

Student Health Forms and Immunization Requirements

For Health Science and Nursing Students

You must submit every document on this checklist by the specified deadline on your acceptance letter. Failure to do so will result in the loss of your spot in the program. All completed Health Care Forms must be submitted to the Health Records Coordinator. **Faxed records will NOT be accepted.**

For questions or more information regarding completion of this packet, please refer to the online video or contact the Health Records Coordinator:

Online Video: <http://www.ptc.edu/college-resources/nursing-health-science/forms-resources>

Health Records Coordinator: Denise Wiley 120-H (864) 941-8752 or wiley.d@ptc.edu

Checklist

- Student Information and Declaration:** Complete and sign page 2.
- Physical & Mental Requirements:** Complete page 3 of the Student Health Form to verify your understanding of physical and mental requirements for your program.
- Physical:** To ensure that you can meet the demands of working as a healthcare professional, you must have a physical exam, including auditory and vision screening by a qualified licensed physician or nurse practitioner. This exam must document your exam results and must be completed within 12 months of beginning the program. The Physical Assessment can be found on page 4 of the Student Health Form.
- Immunizations/ Titers:** Students must submit proof of each of the following immunization series OR submit a positive titer for each. This must be documented on state-approved certificate of immunization form from the Health Department and/or your healthcare provider's letterhead. A copy of lab is required to verify titer results. *(The first step is to contact the health department to check your childhood immunization records).*
 - MMR:** Two (2) immunizations are required, or a positive titer.
 - Varicella:** Two (2) immunizations are required, or a positive titer. Chicken pox self-reports are not acceptable in lieu of documented immunizations or titer.
 - Hepatitis B:** A series of three (3) immunizations is required, or a positive titer.
 - Tetanus:** Immunization required within the past 10 years.
 - TB Skin Testing:** A 2-Step PPD is required upon admission. Thereafter, an annual PPD is required. Documentation must include: dates applied, dates read, results recorded in mm. TB tests must be administered 1-3 weeks apart with results read within 48-72 hours. Positive PPD results require: date with results recorded in mm, documented chest x-ray results, and documented prophylactic treatment dates. *(Please note: Vet Tech students are required to complete only a 1-Step PPD).*
 - Flu Vaccination:** All Health Science and Nursing students are required to have a yearly vaccination. Students will be informed annually by the Health Records Coordinator when it is time to obtain this vaccine. This requirement is communicated to students once area hospitals inform us that they have officially announced that that flu season has begun.

NOTE: It is recommended that you keep a copy of all documents that you submit to Health Records.

ADDITIONAL REQUIREMENTS INCLUDE:

CPR: Healthcare Provider CPR through the American Heart Association for Health Care Providers is required. CPR training (AHS 106) is provided prior to the semester for those who need it. The dates for this training will be announced at Orientation. CPR certification is valid for 2 years, but all students must review a CPR video after 1 year. Students must enter the program with a CPR certification that will not expire for at least two years. *(Please note: Vet Tech students are not required to have CPR).*

NOTE: Individual programs may have additional requirements which will be communicated to you during your program's Orientation.

STUDENT INFORMATION

Program: _____ PTC ID: _____ Date: _____

Name: _____
 First MI Maiden Last

Date of Birth: _____
 Month Day Year

Address: _____
 Street City State Zip

Phone: _____
 Home Work Cell

Email: _____

Emergency contact: _____
 Name Relationship

_____ Address Home Phone Work Phone

PHYSICAL ASSESSMENT

To be completed by student: (May attach additional sheets for full explanation.)

1. Known Allergies (Medications, food, other) _____

2. Medical Conditions currently diagnosed or treatment has been recommended that could put you, patients, faculty or fellow students at risk, i.e. seizures, diabetes, infectious disease, etc.

DECLARATION

I hereby certify that all information is correct. I understand that false information may be cause for dismissal from the program.

I understand it is my responsibility to report any changes in my health status to the Program Director and/or Instructor.

I understand that this information:

- Is confidential
- Must be completed in its entirety and submitted for admission to specified program

I give permission for the official representative of the specified program to share this record, upon request, with appropriate college and/or clinical agency required for the provision of enhancing my educational and/or clinical experience.

