SADDLEBACK COLLEGE
Student Health and Wellness Center
28000 Marguerite Parkway CC 177• Mission Viejo • 92692-3635
Phone 1-949-582-4606 • Fax 1-949-582-4227
Telehealth Appointments: https://healthportal.socccd.edu

MANDATORY HEALTH ASSESSMENT AND IMMUNITY STATUS REQUIREMENTS FOR EMT PROGRAM

Instructions to Obtain a Program Verification Clearance Letter:

Our role at the Student Health Center is to review and pre-screen your medical documents to ensure you are compliant with the health requirements for your clinical sites. A Program Verification Clearance Letter is required to start your clinical rotations. This will be released to you once we receive and accept all the required medical documents.

- The first step is to make an appointment with the Nurse at the Student Health Center to review requirements, provide your government issued photo ID, and begin to provide physical copies of your medical documents. You must apply to Saddleback College and have an active Saddleback College email and Student ID to make an appointment with the Student Health Center. Please read this packet in its entirety prior to your appointment. You can make an appointment online at https://healthportal.socccd.edu or call 1-949-582-4606.
- We need physical copies of all of your medical documents to be able to give you your Program Verification Clearance Letter. After your initial visit, you can provide physical copies of your medical documents by dropping them off at our front desk, scheduling a telehealth visit to provide proof during the meeting, or faxing them to 949-582-4227. You can download a free fax app on your cell phone or go to Staples, FedEx, etc. Our fax can receive documents 24/7. You cannot email medical records as it is not HIPAA compliant.
- Please provide physical copies of your medical documents as you receive/complete them so we can make sure you are on the right track. Do not wait until the deadline date to turn everything in.
- Allow 24 hours to receive your Program Verification Clearance Letter after providing physical copies of your medical documents. Once all documents have been approved, you will receive a Program Verification Clearance Letter.
- All health documentation must be reviewed and approved by the Student Health Center before being uploaded to Castle Branch. If you have questions related to Castle Branch, please contact your Program Specialist/Assistant. The Student Health Center cannot access or view documents in Castle Branch.

Required Medical Documents: (Further explanation on the next page)

Proof of Immunization OR Positive Titers (Quantitative preferred) :

- ☐ MMR: 2 doses in your lifetime, at least 28 days apart OR Positive MMR Titer (Measles IgG, Mumps IgG, Rubella IgG)
- ☐ Varicella: 2 doses in your lifetime, at least 28 days apart OR Positive Varicella Titer (Varicella IgG or ACIF)
- ☐ Hepatitis B: 2 or 3 doses in your lifetime, depending on type of series OR Positive Hepatitis B Titer (Hepatitis B Surface Antibody)

Tuberculosis (TB) Screening:

- ☐ 2 recent TB skin tests (TST/PPD) OR 1 IGRA (T-spot or QuantiFERON Gold)
- ☐ Chest Xray ONLY if your TST/PPD or IGRA is positive

Vaccinations:

- ☐ Tdap
- ☐ Current seasonal influenza vaccine
- ☐ COVID-19 vaccine

*You may download and print your digital vaccine record at https://myvaccinerecord.cdph.ca.gov/

Physical Exam:

- ☐ On form provided. Must be signed, stamped, and dated. To be done during the dates provided by the program.

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Juliana Barnes, Ed. D., *Chancellor*
SADDLEBACK COLLEGE: Dr. Lonita Cordova, PhD, *President*
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MMR Vaccine:

- This vaccine protects you from Measles, Mumps, and Rubella. A full series is 2 doses in your lifetime, given at least 28 days apart.

Varicella Vaccine:

- This vaccine protects you from Varicella (chickenpox). A full series is 2 doses in your lifetime, given at least 28 days apart.

Hepatitis B Vaccine:

- This vaccine protects you from Hepatitis B. There is a 3-dose series which is given over a 6-month period. There is also a 2-dose series which is given at least 28 days apart.

