

This HEALTH REQUIREMENTS Physical Form is to inform students entering Allied Health programs of the required health documents.

- Why do allied health students need this health form in addition to the college health form? This Health form is needed to comply with the clinical site requirements which are different then the College health form requirements.
- Students enrolled in any Allied Health Program are required to submit the original Allied Health Physical Form, copy of lab reports, and copy (front & back) of American Heart Association Health Care Provider CPR card to Renae Sirles in PH 379.
- ❖ The Mohawk Valley Community College Health Information Form (required for new students only) is a separate form submitted to the COLLEGE HEALTH CENTER located in Alumni College Center ACC104. All students must meet the College Health Center requirements in addition to the Allied Health requirements; see the link on the MVCC web site (http://mvcc.edu) to obtain the College health form.

Students must submit all required documents, partial submissions will not be accepted. Students may use the copier in the library if needed.

Take this Allied Health Physical Form to your Healthcare Provider to be completely filled out. The physical & lab work must be completed within 3 months of the clinical, externship, or professional practice experience course start date. A complete physical is required every year.

Tuberculin Test (also referred to as Mantoux or PPD) must be obtained and results documented by Healthcare provider. Submit a <u>COPY</u> of the report which shows a <u>negative</u> reading. A Tuberculin test is required <u>every year</u> . If the Mantoux results of your Mantoux are positive, a chest x-ray is required to rule out tuberculosis. A copy of the chest x-ray report needs to be submitted. This x-ray is good for two years.				
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Request your Healthcare provider to provide a script for a blood test at a lab for the titers below. **Results need to be documented on the physical form and a <u>COPY</u> of the lab results need to be submitted with the health form.				
The following positive titers are required :				
√ ⊓ Rubella				
✓ ¬ Rubeola				
√ □ Mumps				
✓ □ Varicella				
**If results are negative appropriate booster shots must be administered.				
Note: Student must have Tetanus toxoid immunization within 10 years				
Note: Student must have proof of Seasonal flu vaccine				
Hepatitis B immunization sequence: may be documented by the Healthcare Provider or if a titer is done a <u>COPY</u> of,the lab report. Students who wish to not receive the Hepatitis B immunization must sign the waiver on the Health Form.				

Students are required to attend <u>American Heart Association</u> CPR for the Healthcare Provider and submit a <u>COPY</u> (front & back) of the card with this form. The certification <u>cannot expire</u> during your clinical, externship, or professional practice experience.

Students must make three copies of all required documents prior to submitting them to Renae Sirles in PH379. One copy is to be given to your clinical, externship, or professional practice instructor on your first class; one copy is given to your site supervisor or preceptor; and one copy is for your records.

Mohawk Valley Community College

Allied Health Physical Form

Name _			M#			
Addres	s	City		State/ZIP		
Date of	Birth	MF	_			
Home F	Phone #		Cell Phone#			
The fo	ollowing is to be comp	oleted by the Hea	Ithcare Provid	<u>er:</u>		
1.	1. Tuberculin Test (Mantoux/PPD) is required					
	Date	Result	(must be rep	eated every year)		
	If positive:Date of CXR _	F	Result	(Chest x-ray must be repeated every 2 years.)		
2. The following titers are required (A positive titer is required; cannot just provide proof of immunization.) A copy report is required. *If results are negative appropriate booster shots must be administered and document						
Ri Ri M	ine: ine: ine: ine:					
Varicella Results Date of booster vaccine: 3. Hepatitis B (Requirement: 3 doses of vaccine, positive Hepatitis surface antigen antibody, or signed waiver.) Immunization						
	Dose #1	Dose #2_		Dose #3		
	Titer					
	Date	Result		_ or Declination		
	Waiver: I have read, or have had explained to me the information regarding Hepatitis B disease (see attached). I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization.					
	Signature			Date		
4.	4. Tetanus toxoid within 10 years / date					
5.	5. Seasonal flu vaccine/ date					
	udent has had a complete child, and adult patients in	• • •		unctions, and is in satisfactory physical condition to care for		
Healtho	care Provider's Name:					
Healtho	care Provider's Signature:_					
Date:	Addra	cc		Phone ()		

MVCC Nursing & Allied Health Essential Functions

MVCC seeks to provide equal access to its program, services, and activities, for people with disabilities. Therefore, to the extent practicable, the College will endeavor to make reasonable academic adjustment for an applicant with a disability, who is otherwise qualified.

These are the Essential Functions of the MVCC Nursing & Allied Health Programs. If there are any reasons why you may not be able to perform these functions you must notify the Coordinator of Allied Health immediately.

- 1. Demonstrate the ability to perform essential functions for a maximum of a 10 hour shift.
- 2. Demonstrate the ability to protect a client when the client is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers.
- 3. Demonstrate the ability to safely move a client over 100 pounds from one surface to another using the appropriate level of help.
- 4. Demonstrate safe body mechanics in the process of all client treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
- 5. Demonstrate the ability to manipulate dials on equipment.
- 6. Demonstrate the ability to coordinate simultaneous motions.
- 7. Demonstrate the ability to perform occasional overhead extension.
- 8. Demonstrate the ability to hear blood pressure, heart and lungs sounds with or without corrective devices.
- 9. Demonstrate the ability to palpate soft tissue including pulse, muscle and bones.
- 10. Demonstrate the ability to perform Nursing and Allied Health interventions such as sterile procedures, dressing changes and administer medications (including dosage calculations when necessary) following infection control procedures.
- 11. Display adaptability to change,
- 12. Establish effective relationships with others.
- 13. Communicate effectively, safely and efficiently in English by:
 - a. Explaining procedures
 - b. Receiving information from others
 - c. Receiving information from written documents
 - d. Exhibiting appropriate interpersonal skill (refer to ANA Code of Ethics for Nurses)
 - e. Analyzing and documenting assessment findings and interventions.
- 14. Distinguish color changes.
- 15. Detect an unsafe environment and carry out appropriate emergency procedures including:
 - a. Detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
 - b. Detect high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite diarrhea and vomiting
- tiredness jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- •liver damage (cirrhosis) •liver cancer •death Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.
- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV. Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a series of 3 or 4 shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine **at birth** and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults **at risk for HBV infection** should be vaccinated. This includes:
- sex partners of people infected with HBV,
- men who have sex with men,
- people who inject street drugs,
- people with more than one sex partner,
- people with chronic liver or kidney disease,
- people with jobs that expose them to human blood,
- household contacts of people infected with HBV,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common.

- people with HIV infection.
- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine. Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

• Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- •**Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at **www.hrsa.gov/vaccinecompensation**.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 1-800-232-4636 (1-800-CDC-INFO)
- Visit CDC websites at:

www.cdc.gov/ncidod/diseases/hepatitis www.cdc.gov/vaccines www.cdc.gov/travel

Department Of Health And Human Services Centers for Disease Control and Prevention Vaccine Information Statement (Interim) Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26