

**Norwalk Community College
188 Richards Ave.
Norwalk, CT 06854**

**HEALTH ASSESSMENT FORM
for
Non-Credit Allied Health Students participating in Clinical Activities**

COMPLETED FORM IS DUE ON OR BEFORE

PLEASE MAIL OR HAND DELIVER COMPLETED FORM TO:

Your Primary Instructor

***Division of Nursing & Allied Health
Norwalk Community College
188 Richards Ave.
Norwalk, CT 06854***

**Norwalk Community College
Non-Credit Allied Health Programs**

Student Name _____ Date of Birth _____

Emergency Contact Person _____ Phone Number _____

Date of Exam: _____ (within 12 months of entering the program)

TO THE EXAMINING PHYSICIAN/HEALTHCARE PROVIDER:

On the basis of my health assessment and physical exam: Student denies Latex Allergy

Student is clear to participate in clinical courses ***with no restrictions*** (please check) **yes** **no**

IF NO, please explain the nature of the restrictions/limitations related to the delivery of patient care:

IMMUNIZATION ASSESSMENT:

TITERS MUST BE POSITIVE PER LABORATORY STANDARD; REPORT MUST ACCOMPANY THIS FORM. If titers show student is not immune, please state plan of how non-immunity will be addressed.

RUBEOLA (MEASLES) **History or TITER** _____ Immune? Yes _____ No _____ (if no, include plan)
May be Qualitative or Quantitative Titer

RUBELLA TITER (GERMAN MEASLES) **History or TITER** _____ Immune? Yes _____ No _____ (if no, include plan)
May be Qualitative or Quantitative Titer

VARICELLA (CHICKEN POX) **History or TITER:** _____ Immune? Yes _____ No _____ (if no, include plan)
May be Qualitative or Quantitative Titer

TETANUS/TD BOOSTER _____ (must be within last 10 years)
date given

ANNUAL ASSESSMENTS/REQUIREMENTS:

Hep. B SERIES:

Per protocol _____ 1st dose _____ 2nd dose _____ 3rd dose

Hep. B Surface Antibody Titer _____ Immune? Yes _____ No _____ (if no, include plan)
Must be Quantitative Titer 2 months following the last dose

PPD 1 (Mantoux Tuberculin testing required yearly) _____
Unless other requirements are specified by _____
affiliating facility) _____ Date Given _____ Date Read _____ Results _____

If positive PPD, list chest x-ray date: _____ Student shows no evidence of TB symptoms
Chest x-ray date

Official report/record must be attached

Healthcare Provider Print Name

Healthcare Provider Signature

DEA Number

DATE

Address: _____

Telephone () _____ - _____

**Norwalk Community College
Non-Credit Allied Health Programs**

**Addendum to HEALTH ASSESSMENT FORM
for
Students participating in Clinical Activities**

Student Name _____ **Date of Birth** _____

Influenza Vaccination is required yearly; please provide the date of vaccination per school protocol

Date Given

Influenza Vaccine is medically contraindicated for this student. _____

Healthcare Provider Print Name

Healthcare Provider Signature

Address: _____ **Telephone** () _____ - _____

Influenza Vaccination: all healthcare workers should receive annual influenza vaccination *Trivalent (Inactivated) Influenza Vaccine (TIV)* may be given to anyone; *Live, Attenuated Influenza Vaccine (LAIV)* may be given to non-pregnant healthy persons age 49 years and younger (CDC, 2008).

