



## Health Occupations Student Information Sheet Physical Examination and Immunizations

### Purposes and Objectives

Special attention is given to health occupations students whose curriculum includes patient or patient specimen contact. A physical examination, immunization record, and health history is required to detect and prevent communicable diseases which may put the student, other students, colleagues, and/or patients at risk.

### Process

- The examination must be completed by a physician, physician's assistant, or nurse practitioner of the student's choice. Any incurred expenses are the student's responsibility.
- Completed forms must be submitted to the Health Occupations Office. Records will be retained, and treated confidentially. No information will be released without written consent of the student.
- Forms must be completed by the first week of classes, or earlier as required by the program.
- Students must ensure that **ALL** required information is provided. You will be contacted if your information is incomplete.
- Students will not be permitted to enter a clinical facility until their forms are approved.

### Immunizations

- Students must have proof of all immunizations and test listed on the Examination form.
- All immunizations must have a date of administration and be current per the guidelines.

### Clinical and Laboratory Practice

- Students are required to inform clinical and laboratory instructors of any condition/disease that may require safety precautions to safeguard the student and others (e.g. diabetes, seizures, etc).
- Changes in your health status (e.g. pregnancy, back injury, infectious disease) occurring after the completion of your health physical should be reported to your Program Director.

### Recommended Vaccinations

#### Hepatitis B

*Information.* OSHA and the Iowa Occupation Safety and Health Division have rules and regulations governing who should receive Hepatitis B vaccine. Since persons with Hepatitis B may become critically ill or die, it is recommended that all Health Occupations students involved in direct patient care receive the vaccine series prior to clinical coursework. The Hepatitis vaccine is a synthetic vaccine, manufactured from the yeast *Saccharomyces cerevisiae*.

*Exposure.* Exposure to Hepatitis B includes any percutaneous and mucous membrane exposure to blood or other body fluids (e.g. vaginal secretions, spinal fluid). Generally, exposure occurs via needle sticks, cuts, blood onto broken/chapped skin, and infectious material splashed into eyes, nose, or mouth.

*Indications.* Anyone with potential for exposure to blood, body fluids, or tissue.

*Contraindications.* Anyone with an allergy to yeast, thimerisol, or any other component of the vaccine should not be vaccinated. Vaccination should be postponed during acute illness.

*Administration.* Hepatitis B vaccine requires three doses. The second dose occurs one month after initial dose. A third dose is due six months after initial dose. Booster recommended in ten years.

*Effectiveness.* Approximately 95% of vaccinated persons develop desired antibodies. A fourth dose may produce antibodies in persons unresponsive to the initial three doses.

*Pregnancy and nursing.* The effect of the vaccine on fetuses and nursing infants is unknown. Women who are pregnant, planning a pregnancy, or nursing should consult a physician.

*Adverse reactions.* Hepatitis B vaccine is generally well tolerated. Soreness at the injection site is the most common side effect. Other side effects include, but are not limited to: fatigue, fever, headache, dizziness, chills, influenza-like symptoms, nausea, diarrhea, constipation, asthma-like symptoms, abnormal liver function tests, Guillian-Barre syndrome, Bell's palsy, and tranverse myelitis.

#### Hepatitis A

*Information.* Hepatitis A vaccine is recommended for people with chronic liver disease, intravenous drug users, people practicing unsafe sex, people with clotting disorders, or people who work with Hepatitis A in experimental settings. If you have questions about your risk factor for Hepatitis A please consult your physician.

