HEALTH SCIENCES DIVISION

INSTRUCTIONS FOR COMPLETING THE STUDENT HEALTH AND IMMUNIZATION RECORD

Nursing and Allied Health credit and non-credit students within the Health Sciences Division at Mississippi Gulf Coast Community College are required to complete and submit the Pre-Entrance Health Forms and Immunization Record when beginning their program. The form must be thoroughly completed with an approved health care provider (HCP) verifying current immunizations, conditions requiring treatment, and/or special accommodation needs.

Complete documentation is necessary for assigning students to cooperating agencies for the clinical component of the program. Program continuation requires each student to perform every essential function of the student role as listed within the program of interest core performance standards. If the student, with reasonable accommodation, is unable to perform any essential function in a safe and successful manner, he/she will be required to withdraw from the program.

IMMUNIZATIONs:

Mississippi Gulf Coast Community College requires incoming students in Certified Nursing Assistant (CNA), EMS/Paramedic, EMT Basic, Health Information Technology (HIT), Medical Assisting Technology (MET), Massage Therapy (MT), Medical Laboratory Technology (MLT), Nursing (Practical, Transitional, Associate), Occupational Therapy Assistant (OTA), Phlebotomy, Physical Therapist Assistant (PTA), Radiologic Technology (RGT), Respiratory Care Technology (RCT), Surgical Technology (SUT), Hemodialysis Technician (HT), Massage Therapy, and Diversified Healthcare Technician (DHT) Programs to be vaccinated or have titers as evidence of immunity to various potential pathogens. All students must show proof of immunity and/or documentation of current vaccination to varicella, Hepatitis B, rubeola, mumps, rubella, tetanus, diphtheria and pertussis. Evidence of FLU vaccination may also be required. If proving immunity by titers, lab reports documenting each titer must be attached to the form.

Please read the vaccine information sheets available from the Center for Disease Control (CDC) at http://www.immunize.org/vis/ to learn the advantages and contraindications for Tdap, Chickenpox, Hepatitis B, and MMR. Information on TB testing is available at: http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm

WHERE TO GET IMMUNIZED

If you are currently working in a health care facility, check with your employer to see if the TB test and vaccines are offered free of charge. Some insurance companies will cover the cost of the vaccines or titers (blood tests). If your insurance company will not cover the cost of the vaccination or titers, you will be responsible to cover the cost. Immunizations can be arranged through your private physician, County Health Department or with the Medical Analysis campus nurse.

MGCCC EMPLOYEE & STUDENT HEALTH CLINICS

MGCCC has partnered with MEDICAL ANALYSIS HEALTHCARE. They will provide health care for employees, their eligible dependents and credit students. Advance appointments are recommended by calling the clinic appointment line. Walk-ins are welcome upon availability, but remember there could be a lengthy wait. The Clinic will offer a Family Nurse Practitioner and a Lab Tech/ Clinic Coordinator.

Students must go to their campus clinics for substance testing; however, they may also use the campus clinic for obtaining their physical or immunizations. Students **MUST NOT** make appointments at more than one clinic. **<u>Only if an appointment is not available</u>** should a student call or go to one of the other campuses or the additional clinics listed below.

Medical Analysis	Medical Analysis	Medical Analysis
1025 Division St.	400 Security Square	9414 Three Rivers Rd.
Biloxi, MS 39501	Gulfport, MS 39507	Gulfport, MS 39503
228-388-2599	228-896-7144	228-248-2258

<u>SUBSTANCE TESTING INFORMATION</u>

1. A substance testing schedule will be provided in a timely manner each semester. S*tudents MUST follow the schedule as printed.*
2. If a student presents to the clinic for a drug screen outside of the schedule, they will be requested to obtain a letter from the program coordinator or chair approving the revised testing time.
3. Students will be provided a copy of their NEGATIVE drug screen result to submit to the program coordinator. Students will not receive a copy of a NON-NEGATIVE (POSITIVE) drug screen result. A NON-NEGATIVE urine is sent to the lab. If the result is still NON-NEGATIVE, the student will see the Nurse Practitioner. If the student is taking a prescribed and/or legal medication that gives a NON-NEGATIVE result, the result will be sent to the Dean of Health Sciences. Thereafter, the dean will contact the program coordinator or department chair who notifies the student. If a student is consuming illegal substances or does not have a legal prescription, the NON-NEGATIVE result will also be sent to the dean as the medical release officer (MRO).
4. A Urinalysis is not required for physicals; however, the Practitioner may request one if he/she feels it's clinically necessary.

