



SADDLEBACK COLLEGE

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MANDATORY HEALTH ASSESSMENTS AND IMMUNITY STATUS REQUIREMENTS FOR HEALTH SCIENCE PROGRAMS

Instructions to Obtain A Program Verification Clearance Letter:

- All students must have a physical completed and Program Verification Clearance Letter for admission into the health science programs. You may make an appointment with your Health Care Provider or the Student Health Center at **(949) 582-4606** for your physical. You must be registered and/or currently enrolled to make an appointment with the Student Health Center.
- It is **necessary** for you to bring copies of **ALL** of your immunization records to the Student Health Center; **if you do not have copies** it will be necessary to have blood tests (titer) to determine immunity for specific diseases.
- If you need titers drawn for immunizations this may take 2 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 provided by your Program Administrator.
- **If your physical is completed by your Health Care Provider, you MUST make an appointment with the Student Health Center RN for FINAL sign-off and Program Verification Clearance Letter.**

Required Immunization/Laboratory Tests:

You **MUST** provide documentation of immunity to the following diseases by either official medical/vaccination records or blood testing (titer):

- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- TDAP
- Hepatitis B

Required Tuberculosis Skin Testing (TST):

- **Two-step TST = (2 TST's 1-2 weeks apart):** is required if you have not had a TB 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 negative QuantiFERON gold blood test *within the past year*
OR
- Proof of a negative TB chest X-Ray *within the past 2 years.*

Immunization with the following vaccine is highly recommended but may be declined (*except RN and Paramedic students**); you must sign a declination form to be kept in your medical record.**

- Hepatitis B vaccine is a series of 3 vaccines (*RN students must provide Hepatitis B titer)
- 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 from Oct 1st through March 31st.**

Physical exams are required within the past year by a licensed health care professional. You must provide documentation of immunity to the following diseases by either proof of immunization records or 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		OR	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, 30 days apart)	\$75/dose		MMR titer	\$40
Varicella (2 doses in lifetime, 30 days apart)	\$140/dose		Varicella titer	\$15
Hepatitis B (3 doses over a 6-month period in lifetime)	\$75/dose		Hepatitis B titer (required for RN students)	\$15
Seasonal flu shot	\$20		None	N/A
Physical exam	\$20		N/A	

Checklist for Required Documentation:

- Physical exam: within the past year by a licensed healthcare provider.
- TST: 2 negative TST within the past year or 2 negative TST in the past 2 consecutive years OR QuantiFERON gold: one negative within the past year OR TB chest x-ray: one negative within the past 2 years.
(*Has to last through the current semester, except RN students-has to last through the full year)
- Measles (rubeola), Mumps, Rubella (MMR): 2 doses in lifetime, 30 days apart or proof of immunity via blood test (titer).
- Varicella: 2 doses in lifetime, 30 days apart or proof of immunity via blood test (titer).
- TDAP: 1 dose in the past 10 years (*8 years for RN students)

Highly recommended, but you may sign a declination form provided by the Student Health Center (except RN and Paramedic students):

- Hep B: 3 doses over a 6-month period in your lifetime
- Seasonal flu shot (you will be required to wear a mask if you decline)

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.

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 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:

**** Physician's signature/ and date****

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

Physician's Office Stamp

Applicant's Name