STUDENT HEALTH FORM 2015-2016
(Please Initial the Program of Study)

Health Programs Learning Center and Emergency Medical Services

Curriculum Programs

_____ Associate Degree Nursing  _____ Medical Assisting
_____ Practical Nursing  _____ Physical Therapy Assistant
_____ Health Information Technology  _____ Pharmacy Technician

Workforce Development Programs

_____ Activity Director  _____ Physical Therapy Technician
_____ Nurse Aide I  _____ Phlebotomy
_____ Nurse Aide II  _____ Veterinarian Assistant
_____ Emergency Medical Services (EMS)

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GUIDELINES FOR COMPLETING IMMUNIZATION RECORD

The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit. Acceptable Records of Your Immunizations May be Obtained from Any of the Following: (Be certain that your name, date of birth, and ID Number appear on each sheet and that all forms are mailed together. The records must be in black ink and the dates of vaccine administration must include the month, day, and year. KEEP A COPY FOR YOUR RECORDS.

- High School Records – These may contain some, but not all of your immunization information. Contact Student Services for help if needed. Your immunization records do not transfer automatically. You must request a copy.
- Personal Shot Records – Must be verified by a doctor’s stamp or signature or by a clinic or health department stamp.
- Local Health Department
- Military Records or WHO (World Health Organization Documents)
- Previous College or University – Your immunization records do not transfer automatically. You must request a copy.

SECTION A: IMMUNIZATION REQUIREMENTS

| POSITIVE MMR TITER IS ACCEPTABLE IN ALL CASES OTHERWISE, 2 MMRs or 2 SINGLE MEASLES, MUMPS OR RUBELLA VACCINES ARE REQUIRED Regardless of age and vaccinations must meet proper timing of vaccination as described below |
|---|---|---|---|---|
| STUDENTS 17 YEARS OF AGE AND YOUNGER | DTP or Td¹ | Polio | Measles² | Mumps⁴ | Rubella⁴ |
| 3 | 3 | 2 | 2 | 2 |
| STUDENTS BORN IN 1957 OR LATER AND 18 YEARS OF AGE OR OLDER | DTP or Td¹ | Polio | Measles²³ | Mumps⁴ | Rubella⁴ |
| 3 | 0 | 2 | 2 | 2 |
| STUDENTS BORN BEFORE 1957 | DTP or Td¹ | Polio | Measles | Mumps | Rubella⁴ |
| 3 | 0 | 2 | 2 | 2 |
| STUDENTS 50 YEARS OF AGE AND OLDER | DTP or Td¹ | Polio | Measles | Mumps | Rubella |
| 3 | 0 | 2 | 2 | 2 |

INTERNATIONAL STUDENTS

Vaccines are required according to age (refer to appropriate box). Additionally, International students are required to have a TB skin test and negative result within the 12 months preceding the first day of classes (chest x-ray required if test is positive).

1. DTP (Diphtheria, Tetanus, Pertussis). Td (Tetanus, Diphtheria): One Td booster within the last ten years
2. Measles: One dose on or after 12 months of age; second at least 30 days later. Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age.
3. Two measles doses if entering college for the first time after July 1, 1994.
4. One dose on or after 12 months of age. Only laboratory proof of immunity to rubella or mumps disease is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.
Guidelines for Nursing, Emergency Medical Services (EMS), Medical Assisting, Physical Therapy Assistant, Pharmacy Technician, and Health Information Technology Students

1. A physical examination must be submitted prior to clinical experience. These exams must have been completed within the year prior to enrollment. The required results include:

   a) Tuberculin Test (must be repeated on annual basis). Positive results may indicate a need for further medical assessment. Documentation of radiological reports and treatments must be submitted. OR
   
   Students who have identified themselves and/or presented documents that determine a previous positive TB test reaction or converter must complete the TB Surveillance Questionnaire. The TB Surveillance Questionnaire must be submitted each year thereafter while enrolled in health programs.

   b) History of Diseases such as Rubella, Rubeola, Mumps, Hepatitis, and Varicella does not document immunity. Only laboratory results of titers will be accepted if vaccinations are not received.

   c) Rubella (German measles) proof of immunization x 2 or positive titer
   d) Rubeola (measles) proof of immunization x 2 or positive titer
   e) Mumps proof of immunization x 2 or positive titer
   f) Hepatitis B immunization (series of three, must be started prior to enrollment)
   g) Tetanus immunization or booster within the last 10 years
   h) Varicella (chicken pox) proof of immunization x 2 AND/OR positive titer
   i) Influenza vaccinations are mandatory and must be completed during October (usually) each year.