For frequently asked questions related to Medical Analysis, please visit the following link: https://www.mgccc.edu/employees/health-clinics/

As you undergo immunization, it is very important not to miss an injection. If you cannot have an immunization, a medical waiver form must be completed and signed by your physician and accompany your immunization form. See your Program Coordinator for a waiver form.

Immunization records are required for most health care positions. Students are to make a copy of their completed forms and file it with their important papers for future job applications and/or program requirements. Program staff and administrators will not be responsible for making copies and/or providing copies for student's personal or professional needs. Completed forms and any supporting documents (lab titers) are to be submitted to your program faculty or staff member according to specified program guidelines.

Incomplete forms are unacceptable.

Before submitting your forms, look them over very carefully to assure that:

- All sections (Part I, II, and III) are completed.
- There are no blank lines or missing signatures.
- All lines are filled in and all signatures are present.
- Information about health insurance is listed or "none" is indicated. (include insurance provider and your account number)
- Someone is identified for emergency notification if you are seriously ill or injured.
- Dates of your last dental and vision exams are recorded.
- Allergies to medications or other substances are listed or you have put "none known".
- You signed and dated the bottom of Part I.
- Your health care provider completed, dated and signed the bottom of Part II.
- Correct information is listed for each immunization or screening in Part III. Please read the instructions for each item carefully.
- Your health care provider signed the bottom of Part III.
- If you are using titers to show evidence of immunity, you must attach copies of laboratory tests for each titer. (This is in addition to any vaccination records.)
- If you declined the Chickenpox or Hepatitis B vaccination, you and your health care provider completed the appropriate waiver.
- You have scanned your form and saved it as a PDF on your PC.

PART I: BACKGROUND INFORMATION

To be completed by student. (Please Print)

A. PERSONAL DATA Gender: ☐ Male ☐ Female MGCCC M#______________

Last Name First Name Middle Initial Date of Birth

Home Address (Number and Street) City State Zip Code

(____)____
Telephone: Cell Work Health Insurance Company Policy #

____(____)________________________
In Case of Emergency, Notify: Name Relation Home/Cell Phone Work Phone

B. PERSONAL HEALTH HISTORY

DATE OF MOST RECENT
DENTAL EXAM _______________ VISION EXAM _______________
Month / Year Month / Year

ALLERGIES: If none, write below ***None Known***

Medication Allergies: ____

Other Types (environmental, food,):____

I have the following "Med-alert" condition (If none write N/A)

____

OTHER COMMENTS:

____

____

____

I hereby authorize release of all information regarding my health and physical examination to the NAH Division at Mississippi Gulf Coast Community College. ***I understand that this information is confidential and may be released by the college to clinical affiliates as part of the student experience and contractual agreement with these agencies.***

_______________________________________ _____________________________

STUDENT SIGNATURE **DATE**

Part II Medical History & Part III Immunizations are to be COMPLETED AND SIGNED BY the HEALTH CARE PROVIDER

PART II: MEDICAL HISTORY Student Name______________________________

1. **Physical/mental conditions which have required treatment within the last 6 months or are chronic in nature:**

   ____
   ____
   ____
   ____

2. **Medications taken currently or routinely:**

   ____
   ____
   ____
   ____

3. **Conditions which restrict activity and/or require special adaptation (s):**

   ____
   ____
   ____
   ____

4. **OTHER PERTINENT INFORMATION:**

   ____
   ____
   ____
   ____
   ____

5. **Core Performance Standards:**

   Please refer to the Core Performance Standards on pages 6 and 7 and indicate if the above named individual may have difficulty meeting one or more of the standards required for enrollment.

Mississippi Gulf Coast Community College Healthcare Core Performance Standards

The health care division at Mississippi Gulf Coast Community College developed the following Core Performance Standards for all applicants desiring to enter a Health Care Career Program. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

Capability	Standard	Examples of Necessary Activities (Not All Inclusive)
Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations.	• Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Critical thinking ability sufficient for sound clinical judgment.	• Identify cause-effect relationships in clinical situations • Develop plans of care
Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	• Establish rapport with patients/clients and colleagues • Demonstrate high degree of patience • Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner
Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	• Read, understand, write and speak English competently • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	• The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available • The ability to climb stairs • Able to move freely within confined spaces

Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	• Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull; to include overhead reach • Perform CPR
Hearing	Auditory ability sufficient to monitor and assess, or document health needs.	• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help. • Hears telephone interactions/dictation.
Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	• Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient/client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.	• Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.
Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	• Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
Environmental	Ability to tolerate environmental stressors.	• Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence

I have reviewed the Core Performance Standards listed above and at this time, this individual is capable of meeting such for enrollment in the _________________________ program of study.