Titers (bloodwork):

- If you do not have proof of vaccination, you can submit titers. Titers are lab test results that show you are immune to a disease. The first step is to get your blood drawn to see if you are immune to the diseases. If you are not immune (negative or equivocal titer), the next step is to get a booster vaccine immediately. You must then wait a minimum of 4 weeks to have your blood drawn again to recheck your titer. If you recheck earlier than 4 weeks your result is not valid.
- Most people are not immune even if they received all their childhood immunizations. This process may take **several months**, so it is important to get started on it right away.
- Titer tests do not have an expiration date.

Tuberculosis Screening:

- The clinical sites require a 2 Step Tuberculosis (TB) screening. One option is to do TWO TB skin tests (TSTs/PPDs) 1-3 weeks apart. This requires 4 separate visits and can take up to 3 weeks to complete. You can also submit two TSTs from subsequent years.
- Your other choice is an IGRA blood test. This is the T-spot or QuantiFERON Gold. This can take 3-5 days for the lab result.
- If any of your TB tests are positive, you are required to submit a Chest Xray that shows no active TB. Chest Xray is only acceptable proof if a TST/PPD or IGRA is positive.
- TB screenings are valid for 1 year.

Tdap Vaccination:

- A current Tdap vaccination is required by the clinical sites.
- A Td vaccine is not accepted.
- Tdap vaccines are valid for 10 years and must last through the entire program.

Influenza Vaccination:

- You must submit proof of the current seasonal influenza vaccine. A new influenza vaccine is released every August. Influenza is detected year-round and typically peaks between December and February.

Covid-19 Vaccination:

- Covid-19 vaccine requirements are subject to change due to facility requirements and CDC guidelines.

Physical Exam:

- You must complete a physical exam with a healthcare provider on the form provided. The form must be completed in its entirety, including the vision screening. The form must be signed by you and the provider. It must contain an office stamp and the date of service.
- The physical exam is valid for 1 year.

*If you choose to decline any of the above medical requirements you must speak with the Program Specialist/ Assistant for further advisement before making your initial appointment.

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You may complete these requirements at the Student Health Center or through your personal medical insurance. The prices at the Student Health Center are listed below. We do not accept health insurance.

MMR IgG Titer	$50
Measles IgG Titer	$20
Mumps IgG Titer	$20
Rubella IgG Titer	$20
Varicella ACIF Titer	$20
Hepatitis B Surface Antibody Titer	$15
Physical Exam	$20

QuantiFERON Gold blood test	$55
TB Skin Test (TST/PPD)	$20 *2nd step Free.
MMR Vaccine	$95/dose
Varicella Vaccine	$205/dose
Hepatitis B Vaccine (Heplisav-B)	$135/dose
Seasonal Influenza Vaccine	$20/dose
Tdap Vaccine	$50/dose

REMINDER:

- **We need physical copies of all your medical documents.**
- **We will ask for your government issued photo ID at your initial appointment. It is your responsibility to ensure all documents have your correct legal name and date of birth.**
- **We will only accept the lab result report for titers and TB blood tests- NO screenshots or "Result Trend" views will be accepted.**
- **All blood test results must include reference ranges and the date it was collected.**
- **All immunizations must have the date of administration.**
- **All physical exam forms must be completely filled out including a vision screen, signed by you and the provider, include an office stamp, and the date of service.**
- **Save an electronic and physical copy of all of your medical documents.**
- **Examples of correct medical documents and how to access lab result reports are included in the "Lab Result Report Printing Instruction and Medical Document Examples" section of this packet.**

Some financial assistance may be available through the Financial Aid office in the Gateway Building if you have completed a FAFSA.
Currently enrolled students can visit the Basic Needs Center at the Den in CC 102 to discuss food, clothing, wellness, and financial needs.

Attention Veterans: If you are using your G.I. Bill education benefit, the VA will pay for your medical requirements 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 before submitting your letter to the Student Health Center.

