



## SADDLEBACK COLLEGE

28000 Marguerite Parkway • Mission Viejo • 92692-3635  
(949)582-4701 • [www.saddleback.edu](http://www.saddleback.edu)

### **MANDATORY HEALTH ASSESSMENTS AND IMMUNITY STATUS REQUIREMENTS FOR ASSOCIATE DEGREE NURSING PROGRAM**

#### **Instructions for our Student**

- Schedule an appointment as soon as possible with your Health Care Provider or the Student Health Center (949) 582-4606. You must be registered/enrolled in a class in order to make an appointment with the Health Center.
- It may take 2 to 4 weeks to complete this process, depending upon availability of appointments and your requirements. You must complete the required health assessments and establish immunization status by due date.
- Gather all your vaccination records and take them with you to your appointment.
- **Upon completion of this packet by your Health Care Provider, you must make an appointment with the Student Health Center for final sign-off.**

#### **Required Laboratory Tests:**

- Hepatitis B Surface Antibody
- Varicella IgG

Costs at the Student Health Center	
Physical Exam	\$16

#### **Required Immunization:**

You must provide documentation of immunity to the following diseases by either official medical/vaccination record or blood testing:

- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- TDap

Costs at the Student Health Center		Vaccines and Titers	
MMR	\$47 per dose	MMR titer	\$40
Varicella	\$90 per dose (need 2 doses)	Varicella titer	\$15
		Hepatitis B titer	\$12
Hepatitis B Vaccine Series (3 doses)			\$125
Influenza Vaccine			~ \$20
TDap			~ \$50

#### **Required Tuberculosis Skin Testing:**

- **Two-step** TB skin testing is required if you have not had a TB skin test within the past year.
- **One-step** TB skin testing is acceptable if you can provide documentation of TB testing within the past year.
- A Chest X-ray is required if TB skin testing is positive.

Costs at the Student Health Center	
Two-step TB Test	\$5
One-step TB Test	Free

**Immunization with the following vaccine is highly recommended but may be declined; but you must sign a declination form to be kept in your file in the division office.**

- Hepatitis B

**Hospitals are now requiring the seasonal flu shot. IF you decline you must wear a mask at all times in the hospital while doing patient care.**

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## Saddleback College Phlebotomy Program

### Advisory Statement and Instructions for the Physician or other Licensed Health Care Provider

In the best interest of our students, please be aware that certain physical, emotional and learning abilities are necessary in order to protect the individual student's well being and provide for the safety of each patient/client placed in his/her care. The following are basic physical and emotional abilities required of the student for success in the Phlebotomy Program:

**Standing/Walking** - Much of the workday is spent on carpet, tile, linoleum or cement. Approximate walking distance per shift: 3-5 miles while providing care, obtaining supplies and lab specimens, monitoring and charting patient response, and managing/coordinating patient care.

**Lifting** - Some of the workday is spent lifting from floor to knee, knee to waist, and waist to shoulder levels while handling supplies (at least 30 times per shift). These supplies include trays (5 to 10 pounds) and equipment such as: Continuous Passive Motion Machines, Pulse Oximeters and Patient Controlled Analgesia pumps (5 to 35 pounds). The nurse must also assist with positioning patients in bed or moving patients on and off beds, gurneys and exam tables (average patient weight is 150 - 200 pounds).

**Carrying** - Some of the workday is spent carrying charts, trays and supplies (5 to 10 pounds).

**Sitting** - Part of the work day is spent sitting while operating computers, answering telephones, writing reports, reviewing charts and communicating with patients/clients as well as other health care personnel.

**Pushing/Pulling** - A large part of the workday is spent pushing/pulling while moving or adjusting equipment such as beds, wheelchairs, furniture, intravenous pumps and emergency carts.

**Balancing and Climbing** - Part of the workday is spent climbing stairs. The nurse must always balance self and use good body mechanics while providing physical support for patients/clients.

**Stooping/Kneeling** - Some of the workday is spent stooping/kneeling while retrieving and stocking supplies and medications, assessing equipment attached to patients/clients and using lower shelves of carts.

**Bending** - Bending at the waist is frequently necessary during the workday while monitoring patients, gathering supplies, assisting with patient positioning, providing intravenous fluids, adjusting patient beds, and assisting with bathing.

**Crouching/Crawling** - A minimal part of a workday is spent retrieving items on the floor and adjusting equipment.

**Reaching/Stretching** - Reaching/stretching is frequently necessary during the workday for hanging and removing intravenous bottles/bags, gathering supplies, connecting equipment, assisting with patient care and performing transfers and positioning.

**Twisting/Turning** - Some of the workday is spent twisting at the waist and turning the neck while gathering supplies, operating equipment, checking intravenous lines, bathing patients and assisting patients to walk.

**Fingering** - Fine and gross finger dexterity is required.

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**General Extremity Motion (upper and lower extremities)** - It is evident from the previous statements that extremity movement is critical. Movement of the shoulder, elbow, wrist, hand, fingers and thumb is required throughout the workday. Movement of the hip, knee, ankle, foot and toes are also required throughout the workday. It is necessary for the student to be able to turn, flex and extend his/her neck.