2. Included within the physical examination is a statement by the examining physician certifying that the applicant is free of any disease (physical or mental) which would impair their ability to perform his or her duties in a health-related field.

3. The medical results are reviewed prior to the candidate’s participation in the clinical areas. An applicant or student will be required to follow-up any significant findings or discrepancies identified on the physical exam.

4. Immunizations are required for health program students. This procedure may be hazardous in the event of pregnancy. A doctor should be consulted if the immunization is necessary. Immunizations may be waived with a document signed by a physician, physician assistant, or nurse practitioner stating medical reasons. The clinical agency has the right to accept or deny a waiver request.

5. Immunizations must be current or the student will not be allowed in the clinical setting. Absences for delinquency in maintaining current immunizations will not be excused.
Guidelines for Workforce Development: Activity Director, Nurse Aide I, Nurse Aide II, Phlebotomy, Physical Therapy Technician, and Veterinarian Assistant Students

The following are required:

Activity Director: Tuberculin Skin Test
Veterinarian Assistant: TDAP or Tetanus Immunization
Phlebotomy: Tuberculin Skin Test, Hepatitis B Series ***
Nurse Aide I and Nurse Aide II: Tuberculin Skin Test ***
Physical Therapy Technician: Tuberculin Skin Test

***If a Workforce Development student has a rotation at CarolinaEast Medical Center or Carteret General Hospital, an entire packet is required. Please contact Katie Jenkins, Workforce Development Coordinator II, at jenkinsk@cravencc.edu or 252.638.6127 for more information.

For specific questions regarding EMS requirements, please contact Jon Stephens, Workforce Development Coordinator II, at stephensj@cravencc.edu or 252.672.4698
Guidelines for Technical/Functional Abilities Required for Health Professionals and Students

Nursing, Emergency Medical Services (EMS), Activity Director, Nurse Aide I, Nurse Aide II, Phlebotomy, Veterinarian Assistant Students:

Certain functional abilities are essential for the delivery of safe, effective care during clinical experience activities. The Nursing Faculty, utilizing clinical site standards, has determined that certain technical standards are requisite for progression and graduation from the nursing programs. The student must be able to:

1. Walk, stand for long periods of time, stoop, reach, lift, and bend.
2. Lift, turn, support, move, position and transport patients of all weights and ages (newborns, pediatrics, adolescents, adults, and geriatrics).
3. Access all patient bedsides and to respond immediately to an emergency situation anywhere in the hospital.
4. Reach for, finger and handle records/reports in keying of data into a computer or other device.
5. Use manual dexterity to render patient care.
6. See and fully communicate (both orally and written) with patients, doctors, and other employees either in person or over the telephone.
7. Work effectively with others demonstrating tact, discretion, and diplomacy.
8. Must be able to maintain calm, effective, and accurate performance in stressful situations.
9. Follows directions and performs assigned activities.
10. Work varied schedules.
11. Work around blood and bodily fluids, and potentially infectious organisms.

Medical Assisting Students:

Certain functional abilities are essential for the delivery of safe, effective medical assisting care during clinical experience activities. The Medical Assisting faculty, utilizing clinical site standards, has determined that certain technical standards are requisite for progression and graduation from the Medical Assisting program. The student:

1. Possesses the ability to walk, stand for long periods of time, stoop, reach, lift, and bend.
2. Possesses the ability to lift, turn, support, move, position and transport patients of all weights and ages (newborns, pediatrics, adolescents, adults, and geriatrics).
3. Is able to access all patient bedsides and to respond immediately to an emergency situation anywhere in the facility.
4. Is able to reach for, finger and handle records/reports in keying of data into a computer or other device.
5. Possesses manual dexterity to render patient care.
6. Must be able to see and fully communicate (both orally and written) with patients, doctors, and other employees either in person or over the telephone.
7. Works effectively with others demonstrating tact, discretion, and diplomacy. Must be able to maintain calm, effective, and accurate performance in stressful situations.
8. Follows directions and performs assigned activities.
9. Capable of working varied schedules.
10. Must be able to work around blood and bodily fluids, and potentially infectious organisms.

Physical Therapy Assistant and Physical Therapy Technician Students:

Working conditions that the PTA should be expected to face and manage professionally could include: high patient caseload, crowded conditions, stressful environment due to any combination of the following: suddenly reduced staff, equipment failures, lack of adequate or desired supplies, staff or personnel problems reflected in spontaneously adverse behaviors. Such conditions will have been discussed and perhaps simulated and acted out or written out in problem-solving segments of specific courses in our curriculum.
Physical Therapy Assistant and Physical Therapy Technician Students (cont’d)

- Students and graduates may be required to perform at a moderate work capacity such that a graduate can safely lift and carry equipment and supplies/materials up to 50 pounds without help, and over 50 pounds with assistance of mechanical devices or other personnel.
- Students and graduates must be able to use appropriate body mechanics necessary to: stop, push/pull adequately to move a patient or equipment into position for treatment as well as to execute and complete that treatment, always being aware that potential risk for back injuries is high.
- Students typically sit for 2-10 hours daily, stand for 1-2 hours daily, and walk or travel 2 hours daily.
- Students frequently bend, twist, and stoop and occasionally crawl, climb, reach above shoulder level, and kneel.
- Students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Students continuously use their hands repetitively with a simple grasp and frequently use a firm grasp and manual dexterity skills.
- Students frequently coordinate verbal and manual activities with gross motor activities.
- Visual and Auditory Acuity – accurate perception of colors and average hearing ability to beware of a patient’s reaction to treatments or to anticipate potential hazards as well as to read instructions and heed safety warnings or be able to make appropriate adaptations.
- Written and Oral Comprehension and Documentation Abilities – to understand and interpret medical terminology as it applies to physical therapy; to communicate with clients, staff, physicians, visitors, and to prepare precise and succinct reports, progress notes, and other data that record patient treatments, reactions, and evaluate their progress.

Pharmacy Technician Students:
Certain functional abilities are essential for the delivery of safe, effective pharmacy technician practice during clinical experience activities. The Pharmacy Technician faculty, utilizing clinical site standards, has determined that certain technical standards are requisite for progression and graduation from the Pharmacy Technician program. In order to fulfill the requirements of the Pharmacy Technician Program at Craven Community College, students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following: Code: F = frequently, O = Occasionally, NA = Not Applicable

<table>
<thead>
<tr>
<th>Physical Demands</th>
<th>Code</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing</td>
<td>F</td>
<td>Time is spent standing for long periods of time. Aptitude required body conditions that would not adversely affect by repeating the same movements or by bending or twisting the body. The use of the hands is required to handle, control, and feel objects, tools or controls.</td>
</tr>
<tr>
<td>Walking</td>
<td>F</td>
<td>Bending, stretching, twisting and coordinating movement of several parts of the body while the body is moving is required. Using the stomach and lower muscles to support the body for long periods without getting tired or out of breath is frequently required.</td>
</tr>
<tr>
<td>Sitting</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Lifting (up to 125 pounds)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Carrying</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Pushing</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Pulling</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Climbing</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Crouching</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Crawling</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Stooping</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Kneeling</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Reaching</td>
<td>F</td>
<td>Speaking clearly and understanding the speech of others is required for work of this nature. The ability to see details of objects that are less than a few feet away is necessary, as well as seeing the difference between colors brightness and shades.</td>
</tr>
<tr>
<td>Manual Dexterity</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Tactile Sensitivity</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Talking</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Seeing</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Communicating</td>
<td>F</td>
<td></td>
</tr>
</tbody>
</table>
Name: ____________________________ Student ID Number: ____________________________
(Please Print)

Address: ____________________________ City: ____________________________ Zip ____________

Email: ____________________________ Phone: ____________________________

PHYSICAL EXAMINATION

Height ______ Weight______ TPR ______/______/______ BP __/______

<table>
<thead>
<tr>
<th>VISION</th>
<th>HEARING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected</td>
<td>Right 20/______ Left 20/_________</td>
</tr>
<tr>
<td>Uncorrected</td>
<td>Right 20/______ Left 20/_________</td>
</tr>
<tr>
<td>Color Vision</td>
<td>_________</td>
</tr>
</tbody>
</table>

HEARING (gross) Right _______ Left _______
15 ft. Right _______ Left _______

Are there abnormalities? Normal Abnormal DESCRIPTION (attach additional sheets if necessary)

