering any program in winter semester will be required to have flu shot documentation upon entry into the program.



Student Tuberculosis (TB) Testing

Prior to admission students must provide proof of negative TB status by submitting one of the options below:

1. Two-Step TB skin test (TST). A single annual TB screening schedule can be maintained every year thereafter.
2. Approved TB screening blood test.
3. If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, see option 3 below.

Name: _____ Student ID: _____
(Please Print)

OPTION 1: 2-Step TST

FIRST STEP OF THE TWO-STEP TB SKIN TEST (TST):

Date Test Given (mm/dd/yyyy): _____ Test Given by: _____
Site: Left Forearm Right Forearm Manufacturer/Lot #: _____

Date Test Read (mm/dd/yyyy): _____ Test Read by: _____
Interpretation: Negative Positive Measurement of Induration (in millimeters): mm

SECOND STEP OF TWO-STEP TB SKIN TEST (TST):

Date Test Given (mm/dd/yyyy): _____ Test Given by: _____
Site: Left Forearm Right Forearm Manufacturer/Lot #: _____

Date Test Read (mm/dd/yyyy): _____ Test Read by: _____
Interpretation: Negative Positive Measurement of Induration (in millimeters): mm

- OR -

OPTION 2: TB Screening Blood Test

INTERFERON-GAMMA RELEASE ASSAY (IGRA) – Quantiferon or T-Spot:

Date Test Given (mm/dd/yyyy): _____ Test Given by: _____
Interpretation: Negative Positive

In the event of a positive result: If a tuberculin skin test or the IGRA blood test is positive or a person exhibits signs and symptoms suspicious for tuberculosis, a medical evaluation is required.

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**OPTION 3:**

If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, perform an annual risk assessment/symptom check with your healthcare provider instead of the TST or IGRA. Repeat Chest x-ray is only required if symptoms develop.

#### **CHEST X –RAY**

Documentation that the Chest X-Ray was performed to rule-out tuberculosis due to a positive TB skin test, IGRA blood test or due to the development of signs or symptoms of tuberculosis must be in the Chest X-Ray report or comments.

Date of Chest X-Ray (mm/dd/yyyy): \_\_\_\_\_

Interpretation:  Normal  Abnormal

Healthcare Provider Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Symptom Review Statement: