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 <u>necessary</u> for you to submit copies of <u>ALL</u> of your required medical records to the Student Health Center to receive a Program Clearance Letter for admission into the health science programs Allow up to 24 hours once we receive all documents to receive your program clearance.
- 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 - 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 vaccine are required.

> TDAP, COVID (full immunity) & 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
TST	\$20	QuantiFERON gold \$55
TDAP 1 dose in the past 10 years	\$75/dose	None N/A
(8 years for RN students)		
MMR (2 doses in lifetime,	\$85/dose	MMR titer \$50
minimum of 30 days apart)		
Varicella (2 doses in lifetime,	\$160/dose	Varicella titer \$15
Minimum of 30 days apart)	·	
Hepatitis B (3 doses over a 6-		Hepatitis B titer \$15
month period in lifetime)		
Hepatitis B (2 doses over a 2	\$135/dose	
month period in lifetime)		
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
П	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 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

To the Applicant - Com	1 4 41 37 34 33	r	TROPE .
— =	plete the Medical H	listory below BI	EFORE your appointment:
Have you ever had or do you c	urrently have?	NO	Yes (explain)
Impaired hearing	unionely mayor	1,0	100 (0.1511111)
Impaired vision			
Shortness of breath on exert	ion		
Pain, pressure or tightness i			
Fainting spells, dizziness or			
Excessive weakness or fatig			
Epilepsy or seizures	,uc		
Severe depression and/or an	vietv		
Addiction to narcotics, alco		σς	
Low back pain or a "slippe		53	
Joint pain	u uisc		
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Areas evaluated	Normal	ADI	normal/Findings
Eyes Ears, Nose, Throat			
Heart, Lungs			
Spine			
Range of Motion:			
Back/Extremities			
Neurological Status			
Emotional Status			
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Applicant's Signature

Saddleback College

Advisory Statement to the Licensed Health Care Provider

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

	Lifting	Lifting	Standing & Walking	Activity
Carrying Less than 50%	Up to 75%	Up to 30 times a day:	& Less than 75% or 3-5 miles	Time frame bases off a 12-hour clinical day
	 assisting patient movement: average patient weight: 150-200 lbs. 	 equipment up to 35 lbs floor to Knee knee to waist waist to shoulder 	 on carpet, tile, linoleum, or cement 	Description
	 transferring or turning patients 	 trays continuous passive motion machines pulse oximeters patient controlled analgesia pumps 	 providing care obtaining supplies & specimens monitoring / charting patient response managing / coordinating patient care. 	Examples of Activity/Equipment

Activity Sitting	Time frame bases off a 12-hour clinical day Up to 50%	• communication / documentation	 Examples of Activity/Equipment working on computers answering phones
Pushing & Pulling	Up to 75%	 moving / adjusting equipment 	
Balancing & Climbing	Less than 75%	 activities requiring good body mechanics 	
Stooping & Kneeling	Up to 50%		
Bending	Up to 75%	 at the waist to get supplies, monitor patients, administering medications 	ns
Crouching & crawling	Less than 25%	 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%		 hanging & removing IV bottles/bags gathering supplies connecting equipment assisting with patient care performing transfers & positioning.
Twisting & Turning	Up to 50%	twisting at waistturning neck	 while gathering supplies operating equipment checking IV lines bathing patients assisting patients to walk
Talking	Up to 90%	 ability to speak in English 	 ability to communicate with a wide variety of people and easily understood.
Hearing	Up to 90%	hear and correctly interpret what is heard with patient assessment	Includes but not limited to: 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		 Fine & gross dexterity of the hand and fingers 	grasping equipmentopening medication packages

Activity	Time frame bases off a	Description	Examples of Activity/Equipment
•	12-hour clinical day		
General		Motor ability	 upper extremity: shoulder,
Extremity			elbow, wrist, hand, fingers and
Motion:			thumb
			 lower extremity: hip, knee,
			ankle, foot and toes
			 neck: turn, flex and extend
Feeling		 Sensory ability 	 sensation to heat & cold when
			assessing patients/clients
			 capacity to feel heat, cold, pain
			& pressure to the self,
			protecting from personal injury
			Read & interpret charts, reports,
Vision		 Visual Acuity 	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		 Unusual Odor Detection 	 identify abnormal scents
			associated with numerous body
			fluids, wounds and
			patients/clients with casts or
			other appliances
Emotional		Emotional Stability	emotionally stable under normal
			and stressful circumstance
			encountered in the health care
			setting.