**Feeling** - The nurse must be sensitive to heat and cold when assessing patients/clients. The nurse must be capable of feeling heat, cold, pain and pressure to the self to protect himself/herself from personal injury.

**Talking** - A majority of the workday requires an average ability to speak in English with a minimum of speech impediments and an ability to communicate with a wide variety of people while being easily understood.

**Hearing** - A majority of the workday requires an ability to hear and correctly interpret what is heard. This not only includes taking verbal or telephone orders and communicating with patients, visitors and other members of the health care team; but also involves the physical assessment of cardiovascular, pulmonary and gastrointestinal sounds and the analysis of patient monitor alarms.

**Vision** - Acute visual skills are necessary to read and interpret charts, reports, monitor equipment and to assess and detect patients' signs and symptoms (color of skin, wounds, drainage and other body fluids, infusion sites). In addition, the eyes of nurses are often the first sense to detect a change in patient/client status.

**Olfaction** - The ability to detect unusual odors is pivotal to the physical assessment of the patient/client. It is also crucial to nursing care to be able to detect abnormal scents associated with numerous body fluids, wounds and patients/clients with casts or other appliances.

**Emotional** – A student must be emotionally stable under normal and stressful circumstances encountered in the health care setting.

### **Other Mandatory Requirements:**

#### **Laboratory Tests:**

- Hepatitis B Surface Antibody
- Varicella IgG

**Immunization:** Documentation of immunity to the following diseases by either official medical/vaccination record or blood testing:

- Measles (Rubeola)
- Varicella
- Mumps
- Rubella
- TDap

#### **Tuberculin Skin Testing**

- **Two-step** TB skin testing if a TB skin test has not been performed within the past year.
- **One-step** TB skin testing if TB skin testing within the past year is documented.
- **CXR is required if** TB skin testing is positive. A symptom review will be done the following year.

**Additionally, the following immunization is highly recommended but may be declined:**

- Hepatitis B

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**The student is required to return this packet to our Student Health Center for final sign-off. We thank you for your assistance.**

### Immunization and TB Testing Records

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- *Attach copies of immunization records, laboratory results and radiological reports (if indicated) and submit to the Student Health Center.*

Required Immunizations	Date	Date
Mumps (2 doses required)		
Rubeola (2 doses required)		
Rubella (2 doses required)		
or		
MMR (2 doses* required)		
Varicella		
TDap		

\* CDC recommends a single dose of MMR for persons born before 1957.

Or immunity confirmed by laboratory testing:	Date	Results
Mumps IgG		
Rubella IgG		
Rubeola IgG		

Laboratory Testing:	Date	Results
Hepatitis B Surface Antibody*		
Varicella Zoster IgG		

\*May waive if applicant receives recommended Hepatitis B Vaccine series.

**TB Skin Test (Mantoux):** Check one →  **One-step indicated**  **Two-step indicated**

1 <sup>st</sup> Step	Date given:	Date read:	Results: _____ mm
2 <sup>nd</sup> Step	Date given:	Date read:	Results: _____ mm

**Chest X-ray (required if tuberculin skin test is positive):**

Date of CXR: \_\_\_\_\_ Results of CXR: \_\_\_\_\_

Other Vaccines:	Date	Date	Date
Hepatitis B			
Influenza			
Td			

**Applicant declines:**

Applicant must initial

Hepatitis B Vaccine Series	
Influenza Vaccine	

## Saddleback College Phlebotomy Program

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Applicant's signature /date \_\_\_\_\_

Health Care Provider signature/date \_\_\_\_\_

### 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)
Diminished hearing		
Diminished 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:

**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 met the physical and immunization standards described in the attached Advisory Statement and Instructions for the Physician or other Licensed Health Care Provider and is qualified for participation in the Saddleback College **Phlebotomy Program.**

Conditionally qualified for program placement: Student must obtain written medical clearance from a private physician or other specialist for the following reasons:

\_\_\_\_\_

Not qualified for program placement for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Office Stamp

**Saddleback College Phlebotomy Program**

Physician's signature/ and date

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

\_\_\_\_\_  
Applicant's Name

**SUBMIT ONLY THIS COMPLETED FORM TO THE HEALTH SCIENCE DIVISION OFFICE BY THE DUE DATE. THE REMAINING PHYSICAL FORMS WILL BE KEPT AT THE HEALTH CENTER.**

I authorize the Student Health Center to provide verification of my compliance with all mandatory requirements and my medical clearance status to the appropriate Saddleback College Health Science division office.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Applicant has met all mandatory medical requirements for participation in the following program:**

- Instructor for Division of Health Sciences and Human Services
- EMT Program
- Medical Assisting Program
- Nursing Program
- Course for RN Graduate or Licensed RN
- Paramedic Program
- Phlebotomy Training Program
- MLT Program
- Other: \_\_\_\_\_

**Not qualified for program placement for the following reasons:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Health Center RN signature

\_\_\_\_\_  
Date

