

## INSTRUCTIONS FOR COMPLETING STUDENT HEALTH AND IMMUNIZATION RECORD

Health Information Technology (HIT) students need to complete and submit the Student Health and Immunization Record when beginning their program. The form must be thoroughly completed with health care provider (HCP) verification of current immunization, conditions requiring treatment, and/or special accommodation needs. Instructor will provide a date for completion of all requirements for the program. Complete documentation is necessary for assigning students to cooperating agencies for the practice component of the program. Program continuation requires each student to perform every essential function of the student role. 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.

### HIT Immunization Requirements

**TB**- one TB skin test or blood work proving no active disease is required within the last year of all students. For students with a history of a previous positive TB test, a chest X-ray within the last year is required. A second TB test may be required for students participating in an internship site where a 2-step method is mandatory. A lab test (tspot or Quantiferon) can be done instead of TB skin test but typically have increased costs and you would want to check with insurance about coverage.

**Tdap** (Tetanus/diphtheria/whooping cough)- proof of 1 Tdap vaccine within the last 10 years is required

**Varicella** (chickenpox)-proof of 2 immunizations **OR** a blood titer proving positive immunity is required. If student has a history of shingles, a physician's note documenting the diagnosis of shingles is acceptable.

**MMR** (measles/mumps/rubella)-proof of 2 immunizations **OR** a blood titer proving immunity to all 3 diseases is required.

If proving immunity by titers, lab reports documenting titer results must be attached to the form.

Information regarding required immunizations may be viewed at <http://www.immunize.org/vis/> and <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>

**Where to find previous immunization records-** Finding previous vaccine records can save time and money. Check with your primary physician and/or check with the high school that you attended and ask for a copy of immunization records.

**Where to receive immunizations-** If you currently work in health care, check with employer to see if they provide any immunizations to you. Immunizations can be arranged through your primary physician, local County Health Department or DMACC Campus Nurse. Check with your insurance company to make sure needed services/immunizations are covered, if not you will be responsible for payment. It is the responsibility of the student to keep up with their immunization schedule. If you cannot receive an immunization due to medical reasons, a medical waiver form must be completed and signed by your physician and accompany your immunization form. See your Program Chair for a waiver form. **Completed forms and any supporting documents (lab titers) are to be uploaded to your Castlebranch account at least two months prior to the start of the first internship.**

<b>Questions about completing the form contact:</b>	<b>Questions about uploading the form, contact:</b>
hitmosprograms@dmacc.edu	CastleBranch Support Call 888-666-7788, or use the chat function via your myCB Account by clicking on the "Need Help" button.

# HEALTH AND IMMUNIZATION RECORD

**Incomplete forms are unacceptable.**



**Before uploading or sending your form to CastleBranch, look it over very carefully to assure that:**

- All sections (Part I, II, III) are completed
- There are no blank lines or missing signatures
- All lines are filled in and all signatures are present (Yes, it bears repeating! Health care providers must be detail oriented. Double-check your work)

- 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 physical and dental exams are filled in
- Allergies to medications or other substances are listed or you have put “none known”

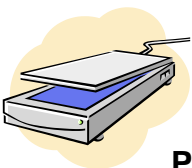


- You signed and dated the bottom of and provider completed Med Alert box (none is acceptable) **Part I**
- Your health care provider completed, dated and signed the bottom of **Part II**
- Correct information is listed for each immunization or screening in **Part III**

**Please read the instructions for each item carefully.**

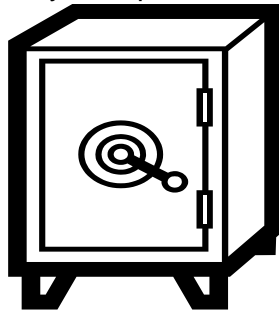
- Your health care provider signed the bottom of **Part III**
- If you are using titers to show evidence of immunity, you must attach copies of laboratory tests for each titer
- If you declined the Chicken Pox or Hepatitis B vaccination, you and your health care provider completed the appropriate waiver.

- **You made two hard copies of the completed health form, one for your records and one copy to provide the internship site if requested. Scan your form and save it as a PDF on your PC.**



- Every DMACC campus library has a scanner available for student use.

**Put your Original completed forms in a safe place.** When you get a new job any health care employer will ask you to provide documentation of your immunizations.



