

SADDLEBACK COLLEGE

Student Health and Wellness Center

28000 Marguerite Parkway SSC 177 • Mission Viejo •
92692-3635 Phone 1-949-582-4606 • Fax 1-949-582-4227
Telehealth: <https://studenthealth.saddleback.edu>

MANDATORY HEALTH ASSESSMENT AND IMMUNITY STATUS REQUIREMENTS FOR HEALTH SCIENCE PROGRAMS

Instructions to Obtain A Program Verification Clearance Letter:

- It is **necessary** for you to submit copies of **ALL** of your required medical records to the Student Health Center for review prior to uploading it Castle Branch or eValue to receive a Program Clearance Letter for admission into any health science programs. The Student Health Center secures all documentation in your electronic medical record. Allow up to 24 hours once we receive all documents to receive your program clearance.
- First make an in person or Telehealth visit at <https://studenthealth.saddleback.edu> with the RN to review requirements, your options, and answer any questions you may have. (You must apply to Saddleback College and have an active Saddleback College email and Student ID to make an appointment with the Student Health Center).
- Proof of immunity may take several months to complete depending upon your initial titer lab results so have the titers drawn immediately. You must complete the requirements by the due date provided by your Program Chair. Refer to your program Handbook for completion due dates.
- **These requirements can be completed at the Student Health Center or with your Health Care Provider. However, if you complete them with your healthcare provider you MUST make an appointment with the Student Health Center RN for the Program Verification Clearance Letter. Copies of all immunization/titers/physical records will be required.**
- Accepted students are encouraged to review the program technical standards with their health care provider when completing this form.
- You can access you digital vaccine record on the CAIR website at myvaccinerecord.cdph.ca.gov

Required Laboratory Tests:

You **MUST** provide documentation of immunity to the following diseases by blood testing (positive titer) results - titer results do not have a expiration date:

- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- Hepatitis B

Required Tuberculosis (TB) Screening– (Either TST, IGRA or Chest X-ray): * Health Science Programs are required to provide current Annual Negative TB Proof.

- Two-step TST(tuberculin skin test) = (2 TST's minimum of 1 week apart, which is 4 visits): is required if you have not had a TST skin test within the past year.
OR
- One-Step: Proof of two negative TST's *in the past 2 consecutive years*
OR
- Proof of a current negative QuantiFERON Gold or T-Spot blood test
OR
- Proof of a current negative TB chest X-Ray

Immunization with the following vaccines are required.

- TDAP, COVID & Seasonal Flu Vaccines

Hospitals require the seasonal flu shot. IF you decline, you must wear a mask at all times while providing patient care from Oct 1st through March 31st. Any declination will result in a not-cleared status and will require you to meet with the department chair/dean to determine if you can be placed and proceed in the program.

Physical exams are required by a licensed health care professional. You must provide documentation of immunity to the following diseases by blood test (titer) results. If you are in need of any immunizations or titers you may obtain them at the Student Health Center. The costs are listed below. A checklist is also included for you to use as a guide.

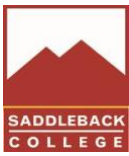
Vaccines		Blood Tests	
Tuberculin Skin Test (TST)	\$20	QuantiFERON gold	\$55
TDAP 1 dose in the past 10 years (8 years for RN students)	\$75/dose	None	N/A
MMR (2 doses in lifetime, minimum of 30 days apart)	\$85/dose	MMR titer	\$50
Varicella (2 doses in lifetime, Minimum of 30 days apart)	\$175/dose	Varicella titer	\$20
Hepatitis B (3 doses over a 6- month period in lifetime)		Hepatitis B titer	\$15
Hepatitis B (2 doses over a 2 month period in lifetime)	\$135/dose Hepilisav-B		
Seasonal flu shot	\$20		
Physical exam	\$20		

Checklist for Required Documentation:

- Physical exam completed by a licensed healthcare provider.
- TST: 2 current negative TST within the past year OR 2 negative TST in the past 2 consecutive years OR a negative QuantiFERON Gold/T-Spot blood test
- OR current negative TB chest x-ray
(*Has to last through the current semester, except RN and MLT students-has to last through the full year)
- Measles (Rubeola), Mumps, Rubella (MMR): Proof of immunity via blood test (titer).
- Varicella: Proof of immunity via blood test (titer).
- Hep B: Proof of immunity via blood test (titer).
- TDAP: 1 dose in the past 10 years (*8 years for RN students).
- Seasonal flu vaccine
- COVID vaccine (Primary Series with Booster OR Bivalent only OR current Monovalent only)

Some financial costs may be available through the Financial Aid office if you have completed a FAFSA and/or through Saddleback College C.A.R.E. Corner by contacting them at 1-949-348-6410.

Attention Veterans: If you are using your G.I. Bill education benefit, the VA will pay for your required health assessment and vaccines at the Saddleback College Student Health Center. Contact the Veterans Office at 1(949) 582.4870 **prior** to scheduling your appointment. You will not be reimbursed if you pay for the health assessment or vaccines before contacting the Veterans Office.



**Saddleback College Health Science and Human Services
Physical Evaluation and Recommendation**

Applicant Name: _____

Date of Birth: _____

To the Applicant - Complete the Medical History below BEFORE your appointment:

Have you ever had or do you currently have?	NO	Yes (explain)
Impaired hearing		
Impaired vision		
Shortness of breath on exertion		
Pain, pressure or tightness in the chest		
Fainting spells, dizziness or blackouts		
Excessive weakness or fatigue		
Epilepsy or seizures		
Severe depression and/or anxiety		
Addiction to narcotics, alcohol or other illegal drugs		
Low back pain or a "slipped disc"		
Joint pain		

Medical Documentation: To Be Completed by Medical Provider ONLY

Vision: OD 20/ _____ OS 20/ _____

Check one: Corrected Uncorrected

Areas evaluated	Normal	Abnormal/Findings
Eyes		
Ears, Nose, Throat		
Heart, Lungs		
Spine		
Range of Motion: Back/Extremities		
Neurological Status		
Emotional Status		

Check one:

- I certify this student meets the physical standards described in the attached Program's Technical Standards and Instructions for Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Program.
- I recommended the following disability related accommodations: _____

- Conditionally qualified for program placement. Student must obtain written medical clearance from a private Licensed Healthcare Provider or specialist for the following reasons: _____

- Not qualified for program placement for the following reasons: _____

**** Provider's Signature and Date****

**I hereby authorize release of all records of my examination to
the Health & Wellness Center at Saddleback College**

<p>Provider's Office Stamp</p>

Applicant's Signature