

Mandatory Health Assessment and Immunization Status Requirements For Health Science Program Certified Nursing Assistant Program

Student Health and Wellness Center
Saddleback College
28000 Marguerite Parkway SSC 177, Mission Viejo, 92692-3635
Phone: 1(949) 582-4606
Fax : 1(949) 582-4227
Telehealth Appointments: <https://studenthealth.saddleback.edu>

Instructions to Obtain a Program Verification Clearance Letter:

All students must have a Physical Examination and current Immunizations Records in order to obtain the Program Clearance Letter from the Student Health & Wellness Center for admission to the CNA Program. 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 Step:

Make an appointment with the Student Health & Wellness Center (SHWC) at Saddleback College by calling 949-582-4606 or making an online Telehealth appointment at <https://studenthealth.saddleback.edu> to discuss your requirements with the Registered Nurse.

- You must apply to Saddleback College and have an active Saddleback email and student ID to make an appointment at the SHWC
- You need to submit copies of all of your required immunization records and physical to the SHWC to receive your program clearance.
- You must complete the required health assessments and establish immunization status by due date provided by your Program Chair. Refer to your program Handbook for completion due dates.
- Accepted students are encouraged to review the program technical standards with their health care provider when completing this form.

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.

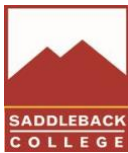
Physical Examination:

- Physical Examination are required within the past year by a licensed health care professional.
- If you completed your physical examination by your own Health Care Provider, you **MUST** make an appointment with the Student Health & Wellness Center to turn in the required documents to obtain your Program Clearance Letter.

Required Immunizations:

You must provide documentation of immunizations to the following:

- 1) TDAP Vaccine
- 2) COVID Vaccine
- 3) Seasonal Flu Vaccine



- Facilities 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.
- If you need any immunizations, you may obtain them at the Student Health Center. The costs are listed below:

Vaccine	Cost	OR	Blood Test	Cost
TST Two-Step (TB skin test)	\$20		QuantiFERON Gold	\$55
TDAP 1 dose in the past 10 years	\$75/dose			
Seasonal flu shot	\$20			
COVID Vaccine	Free			
Physical exam	\$20			

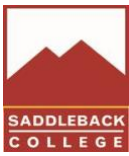
Required Tuberculosis (TB) Screening:

Health Science Programs are required to provide a current Annual Negative TB Screening

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

Checklist for Required Documentation:

- Physical exam: within the past year by a licensed healthcare provider.
- TB Screen: TST: 2 current negative TST; **OR** 2 negative TST in the past 2 consecutive years; **OR** current negative QuantiFERON Gold; **OR** current negative TB chest X-Ray (must be valid through the CNA program).
- TDAP: 1 dose in the past 10 years (must be valid through the CNA program)
- COVID vaccine (primary series and booster; bivalent only or monovalent after 9/11/23)
- Flu vaccine (seasonal flu vaccine)



**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