Program in which you are enrolling: \_\_\_\_\_ Campus: \_\_\_\_\_

All students enrolling in the health and early childhood programs must complete Part I of this form before consulting with a health care provider (MD/DO, PA, NP) to verify dates of immunizations and treatment of current or chronic conditions. With the exception of immunization information or in the case of medical emergencies, no information will be released to anyone other than the Health and Public Service Department without consent of the student.

Program continuation requires each student to perform every essential function of the student role. If the student, with reasonable accommodation, is unable to perform any essential function in a safe and successful manner, they will be required to withdraw from the program.

**PART I:**

**BACKGROUND INFORMATION** To be completed by student. *(Please Print)*

A. **PERSONAL DATA** Gender:  Male  Female DMACC ID Number: 900

\_\_\_\_\_  
 Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
 Home Address (Number and Street) City State Zip Code

\_\_\_\_\_  
 Telephone: Home Work Health Insurance Company/Policy Number

\_\_\_\_\_  
 ( ) ( )  
**In Case of Emergency, Notify: Name** Relationship Home Phone Work Phone

B. **PERSONAL HEALTH HISTORY**

DATE OF MOST RECENT  
 DENTAL EXAM \_\_\_\_\_  
 month year

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

Medication: \_\_\_\_\_

Other Types: \_\_\_\_\_

***I have the following "Med-alert" condition:*** \_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**PART II:**

**MEDICAL HISTORY**

Student Name \_\_\_\_\_

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

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2. Medications taken currently or routinely:

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

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4. Other:

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5. **Core Performance Standards:**

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named individual may have difficulty meeting any of the eleven standards outlined.

**At this time this individual is capable of meeting the performance standards:**

\_\_\_ Agree

\_\_\_ Disagree. The following limitations are present \_\_\_\_\_

\_\_\_ Additional evaluation suggested \_\_\_\_\_

6. **Date of Last Physical Exam:** \_\_\_\_\_

(within one year of program entry) mm/dd/yr

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Date

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

## Iowa Core Performance Standards for Health Care Career Programs

Iowa Community Colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. 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	Some Examples of Necessary Activities (Not All Inclusive)
<b>Cognitive-Perception</b>	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"> <li>• Identify changes in patient/client health status</li> <li>• Handle multiple priorities in stressful situations</li> </ul>
<b>Critical Thinking</b>	Critical thinking ability sufficient for sound clinical judgment situations	<ul style="list-style-type: none"> <li>• Identify cause-effect relationships in clinical</li> <li>• Develop plans of care</li> </ul>
<b>Interpersonal</b>	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"> <li>• Establish rapport with patients/clients and colleagues</li> <li>• Demonstrate high degree of patience</li> <li>• Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner</li> </ul>
<b>Communication</b>	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	<ul style="list-style-type: none"> <li>• Read, understand, write, and speak English competently</li> <li>• Explain treatment procedures</li> <li>• Initiate health teaching</li> <li>• Document patient/client responses</li> <li>• Validate responses/messages with others</li> </ul>
<b>Mobility</b>	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"> <li>• The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available</li> </ul>
<b>Motor Skills</b>	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	<ul style="list-style-type: none"> <li>• Position patients/clients</li> <li>• Reach, manipulate, and operate equipment, instruments, and supplies</li> <li>• Electronic documentation/keyboarding</li> <li>• Lift, carry, push, and pull</li> <li>• Perform CPR</li> </ul>
<b>Hearing</b>	Auditory ability sufficient to monitor and assess, or document health needs.	<ul style="list-style-type: none"> <li>• Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> <li>• Hears telephone interactions/dictation</li> </ul>
<b>Visual</b>	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	<ul style="list-style-type: none"> <li>• Observes patient/client responses</li> <li>• Discriminates color changes</li> <li>• Accurately reads measurement on patient/client related equipment</li> </ul>
<b>Tactile</b>	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature, and texture.	<ul style="list-style-type: none"> <li>• Performs palpation</li> <li>• Performs functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter</li> </ul>
<b>Activity Tolerance</b>	The ability to tolerate lengthy periods of physical activity.	<ul style="list-style-type: none"> <li>• Move quickly and/or continuously</li> <li>• Tolerate long periods of standing and/or sitting</li> </ul>
	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Adapt to rotating shifts</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes and odors</li> <li>• Work in areas that are close and crowded</li> <li>• Work in areas of potential physical violence</li> </ul>

