

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

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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>

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### **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.

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#### **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.

**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 and Wellness 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.

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#### **Physical Examination:**

- Physical Examination are required within 90 days of the start of the program 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.
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#### **Required Immunizations:**

You must provide documentation of immunizations to the following disease:

- 1) TDAP Vaccine
- 2) COVID Vaccine (full immunity including Booster)
- 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 1<sup>st</sup> through March 31<sup>st</sup>. 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			

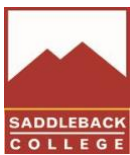
### **Required Tuberculosis (TB) Screening:**

\*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 90 days of the start of the program 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 and full immunization (2 weeks post last vaccination date on documentation).
- ☐ 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 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  
CNA Program**

**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 CNA Program:

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

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

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

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
<b>General Extremity Motion:</b>		<ul style="list-style-type: none"> <li>• Motor ability</li> </ul>	<ul style="list-style-type: none"> <li>• upper extremity: shoulder, elbow, wrist, hand, fingers and thumb</li> <li>• lower extremity: hip, knee, ankle, foot and toes</li> <li>• neck: turn, flex and extend</li> </ul>
<b>Feeling</b>		<ul style="list-style-type: none"> <li>• Sensory ability</li> </ul>	<ul style="list-style-type: none"> <li>• sensation to heat &amp; cold</li> <li>• capacity to feel heat, cold, pain &amp; pressure to the self, protecting from personal injury</li> </ul>
<b>Vision</b>		<ul style="list-style-type: none"> <li>• Visual Acuity</li> </ul>	<ul style="list-style-type: none"> <li>• Read charts, reports, monitor equipment.</li> </ul>
<b>Olfaction</b>		<ul style="list-style-type: none"> <li>• Unusual Odor Detection</li> </ul>	<ul style="list-style-type: none"> <li>• identify abnormal scents</li> </ul>
<b>Emotional</b>		<ul style="list-style-type: none"> <li>• Emotional Stability</li> </ul>	<ul style="list-style-type: none"> <li>• emotionally stable under normal and stressful circumstance encountered in the health care setting.</li> </ul>