



HEALTH SCIENCES DIVISION

PRE-ENTRANCE HEALTH FORMS AND IMMUNIZATION RECORDS REQUIREMENTS

INSTRUCTIONS FOR COMPLETING THE STUDENT HEALTH AND IMMUNIZATION FORMS

Nursing and Allied Health care credit and non-credit students within the Health Sciences Division at Mississippi Gulf Coast Community College (MGCCC) are required to complete and submit the Pre-Entrance Health Forms and Immunization Records upon starting the program. The forms must be thoroughly completed (using indelible ink, do not leave blanks – use N/A where appropriate) with an approved healthcare provider (HCP) or nurse signature verifying current, up to date immunizations; conditions requiring treatment; and/or special accommodation needs.

Complete documentation is necessary for assigning students to affiliated clinical agencies for the clinical component of the program. The student's continuation in the Program requires the student to be able to perform every essential function of the student role as listed within the program's 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:

MGCCC requires incoming students in credit and non-credit health care courses within the Health Sciences Division to be vaccinated or have titers as evidence of immunity to various potential pathogens. (Includes the following credit programs: Nursing programs, Practical Nursing (PN), Transitional (PN to RN), Associate Degree (ADN); EMS/Paramedic, EMT Basic; Health Information Technology (HIT); Medical Assisting Technology (MET); Medical Laboratory Technology (MLT); Physical Therapist Assistant (PTA); Radiologic Technology (RGT); Respiratory Care Technology (RCT); Surgical Technology (SUT); Hemodialysis Technician (HT), and Healthcare Assistant (HCA). Non-credit (continuing education) programs: Certified Nursing Assistant (CNA) Phlebotomy, and IV Therapy Certification/Re-certification Programs.)

All students must show proof of immunity ("proof" = vaccination records, Form 121 from the department of health or other medical record) and/or documentation of current vaccinations: varicella, hepatitis B, rubeola, mumps, rubella, tetanus, diphtheria and pertussis. If proving immunity by titers, lab reports documenting each titer must also be attached to the form. Evidence of influenza (flu) vaccination may also be required by the clinical facility.

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 about 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 healthcare 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 by a Medical Analysis clinician. MGCCC has partnered with Medical Analysis Health Care to provide healthcare 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 offers Family Nurse Practitioner and Lab Tech/Clinic Coordinator.

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

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

1. The substance-testing (drug screen) schedule will be provided in a timely manner each semester. *Students MUST follow the schedule as directed.*
2. If a student presents to the clinic for a drug screen outside of the scheduled time, they will need 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. NON-NEGATIVE urine is sent to the lab for further testing. If the result is still NON-NEGATIVE, the student **must** return to the clinic to see the Nurse Practitioner and bring proof of a prescribed and/or legal medication that gives a NON-NEGATIVE result; in addition, the result will be sent to the Dean of Health Sciences. Thereafter, the dean will contact the program coordinator or department chair with results. 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 (U/A) is not required for physicals; however, the Practitioner may request one if he/she feels it is 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 **original** 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 (i.e., 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 in indelible ink, do not leave blanks – use N/A where appropriate.
- There are no missing signatures.
- Information about health insurance is listed or “none” is indicated (include insurance provider and your account number or *indicate copy of insurance card is attached*).
- Someone is identified for emergency notification if you are seriously ill or injured.
- Dates of your last dental and vision exams are recorded or use “Unknown” or use N/A.
- Allergies to medications or other substances are listed or you have put “none known”.
- You, the student, have 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 or nurse has 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 “shot” 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. (*It is Recommend that you name your document: Health Requirements First Name Last Name Month-Year*)

PART I - STUDENT BACKGROUND INFORMATION To be completed using ink and signed by student.

A. PERSONAL DATA Gender: Male Female MGCCC ID# _____
 (Please Print)

LAST Name	First Name	Middle Initial	Date of Birth (MM/DD/YEAR)
Home Address (Number and Street)		City, State	Zip Code
()	()	<input type="checkbox"/> check here if copy	
Telephone: Cell	Work	Insurance Company and Policy # or	card attached to this form

In Case of Emergency, Notify:

Name	Relationship	() Home/Cell Phone	() Work Phone
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B. PERSONAL HEALTH HISTORY

DATE OF MOST RECENT (Write in date, or "unknown" – do not leave blank)

DENTAL EXAM _____ VISION EXAM: _____

ALLERGIES: (If None, write on the line below "None Known")

Medication Allergies: _____

Other Types (environmental, food, or latex sensitivity) _____

Do you wear a "Med-Alert" bracelet for any medical condition? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, indicate below)

OTHER COMMENTS:**AUTHORIZATION:**

I hereby authorize release of all information regarding my health and physical examination to the Health Sciences 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 (MM/DD/YEAR)

PART II - MEDICAL HISTORY

To be completed and signed by the Health Care Provider

Student Name _____

This form is to be completed signed and dated by a licensed health care provider (MD, DO, ARNP, PA).

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. **Ability to meet Core Performance Standards:**

Please refer to Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards (pages 6 & 7) and indicate if the above-named individual may have difficulty in meeting one or more of the core performance standards required for enrollment in a Health Sciences program.

MGCCC Health Sciences Division Core Performance Standards

The Health Science 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.