Name of Program

_____ Agree

_____ Disagree. The following limitations are present ________________________

_____ Additional evaluation suggested _____________________________________

Date (must be within 3 months of program entry): ______________________

mm/dd/yr

____

Signature of Health Care Provider (MD, DO, ARNP, PA)

PART III: **Required Test and/or Immunizations** Program Due Date___________

Student Name_________________________________ **MGCCC M#**_______________

Required Test and/or Immunizations

The remainder of this form is to be completed, signed and dated by a licensed health care provider (MD, DO, ARNP, PA). Take your immunization records and documentation of disease with you to your appointment. If immunization records are not available, the HCP will determine what vaccinations tests or titers are indicated. **Documentation of the items below are required as noted in the MGCCC clinical agency contracts.**

TB Skin Test Must be PPD by Mantoux or QFT test **within the last 12 months** prior to starting Program. Annual testing is required.	Date Admin mm/dd/yy	Date Read mm/dd/yy	Results: mm of induration	If Positive PPD, Chest X-ray		Is treatment plan indicated? Check one
Test Results				mm/dd/yy	CXR Results	
#1 Skin Test						☐ Yes- attach ☐ No
#2 Skin Test						☐ Yes- attach ☐ No
#3 Skin Test						☐ Yes- attach ☐ No

Adult Diphtheria/Tetanus/Pertussis All healthcare personnel (HCP) who have not or are unsure if they have previously received a dose of Tdap should receive a one-time dose of Tdap as soon as feasible, without regard to the interval since the previous dose of Td. Then, they should receive Td boosters every 10 years thereafter. HCP Vaccination Recommendations Centers for Disease Control and Prevention, March 2011.	**Date of Tdap** mm/dd/yy Once in a lifetime booster required for Pertussis protection

Varicella (Chicken Pox)	**Must attach copy of Lab results**		Vaccination #1 Date mm/dd/yy	Vaccination #2 Date mm/dd/yy
Evidence of immunity by one of the following: • Positive Titer • Two doses of vaccine	Titer Date mm/dd/yy	Titer Results		
		Must attach copy of Lab results		

Hepatitis B Evidence of immunity is mandatory for all Health students and includes either • Completion of series, OR • Positive Titer of HBsAb	Titer HBsAb: Results/Date **Must attach copy of Lab results**	First dose must be documented prior to submission of this health record and written verification of additional doses submitted as received.		
	Must attach copy of Lab results	**Date Dose #1** Required prior to sub-mitting this record	**Date Dose #2** (1-2 months) mm/dd/yy	**Date Dose #3** (4-6 months) mm/dd/yy

Date of Birth: ____________________

MMR All students (regardless of age) must have documentation of either two (2) MMR vaccinations **OR** Documentation of sufficient titers for Rubeola, Mumps and Rubella. Those who have an "indeterminate" or "equivocal" level of immunity upon testing should be considered non-Immune. **Lab results of titers must be attached to this form.**	**Titers**	**Titer Date mm/dd/yy**	Titer results **Must attach copy of Lab results**	**If born 1957 or later, 2 doses of live measles and mumps vaccines given on or after the first birthday, separated by 28 days or more.**	
	Rubeola IgG		**Must attach copy of Lab results**	**Date MMR #1 mm/dd/yy**	**Date MMR #2 mm/dd/yy**
	Mumps IgG		**Must attach copy of Lab results**		
	Rubella		**Must attach copy of Lab results**		

FLU VACINATION Evidence of FLU VACCINE **May** Also be REQUIRED OR Medical contraindications and/or other refusals will require the student to wear a mask during clinical experiences	Vaccination #1 Date mm/dd/yy	Vaccination #2 Date mm/dd/yy	Vaccination #3 Date mm/dd/yy	Vaccination #4 Date mm/dd/yy	Documentation may be requested by clinical agencies.

I certify this student has received the TB test and immunizations as indicated above on pages 7 and 8 or has laboratory evidence of immunity which is attached to this form.

____ Date: _____________

Print Name of Health Care Provider / Signature of Health Care Provider (MD, DO, ARNP, PA)

____ (______) ____________________

Address of Health Care Provider City State Zip Phone

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a Mississippi Gulf Coast Community College Center, Campus, or the District Office. Compliance is coordinated by Dr. Stacy Carmichael, the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, and email address stacy.carmichael@mgccc.edu.