

SADDLEBACK COLLEGE

Student Health and Wellness Center

28000 Marguerite Parkway SSC 177 • Mission Viejo •
92692-3635 Phone (949)-582-4606 • Fax (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 to receive a Program Clearance Letter for admission into the health science programs.
- First make a 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 email to make an appointment with the Student Health Center).
- Titer draws for proof of immunity may take several months to complete, depending upon availability of appointments and your requirements. You must complete the required health assessments and establish immunization/titer status by due date provided by your Program Chair.
- **These requirements can be completed by the Student Health Center or by your Health Care Provider, however, 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.**

Required Laboratory Tests:

You **MUST** provide documentation of immunity to the following diseases by blood testing (positive titer) results - these titer results do not expire:

- 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 1-2 weeks apart): 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 vaccine are required.

- TDAP, COVID (full immunity) & Seasonal Flu Vaccines

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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.

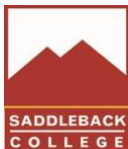
Physical exams are required by a licensed health care professional. You must provide documentation of immunity to the following diseases by blood test (titer) results. If you are in need of any or all immunizations, or titers you may obtain them at the Student Health Center. The costs are listed below.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

Vaccines		Blood Tests	
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)	\$75/dose	MMR titer	\$50
Varicella (2 doses in lifetime, Minimum of 30 days apart)	\$140/dose	Varicella titer	\$15
Hepatitis B (3 doses over a 6- month period in lifetime)	\$75/dose	Hepatitis B titer	\$15
Hepatitis B (2 doses over a 2 month period in lifetime)	\$135/dose		
Seasonal flu shot	\$20		
COVID Vaccine	Free		
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 and full immunization (2 weeks post last vaccination date on documentation).

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 (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)
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: 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 Advisory Statement and Instructions for the Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Programs.
- ☐ 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:

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

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

Applicant's Signature

Provider's Office Stamp

Saddleback College

Advisory Statement to the 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 wellbeing 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 Health Sciences Programs:

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
Standing & Walking	Less than 75% or 3-5 miles	<ul style="list-style-type: none">• on carpet, tile, linoleum, or cement	<ul style="list-style-type: none">• providing care• obtaining supplies & specimens• monitoring / charting patient response• managing / coordinating patient care.
Lifting	Up to 30 times a day:	<ul style="list-style-type: none">• equipment up to 35 lbs<ul style="list-style-type: none">○ floor to Knee○ knee to waist○ waist to shoulder	<ul style="list-style-type: none">• trays• continuous passive motion machines• pulse oximeters• patient controlled analgesia pumps
Lifting	Up to 75%	<ul style="list-style-type: none">• assisting patient movement:• average patient weight:<ul style="list-style-type: none">• 150-200 lbs.	<ul style="list-style-type: none">• transferring or turning patients
Carrying	Less than 50%	<ul style="list-style-type: none">• carrying less than 10 lbs.	<ul style="list-style-type: none">• charts• trays• supplies

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
Sitting	Up to 50%	<ul style="list-style-type: none"> • communication / documentation 	<ul style="list-style-type: none"> • working on computers • answering phones • reviewing charts
Pushing & Pulling	Up to 75%	<ul style="list-style-type: none"> • moving / adjusting equipment 	<ul style="list-style-type: none"> • beds • wheelchairs • IV pumps • Furniture
Balancing & Climbing	Less than 75%	<ul style="list-style-type: none"> • activities requiring good body mechanics 	<ul style="list-style-type: none"> • climbing stairs • physically supporting patients
Stooping & Kneeling	Up to 50%		<ul style="list-style-type: none"> • retrieving/stocking supplies/medications • assessing equipment attached to patients • using lower shelves of carts
Bending	Up to 75%	<ul style="list-style-type: none"> • at the waist to get supplies, monitor patients, administering medications 	<ul style="list-style-type: none"> • monitoring patients • gathering supplies • patient positioning • administering IVs • adjusting patient beds • assisting with bathing
Crouching & crawling	Less than 25%	<ul style="list-style-type: none"> • retrieving or adjusting equipment on the floor 	

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
Reaching & Stretching	Up to 75%		<ul style="list-style-type: none"> • hanging & removing IV bottles/bags • gathering supplies • connecting equipment • assisting with patient care • performing transfers & positioning.
Twisting & Turning	Up to 50%	<ul style="list-style-type: none"> • twisting at waist • turning neck 	<ul style="list-style-type: none"> • while gathering supplies • operating equipment • checking IV lines • bathing patients • assisting patients to walk
Talking	Up to 90%	<ul style="list-style-type: none"> • ability to speak in English 	<ul style="list-style-type: none"> • ability to communicate with a wide variety of people and easily understood.
Hearing	Up to 90%	<ul style="list-style-type: none"> • hear and correctly interpret what is heard with patient assessment 	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • taking verbal or telephone orders • communicating with patients, visitors & other members of the health care team • physical assessment of cardiovascular, pulmonary & gastrointestinal sounds • analysis of patient monitor alarms
Manual Dexterity		<ul style="list-style-type: none"> • Fine & gross dexterity of the hand and fingers 	<ul style="list-style-type: none"> • grasping equipment • opening medication packages

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
General Extremity Motion:		<ul style="list-style-type: none"> Motor ability 	<ul style="list-style-type: none"> upper extremity: shoulder, elbow, wrist, hand, fingers and thumb lower extremity: hip, knee, ankle, foot and toes neck: turn, flex and extend
Feeling		<ul style="list-style-type: none"> Sensory ability 	<ul style="list-style-type: none"> sensation to heat & cold when assessing patients/clients capacity to feel heat, cold, pain & pressure to the self, protecting from personal injury
Vision		<ul style="list-style-type: none"> Visual Acuity 	Read & interpret charts, reports, monitor equipment. Detect patients' signs and symptoms (color of skin, wounds, drainage and other body fluids, infusion sites). Detect a change in patient/client status.
Olfaction		<ul style="list-style-type: none"> Unusual Odor Detection 	<ul style="list-style-type: none"> identify abnormal scents associated with numerous body fluids, wounds and patients/clients with casts or other appliances
Emotional		<ul style="list-style-type: none"> Emotional Stability 	emotionally stable under normal and stressful circumstance encountered in the health care setting.