Triton College - Nursing Assistant Program Requirements

Submit Packet to Castle Branch

Requirements

Completed by: Medical Provider

1. **Physical Exam** – complete attached form
2. **Quantiferon Gold Blood Test** – attach laboratory result

Completed by: Student

3. **Hospitalization Insurance** - Health Insurance Card & kept current throughout program
4. **Hepatitis B –** Titer or Waiver
5. **Tetanus, Diphtheria, and Pertussis (TDaP) –** Injection or Waiver

- **Measles (Rubeola), Mumps, & Rubella (MMR)**

Submit documentation of positive antibody titers for all 3 components of MMR (lab report required).
If your series is in process, submit where you are in the series, and a new alert will be created for you to complete the titer.
If any titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and **a 2nd titer.**

- **Varicella (Chicken Pox)**

Submit documentation of a positive antibody titer for Varicella (lab report required).
If your series is in process, submit where you are in the series, and a new alert will be created for you to complete the titer.
If your titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and **a 2nd titer.**

- **Influenza (Flu)**

One of the following is required:
Documentation of a flu vaccine administered during the current flu season (August – May)

Checklist – Nursing Assistant Students

Last Name First Name Semester Beginning

_____ Physical Exam

_____ Quantiferon Gold Blood Test

_____ Hospitalization Insurance

_____ Hepatitis B - Titer or Waiver

_____ Tetanus, Diphtheria, and Pertussis (Tdap) – Injection

_____ Measles (Rubeola), Mumps, & Rubella (MMR)

_____ Varicella (Chicken Pox)

_____ Influenza (Flu) In season

_____COVID vaccine required. No exemption except medical with a doctors note.

School Physical Examination

Last Name **First Name** **Middle Initial**

	Normal	Abnormal	Comments
1. General Appearance			
2. Skin			
3. Eyes			
4. Ears/Nose/Throat			
5. Hearing			
6. Lymph Nodes			
7. Respiratory			
8. Cardiovascular			
Blood Pressure			
Pulse			
9. Abdomen/G.I.			
10. Musculoskeletal			
11. Joints/Extremities			
12. Neurological			
13. Metabolic/Endocrine			
14. Other			

Is the student receiving medication or treatment for any health-related problems that may impair his/her ability to perform their clinical duties safely?

Yes_____ **No**_____ If Yes; list and indicate necessary and reasonable accommodations to permit the student to perform clinical duties.

_____

Does the student have restrictions or limitations in performing their clinical duties safely?

Yes_____ **No**_____ If Yes; list and indicate necessary and reasonable accommodations to permit the student to perform clinical duties.

_____

Physician Signature: _____ Date: _____

Health Care Provider Stamp

Hepatitis B - Release of Liability

According to the Center for Disease Control (2003) Hepatitis B is caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

In 2003, an estimated 73,000 people were infected with HBV. People of all ages get hepatitis B and about 5,000 die per year of sickness caused by HBV.

HBV is spread when blood from an infected person enters the body of a person who is not infected. Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection.

Retrieved From: *http://www.cdc.gov/ncidod/dhqp/bp_hepatitisb.html*

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Hepatitis B Virus infection is a serious health problem which affects many health care providers and can lead to lengthy illness, hospitalization, and possibly, an untimely death.

I have also been informed of the benefits of Hepatitis B Vaccine, the side effects of Hepatitis B Vaccine, and also of the modes of transmission of HBV.

Although required by the health program in which I am enrolled, I decline the Hepatitis B vaccination at this time. I understand by declining this vaccine I continue to be a risk of contracting Hepatitis B.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting Hepatitis B virus infection.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Hepatitis B vaccine.

Student Signature Guardian Signature Relationship to the Student **Date**

Those who cannot show proof of an <u>"Immune"</u> Hepatitis B Titer must sign this waiver

Tetanus/Diphtheria/Pertussis (TDaP) – Release of Liability

The American College Health Association and the Center for Disease Control and Prevention (CDC), recommends that institutions that train health care professionals, deliver healthcare, or provide laboratory or other medical support services require students to be vaccinated against Tetanus, Diphtheria, and Pertussis (Tdap).

The Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine can protect you against all three of these serious diseases.

Tetanus, diphtheria, and Pertussis are all caused by bacteria. Diphtheria and Pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

Tetanus (Lockjaw) causes painful tightening of the muscles, usually all over the body. It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 cases out of 10.

Diphtheria causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.

Pertussis (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep. It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Tetanus, Diphtheria, and Pertussis infections.

I have been informed of the benefits of the Tdap vaccine, the side effects of the vaccine, and the modes of transmission of Tetanus, Diphtheria and Pertussis.

Although required by the health program in which I am enrolled, I decline the Tdap vaccination at this time. I understand by declining this vaccine, I continue to be a risk of acquiring the Tetanus, Diphtheria, and Pertussis infections.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting the Tetanus, Diphtheria, and Pertussis infections.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Tdap vaccine.

Date

C.N.A. Program

Health Requirement Information

Physical Exam

You are required to have a "school physical exam" which is less comprehensive than a traditional "adult physical". School Physicals are valid for 2 years, while in the same health career program.

QuantiFERON-TB Gold (QFT)

This must be completed within 30 days, of the packet submission deadline. The QFT is a blood test used to detect Mycobacterium tuberculosis, the bacteria that causes tuberculosis (TB). QFT is a modern alternative to the tuberculin skin test (TST, PPD or Mantoux). Unlike the TST, QFT is a controlled laboratory test that requires one visit and is unaffected by previous Bacilli Calmette-Guerin (BCG) vaccination.

Hospitalization Insurance

You are responsible for continuous health and hospitalization insurance coverage during your enrollment in the program. You must provide proof of your insurance to the Health Services Nurse, i.e., insurance card or print out of coverage.

Medical & Psychological Conditions/Pregnancy & Postpartum

Students who have a medical and/or psychological condition (including lifting restrictions/pregnancy/postpartum period) which requires reasonable accommodation to participate in clinical rotations must provide written documentation from a treating provider regarding the condition and the necessary accommodation required to allow for participation in the classroom and clinical components of the program.

C.N.A. Program

*****HEALTH & HOSPITALIZATION INSURANCE IS REQUIRED*****

Name	Website	Phone
First Agency, Inc.	http://www.1stagency.com	~ For more information call ~ (269) 381-6630

*****Submit your health insurance card to Castlebranch*****