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Saddleback College School of Health and Wellness Programs
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/_____ OU 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 Program's Technical Standards and is qualified for participation in the Saddleback College School of Health and Wellness 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

_____

Applicant's Signature

REQUIRED Provider's Office Stamp

Updated 9/2026

Lab Result Report Printing Instructions and Medical Document Examples

How to access lab result reports from Kaiser

- Log in to kp.org from a desktop/laptop (not a cell phone or the app)
- At the top of the page click the Records drop down
- Click Test Results
- Click on the individual test result (ex: rubella immunoglobulin g)
- On the right side click the print button (printer icon next to the word print)
- From there you can print or save as PDF

How to access full immunization record from Kaiser w/ PPD at the bottom

- Log in to kp.org from a desktop/laptop (not a cell phone or the app)
- At the top of the page click the Records drop down
- Click Immunizations
- Click "print your immunizations" NOT the print button
- From there you can print or save as PDF

How to access lab result report from Quest portal

- Go to https://www.questdiagnostics.com/
- At the top right click Log In and then under My Quest click Log in again
- Sign in or create an account
- At the top right click Results
- Click on the correct test result
- From there you can print, fax, or save as PDF
- You can fax directly to the Student Health Center: 949-582-4227

*If you had your labs drawn from Saddleback College you can access your results on the Quest portal

How to access lab result report from LabCorp portal

- Go to https://patient.labcorp.com/landing
- At the top right click Login
- Sign in or create account
- Click View for the correct test result
- Click download official report
- From there you can print or save as PDF

On the following pages find examples of correct medical documents from Kaiser, Quest, LabCorp, and a California Immunization Registry (CAIR) report. You may download and print your digital vaccine record at https://myvaccinerecord.cdph.ca.gov/

REMINDER: We need physical copies of all your medical documents. It is your responsibility to ensure all documents have your correct legal name and date of birth. We will only accept the lab result report for titers and TB blood tests- NO screenshots or "Result Trend" views will be accepted. All blood test results must include reference ranges and the date it was collected. All immunizations must have the date of administration. All physical exam forms must be completely filled out including a vision screen, signed by you and the provider, include an office stamp, and the date of service. Save an electronic and physical copy of all your medical documents.

Member name: [redacted]
Date of birth: [redacted]
Primary care physician: [redacted]
Date printed: [redacted]

MUMPS VIRUS IMMUNOGLOBULIN G

Collected on Aug 13, 2025 11:10 AM

Your test results are available to you and your ordering doctor or care team. Click for tips on navigating this results page.

Results

RMS ACCN: 790187413

Authorizing provider: [redacted]

Collection date: Aug 13, 2025 11:10 AM

Specimens: BLOOD

Result date: Aug 14, 2025 10:52 AM

Result status: Final

Resulting lab:
SCPMG REGIONAL REFERENCE LABORATORIES, CLINICAL PATHOLOGY - CHINO HILLS
13000 Peyton Drive
Chino Hills CA 91709
Steven McLaren, DO (Lab director)

MUMPS VIRUS IGG
Normal value: >=1.10 AI

Value
2.80

Please see below for interpretive criteria:

Reference Ranges:
<= 0.8 AI Negative
0.9 - 1.0 AI Equivocal
>= 1.1 AI Positive

NEGATIVE: No IgG antibodies specific to Mumps detected. Patient is presumed not to have a previous exposure to Mumps through infection or vaccination.
EQUIVOCAL: If clinically indicated, obtain an additional sample for retesting.
POSITIVE: IgG antibody to Mumps detected. This may indicate that the patient was exposed to Mumps through infection or vaccination.

Quest Diagnostics

Date of Service: [redacted]
Specimen: [redacted]

Patient Name: [redacted]
DOB: [redacted] AGE: [redacted] Gender: [redacted]
Health ID: [redacted]

[redacted]

Test Name	Results	Reference Range	Lab
VARICELLA ZOSTER VIRUS AB (IGG)	2.09	1.1 index	EN

Index	Explanation of Results
< or = 0.90	Negative - No VZV IgG Antibody detected
0.91 - 1.09	Equivocal
> or = 1.10	Positive - VZV IgG Antibody detected

A positive result indicates that the patient has antibody to VZV. It does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient.

The presence of IgG VZV antibody is consistent with immunity.

PERFORMING SITE:

EN Quest Diagnostics, 8401 Fallbrook Ave, West Hills, CA 91304-3226 Laboratory Director: Tab Toochinda, MD, CLIA: 05D0642827

The contents of this laboratory test report are based on tests performed by Quest Diagnostics. The report is NOT an official laboratory report. If you require your official laboratory report, please contact your physician.