PART II - MEDICAL HISTORY

To be completed and signed by the Health Care Provider

Student Name _____

Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards		
Capability	Standard	Examples of Necessary Activities (Not All Inclusive)
1. Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
2. Critical Thinking	Critical thinking ability sufficient for sound clinical judgment.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care
3. Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	<ul style="list-style-type: none"> • 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
4. Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
5. 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.	<ul style="list-style-type: none"> • 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
6. Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	<ul style="list-style-type: none"> • 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
7. Hearing	Auditory ability sufficient to monitor and assess, or document health needs.	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help. • Hears telephone interactions/dictation
8. Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	<ul style="list-style-type: none"> • Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient/client related equipment
9. Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.

PART II - MEDICAL HISTORY

To be completed and signed by the Health Care Provider

Student Name _____

Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards		
Capability	Standard	Examples of Necessary Activities (Not All Inclusive)
10. Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
11. Environmental	Ability to tolerate environmental stressors.	<ul style="list-style-type: none"> • 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

ATTESTATION:

I have reviewed the (11) *Core Performance Standards* listed above and at this time,

_____ is capable of meeting such for enrollment in the MGCCC

(Student Name)

Health Sciences Division healthcare program.

(Check one)

_____ Agree.

_____ Disagree. The following limitations are present: _____

_____ Additional evaluation suggested: _____

Signature of Health Care Provider (MD, DO, ARNP, PA)_____
Date (MM/DD/YEAR)*(must be within 3 months of program entry)*_____
Provider Address (Number and Street)_____
City, State_____
Zip Code

Telephone: () _____

PART III - Required Immunizations To be completed and signed by the Nurse or Healthcare Practitioner

Part III form can be completed signed and dated by a licensed health care provider (MD, DO, ARNP, PA) or nurse or health department staff. 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 necessary. **Documentation of the items below are required as listed in the clinical affiliate agreements/contracts.**

REQUIRED IMMUNIZATIONS Information and Schedule Provider information:

All students must show proof of immunity ("proof" = vaccination records, Form 121 from the department of health or other medical record) and/or documentation of current vaccination to varicella, hepatitis B, rubeola, mumps, rubella, tetanus, diphtheria and pertussis. Evidence (shot record) of influenza (flu) vaccination may also be required by the clinical facility. If proving immunity by titers, lab reports documenting each titer must also be attached.

1. TB Skin Test – PPD* or QFT (refer to Program information/syllabus for details)

Negative Mantoux PPD (Attach PPD form with results) or negative QFT (lab result attached) within **Last 6 months**. If positive TB test, CXR results (attach report)

**The 2 step is required when skin test documentation has not been provided and/or has not been administered in consecutive years. Example: Year 1 and 2 skin tested; skipped year 3; year 4 requires 2-step.*

2. Adult DPT

**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*

3. Varicella

Evidence of immunity by one of the following: Positive Titer OR Two doses of vaccine

4. Hepatitis B

Evidence of immunity is mandatory for all Health students and includes either: Completion of series OR Positive Titer of HBsAb. First dose must be documented prior to submission of health forms; verification of additional doses must be submitted as received.

5. 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**

6. Flu Vaccine

Evidence of FLU VACCINE **May be required by clinical site***** OR Medical contraindications and/or other refusals will require student to wear mask during clinical experiences and sign a facility declination form.

****Required Annually during flu season: Oct 01 to March 31*

PART III - Required Immunizations To be completed and signed by the Nurse or Healthcare Practitioner

LAST Name	First Name	Middle Initial	Date of Birth (MM/DD/YEAR)	
Required Test and/or Immunizations (attach Lab results /Shot records)				
1. TB Skin Test	Date Admin mm/dd/yy	Date Read mm/dd/yy	Annual Update Date Read mm/dd/yy	Chest X-ray Date/results (Attach)
• 2-Step Completed OR				
• Annual PPD skin test OR	Year Prior to Program Start	Current Year (Start or Year 1)	(Program Year 2)	
• QF Gold (attach results) OR				
• If PPD positive; CXR (attach radiology report)				
2. DPT (adult TDap)	#1 Date mm/dd/yy	#2 Date mm/dd/yy	Date mm/dd/yy	Date mm/dd/yy
• Td booster (every 10 years)				
3. Varicella	Titer Results <u>Must attach copy of Lab results</u>	Titer Results <u>Must attach copy of Lab results</u>	Vaccination #1 Date mm/dd/yy	Vaccination #2 Date mm/dd/yy
• Positive titer OR				
• 2 Vaccine doses				
4. Hepatitis B	Titer Results <u>Must attach copy of Lab results</u>	Vaccination #1 (Required before program) Date mm/dd/yy	Vaccination #2 (1-2 months) Date mm/dd/yy	Vaccination #2 (4-6 months) Date mm/dd/yy
• Completed Series OR				
• Positive Titer HBsAb				
5. MMR	Titer Results <u>Must attach copy of Lab results</u>	MMR Vaccination #1 Date mm/dd/yy	MMR Vaccination #2 Date mm/dd/yy	Vaccination Date mm/dd/yy
• 2 Vaccine doses OR	Enter vaccine doses >>			
Titer: Rubeola IgG				
Titer: Mumps IgG				
Titer: Rubella				
6. Flu Vaccine	12 months before program Date mm/dd/yy	Subsequent Vaccine #2 Date mm/dd/yy	Subsequent Vaccine #3 Date mm/dd/yy	Subsequent Vaccine #4 Date mm/dd/yy
Annually during flu season: Oct 01 to March 31 if required				

I certify this student has received the TB test and immunizations as indicated above or has provided immunization records and laboratory evidence of immunity, attached to this form.

Signature of Nurse or Health Care Practitioner

Date (MM/DD/YEAR)

Clinic/Office Address (Number and Street)

City, State

Zip Code

Telephone: ()

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.