Student Signature _____ Date _____

Student's Name: _____ PTC ID: _____ Program of Study: _____

PHYSICAL AND MENTAL STANDARDS

All nursing and health science programs require physical agility and strength sufficient to move from room to room, lift and position patients, maneuver in small places, and perform clinical services. Students must possess gross and fine motor abilities as well as auditory, visual, and tactile acuity, which are required to assess health status and perform effective patient care. See the chart below for specific requirements by program.

O = Occasionally (1 – 33%)

F = Frequently (34 – 66%)

C = Constantly (67 – 100%)

Physical Stamina Required (Description)	RES RAD	MAS	ADN PN PCT	CVT	MED	PHB	PHM	VET	SUR
<i>Lift</i> - up to 50 lbs to assist moving patients, supplies, equipment.	F	F	F	F	F	O	O	F	F
<i>Lift</i> - up to 200 lb when moving patients.	O	O	F	F	O	O	O	C	F
<i>Stoop</i> - adjust equipment.	F	F	F	F	F	F	C	C	F
<i>Kneel</i> - manipulate equipment, perform CPR, plug in electrical equipment	O	F	O	O	O	O	O	F	O
<i>Reach</i> - overhead lights, equipment, cabinets, attach oxygen to outlets, stocking.	C	C	C	C	F	O	C	C	C
<i>Motor skills, manual dexterity</i> – small and large equipment for storing, moving; apply sterile gloves; take BP; operate computers; perform CPR; utilize syringes, tubes, catheters; set up and maintain sterile field.	C	C	C	C	C	C	C	C	C
<i>Stand</i> for prolonged periods of time (to deliver therapy, check equipment and patient; perform surgical procedures).	C	C	C	C	C	C	C	C	C
<i>Feel</i> - palpate pulses; perform physical exams; feel arteries or veins for puncture; assess skin temperature.	C	O	C	F	C	C	O	F	F
<i>Push/Pull</i> large wheeled equipment, i.e. mechanical ventilators, wheelchairs, patients, x-ray, equipment, EKG machines, and office equipment.	C	C	C	F	O	O	O	O	F
<i>Walk</i> for extended periods of time.	C	O	C	O	C	C	C	C	O
<i>Manipulate</i> - knobs, dials associated with diagnostic or therapeutic devices; small instruments, syringes.	C	C	C	C	C	C	C	C	C
<i>Hear</i> - verbal directions, alarms, telephone; hear through a stethoscope for heart sounds, lung sounds, and blood pressure.	C	C	C	C	C	C	C	C	C
<i>See</i> - patient conditions such as skin color, work of breathing; read small print and calibration on equipment; perceive color.	C	C	C	C	C	C	C	C	C
<i>Talk</i> - communicate goals and procedures to patients in English.	C	C	C	C	C	C	C	C	C
<i>Read</i> - typed, handwritten, computer information in English.	C	C	C	C	C	C	C	C	C
<i>Write</i> - communicate pertinent information (patient assessment, outcome assessments) in English.	C	C	C	C	C	C	C	C	C
Mental Attitude									
Function safely, effectively and calmly under stressful situations.	C	C	C	C	C	F	F	C	C
Maintain composure while managing multiple tasks simultaneously.	C	C	C	C	C	C	C	C	C
Prioritize multiple tasks.	C	C	C	C	C	C	C	C	C
Social skills necessary to interact with patients, families, co-workers - of the same or different cultures; respectful, polite, discrete; able to work as a team.	C	C	C	C	C	C	C	C	C
Maintain personal hygiene consistent with close contact during direct patient care.	C	C	C	C	C	C	C	C	C
Display actions, attitudes consistent with ethical standards of the profession.	C	C	C	C	C	C	C	C	C
<i>Exposure to bloodborne pathogens</i> – Hepatitis, HIV.	F	O	C	F	F	F	C	O	F

I have read the above requirements and understand that my inability to comply with these may result in my failure to successfully complete the program I have chosen.

Student Signature: _____

Date: _____