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[redacted]
Patient ID
Specimen ID: [redacted]

DOB: [redacted]
Age: [redacted]
Sex: [redacted]

Patient Report

Account Number: [redacted]
Ordering Physician: [redacted]

labcorp

Date Collected: [redacted] Date Received: [redacted] Date Reported: [redacted] Fasting: No

Ordered Items: **Measles/Mumps/Rubella Immunity; QuantiFERON-TB Gold Plus; Hepatitis B Surf Ab Quant; Varicella-Zoster V Ab, IgG; Venipuncture**

Date Collected: [redacted]

Measles/Mumps/Rubella Immunity

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Rubella Antibodies, IgG 01	1.66		index Non-immune <0.90 Equivocal 0.90 - 0.99 Immune >0.99	Immune >0.99
Measles Antibodies, IgG 01	**<13.5** **Low** Presence of antibodies to Rubeola is presumptive evidence of immunity except when acute infection is suspected.		AU/mL Negative <13.5 Equivocal 13.5 - 16.4 Positive >16.4	Immune >16.4
Mumps Abs, IgG 01	67.5 A positive result generally indicates past exposure to Mumps virus or previous vaccination.		AU/mL Negative <9.0 Equivocal 9.0 - 10.9 Positive >10.9	Immune >10.9

QuantiFERON-TB Gold Plus

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
QuantiFERON Incubation 01	Incubation performed.			
QuantiFERON Criteria 01	QuantiFERON-TB Gold Plus is a qualitative indirect test for M tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. The QuantiFERON-TB Gold Plus result is determined by subtracting the Nil value from either TB antigen (Ag) value. The Mitogen tube serves as a control for the test.			
QuantiFERON TB1 Ag Value 01	0.03		IU/mL	
QuantiFERON TB2 Ag Value 01	0.01		IU/mL	
QuantiFERON Nil Value 01	0.00		IU/mL	
QuantiFERON Mitogen Value 01	>10.00		IU/mL	
QuantiFERON-TB Gold Plus 01	Negative No response to M tuberculosis antigens detected. Infection with M tuberculosis is unlikely, but high risk individuals should be considered for additional testing (ATS/IDSA/CDC Clinical Practice Guidelines, 2017). The reference range is an Antigen minus Nil result of <0.35 IU/mL. Chemiluminescence immunoassay methodology			Negative

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This document contains private and confidential health information protected by state and federal law
If you have received this document in error please call 858-668-3700

California Immunization Record

Name: [redacted] Date of Birth: [redacted] Record Issued On: 09/10/202

COVID-19 Vaccine Group

Complete

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
COVID-19, mRNA LNP-S PF 100mcg or 50mcg	1	01/09/2021	[redacted]	FAMILY CARE CENTER - FOUNTAIN VALLEY
COVID-19, mRNA LNP-S PF 100mcg or 50mcg	2	02/06/2021	[redacted]	FAMILY CARE CENTER - FOUNTAIN VALLEY
COVID-19, mRNA LNP-S PF 100mcg or 50mcg	3	10/23/2021	[redacted]	CVS CORPORATE
COVID-19 mRNA bivalent 6M+	4	10/19/2022	[redacted]	CVS CORPORATE
Moderna Spikevax COV2 50mcg.5 mL	5	09/29/2023	[redacted]	CVS CORPORATE
Moderna Spikevax COV2 50mcg.5 mL	Extra Dose	08/30/2024	[redacted]	CVS CORPORATE

DTP Vaccine Group

Next Dose Due 01/27/2033

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
Tdap	1	05/06/2019	[redacted]	020Beach Family Doctors
Tdap	2	12/03/2020	[redacted]	ORANGE COAST WOMEN'S MEDICAL GROUP
Tdap	3	01/27/2023	[redacted]	KPSCAL-ANA-SANJUAN-CAPISTRANOOFFICESU

MMR Vaccine Group

Complete

Vaccine	Dose	Date Given	Age Given	Clinic that Administered or Transcribed
MMR	1	03/30/2023	[redacted]	KPSCAL-ANA-OCIRVINEMEDICALCENTERL
MMR	Extra Dose	05/12/2023	[redacted]	KPSCAL-ANA-MISSION-VIEJOMEDICALOFFICESU