1. Head, Ears, Nose, Throat
2. Eyes
3. Respiratory
4. Cardiovascular
5. Gastrointestinal
6. Hernia
7. Musculoskeletal
8. Metabolic/Endocrine
9. Neuropsychiatric
10. Skin

Is student under treatment for any medical or emotional condition? Yes ______ No ______
Explain ____________________________________________________________

Is student physically healthy? Yes____ No____
Explain ____________________________________________________________

Is student emotionally healthy? Yes____ No____
Explain ____________________________________________________________

Based on my assessment of this student’s physical and emotional health on (date) ____________, he/she appears able to participate in the activities of a health profession in a clinical setting and provide safe care to the public.
YES ___ NO ___
If No, please explain ________________________________________________

Signature of Physician/Physician Assistant/Nurse Practitioner ________________ Date ____________

Print Name of Physician/Physician Assistant/Nurse Practitioner ______________________ Area Code/Phone Number ______________________

Office Address __________________ City __________________ State ______ Zip Code ______
A complete immunization record from a physician or clinic may be attached to this form.

<table>
<thead>
<tr>
<th>IMMUNIZATION RECORD</th>
<th>(Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>DTP or Td</td>
<td>(#1)</td>
</tr>
<tr>
<td>Td booster (Tdap)</td>
<td></td>
</tr>
<tr>
<td>within 10 years</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
</tr>
<tr>
<td>MMR (after first birthday)</td>
<td></td>
</tr>
<tr>
<td>MR (after first birthday)</td>
<td></td>
</tr>
<tr>
<td>Measles (after first birthday)</td>
<td>***Disease Date</td>
</tr>
<tr>
<td>Mumps</td>
<td>*** (Disease Date NOT Accepted)</td>
</tr>
<tr>
<td>Rubella</td>
<td>*** (Disease Date NOT Accepted)</td>
</tr>
<tr>
<td>Hepatitis B Series/Titer</td>
<td>(#1)</td>
</tr>
<tr>
<td>Varicella (Chicken pox) series of two doses AND positive titer after the two doses.</td>
<td></td>
</tr>
<tr>
<td>May have positive immunity by titer due to disease even if no vaccine</td>
<td></td>
</tr>
<tr>
<td>Disease Date not Accepted; positive titer without Vaccination accepted</td>
<td></td>
</tr>
<tr>
<td>Tuberculin (TST) Test (within 3 months of entrance)</td>
<td>Date Read mm induration</td>
</tr>
<tr>
<td>Chest x-ray, if positive TST; annual surveillance form</td>
<td>Date</td>
</tr>
<tr>
<td>Influenza (Required annually during flu season with due date announced each Fall Semester)</td>
<td>Date</td>
</tr>
</tbody>
</table>

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner

Print Name of Physician/Physician Assistant/Nurse Practitioner

Code/Phone Number

Office Address

City

State Zip Code

** Must repeat Rubeola (measles) vaccine if received even one day prior to 12 months of age.

*** Only laboratory proof of immunity is acceptable, not history of disease, if the vaccine is not taken.

**** Attach Lab report
Craven Community College
Health Programs Learning Center
TB Surveillance Questionnaire
Initial/Annual

Please note that this questionnaire is for students who have identified themselves and/or presented documents that determine a documented positive TB test reaction or converter, and will be a part of the student medical record. *It is important that you furnish records of the initial conversion/reaction to the TB test and all treatments given, if any. Submit a report of any x-ray completed at the time of the treatment or since then as available. After this initial documentation, the Student Annual Questionnaire must be completed for subsequent annual TB surveillance. Please respond to the questions listed below and return to the Director of your program.

Are you having any of these symptoms?

1. Unplanned weight loss (more than 10 percent of body weight)?
   __Yes __No
2. Night sweats (that cause you to have to change the bed sheets)?
   __Yes __No
3. Chronic cough in absence of cold or flu (greater than 3 weeks)?
   __Yes __No
4. Coughing blood-streaked sputum?
   __Yes __No
5. Fever lasting several weeks?
   __Yes __No
6. Pain in chest when taking a breath?
   __Yes __No
7. Unusual tiredness or weakness lasting several weeks?
   __Yes __No
8. Have you been diagnosed with diabetes, silicosis, renal disease, or liver disease or said to be immunocompromised?
   __Yes __No
9. Have you been diagnosed with pneumonia during the past year?
   __Yes __No
10. Have you traveled outside of the United States within the past year since you were previously evaluated for signs/symptoms of tuberculosis?
    __Yes __No