**Norwalk Community College
Non-Credit Allied Health Programs**

**Addendum to HEALTH ASSESSMENT FORM
for**

Students participating in Clinical Activities with Positive PPD and Negative Chest x-ray

Student Name _____ **Date of Birth** _____

Survey questionnaire – To be completed by student

Have you experienced any of the following in the past year:

- | | | |
|---|----------|---------|
| 1. Night sweats? | Yes_____ | No_____ |
| 2. Persistent low grade fever? | Yes_____ | No_____ |
| 3. Cough that has lasted more than 1 month? | Yes_____ | No_____ |
| 4. Unexplained weight loss? | Yes_____ | No_____ |
| 5. Fatigue | Yes_____ | No_____ |

If yes, to what do you attribute this? _____

- | | | |
|-------------------------------------|----------|---------|
| 6. Have you had any other symptoms? | Yes_____ | No_____ |
|-------------------------------------|----------|---------|

If yes, please describe _____

- | | | |
|---|----------|---------|
| 7. Have you lived or visited abroad in the past year? | Yes_____ | No_____ |
|---|----------|---------|

- | | | |
|---|--------|---------|
| 8. Have you been in contact with anyone who has had TB? | Yes___ | No_____ |
|---|--------|---------|

Student Signature _____

Student shows no evidence of TB symptoms

_____	_____	_____	_____
Healthcare Provider Print Name	Healthcare Provider Signature	DEA Number	Date

_____	() _____
Address	Telephone

Norwalk Community College Non-Credit Allied Health Programs

Information for Students and Healthcare Providers about Immunity Assessment/Titers for Allied Health Students

MMR: the MMR titers once determined do not have to be rechecked, regardless of when drawn. It is possible that they may be lowered during pregnancy, but otherwise should remain consistent. In this case a *qualitative* titer is acceptable.

Varicella: *Qualitative or Quantitative* titers should be drawn once; if immunity is determined to be present then student does not need titer drawn for subsequent years.

Hepatitis B: Very Tricky. Some people NEVER develop immunity; some can lose immunity over time, thereby requiring a booster. So with this in mind:

- Students may go through their series of injections during or in preparation for the program.
- If a student produces a recent titer (less than 5 years old) that establishes immunity this will suffice. In the event that a student produces a titer 5 years or older a quantitative titer is required for year 1.
- If a student refuses to receive immunization for Hepatitis B despite counseling in favor of it, a waiver must be signed and kept on file.

PPD: The general standard for the majority of affiliates is a “one step” ppd. On occasion, clinical affiliates require a “two step” ppd, thus students affiliating at this facility must then be in compliance. It is felt at this time that this requirement is not widespread enough to make it the standard. All ppds must be updated on a yearly basis in order to maintain status in the program, exceptions:

- Students who have received BCG immunization should not get a PPD
- Students who have had a positive PPD
- Students who are immunosuppressed, have cancer, or are on steroids should not get a PPD

If PPD cannot be obtained because of the above, student should have a SINGLE chest x-ray to document freedom from disease. Thereafter, on a yearly basis, a note must be received from the Healthcare provider stating that the student shows no evidence of symptoms of TB

Influenza Vaccination: all healthcare workers should receive annual influenza vaccination *Trivalent (Inactivated) Influenza Vaccine (TIV)* may be given to anyone; *Live, Attenuated Influenza Vaccine (LAIV)* may be given to non-pregnant healthy persons age 49 years and younger (CDC, 2008). Exceptions made only for those students for whom their HCP states the vaccination is medically contraindicated.

References: Center For Disease Control <http://www.immunize.org/catg.d/p2017.pdf>,
http://www.nfid.org/influenza/professionals_workersflu.html, <http://www.nfid.org/HCWtoolkit/>,
<http://www.nfid.org/HCWtoolkit/CSLToolkitDocument.pdf>; Quest Diagnostic Laboratory, 2004

**Norwalk Community College
Non-Credit Allied Health Programs**

Student Statement of Release

I hereby authorize Norwalk Community College to release a copy of my health record to clinical site agencies and/or to contact my Healthcare provider for clarification of information.

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if during the course of the academic year(s) requiring my participation in clinical experiences, my health status should change in a way that would impact my ability to perform in clinical; I must notify the Director/Administrator of the program. The need for additional clearance will be determined at that time.

Student Name (Please Print)

Student Signature

Date