#### Varicella (Chickenpox)

*Information.* Adults who have not had chickenpox should be vaccinated. Adults with reliable histories of chickenpox are assumed to be immune. If you have questions about the Varicella vaccine, please consult your healthcare provide



Health Occupations  
 Student Information Sheet  
 Physical Examination and Immunizations

**TO BE COMPLETED BY THE STUDENT:** SSN \_\_\_ - \_\_\_ - \_\_\_\_\_ Birthdate (mm/dd/yy) \_\_\_ / \_\_\_ / \_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How do you rate your general health? \_\_\_\_\_ Do you have any physical or emotional limitations that might hinder your ability to perform the duties and responsibilities of the program you have selected? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Student Signature/date \_\_\_\_\_ Health Occupations Program

**TO THE EXAMINER:** While enrolled in a health occupations program at Indian Hills Community College, this student may be involved in: a rigorous academic program; stressful situations in a one-on-one basis or in groups; activities requiring average manual dexterity, ability to lift, move, or turn person weighing at least as much as the student; activities requiring use of all sense organs, and activities which requires the student to be on her/his feet for up to eight consecutive hours. **Physicals must be completed by a physician (M.D. or D.O.), physician's assistant (PA) or nurse practitioner.**

I hereby certify that I have examined the person named above and determined that she/he is physically and emotionally fit to be enrolled as a student in her/his chosen program at Indian Hills Community College.

Comments: \_\_\_\_\_

Typed/Printed Name and Address of Healthcare Provider \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date

**Immunizations and Tests:** Note recommendations on information sheet. This portion of the form must be filled out in its entirety. Blanks are not allowed. All immunization data must be on this form. **DO NOT** submit other documents as proof.

<p><b>MMR:</b> All persons born after 1/1/57 must have received 2 injections of MMR vaccine at least one month apart and after their first birthday <b>OR</b> have sufficient rubeola, mumps, and rubella titer <b>OR</b> Physician documentation of acquired disease.</p> <p>Date of first injection: _____          Date of second injection: _____</p> <p>Rubeola Titer Date _____ <input type="checkbox"/> Immune <input type="checkbox"/> Not immune          Mumps Titer Date _____ <input type="checkbox"/> Immune <input type="checkbox"/> Not immune          Rubella Titer Date _____ <input type="checkbox"/> Immune <input type="checkbox"/> Not immune</p>	<p><b>MMR OR Rubella Titer if born BEFORE 1/1/57</b></p> <p>MMR Date: _____  <b>OR</b>          Rubella Titer Date: _____</p> <p><input type="checkbox"/> Immune <input type="checkbox"/> Not immune</p> <p><i>If Not Immune, then Rubella Vaccine (proof of two vaccinations)</i></p> <p>Date: _____          Date: _____</p>
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<p>Tetanus/Diphtheria/Pertussis Booster-Tdap  <i>(Must be within last 10 years)</i></p> <p>Date: _____</p>	<p><b>Hepatitis B: See information sheet.</b></p> <p>Hepatitis B: #1 Date: _____          #2 Date: _____ #3 Date: _____</p> <p>If you choose NOT to receive Hepatitis B vaccine, your signature declining vaccination is required.</p> <p>_____ Student Signature _____ Date</p>
<p>Flu Vaccine</p> <p>Date: _____  <i>(Must be done annually; May be required by some facilities)</i></p>	

**Two-step TB Testing (PPD):**

Have you ever had a positive TB reaction?

Yes  No

Are you currently taking corticosteroids?

Yes  No

Or immunosuppressive agents?

Yes  No

In the past 6 weeks have you had immunizations for measles, mumps, rubella, or influenza?

Yes  No

Are you pregnant?

Yes  No

Have you had a TB test in the last year?

Yes  No

If yes and you can provide documentation, you will only require one additional TB test. A minimum of 1 week is required between TB tests.

I have been informed of the risks of receiving this intradermal injection and my questions have been answered. I understand that it is my responsibility to have the test read 48-72 hours after the test has been given.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Test #1:**

Injection given by \_\_\_\_\_ Date administered \_\_\_\_\_

Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Reaction Test #1

Read induration only, not redness

\_\_\_\_\_ mm's

This reaction is seen as \_\_\_\_\_ according to the Iowa Department of Health criteria

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Test #2:**

Injection given by \_\_\_\_\_ Date administered \_\_\_\_\_

Lot # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Reaction Test #2

Read induration only, not redness

\_\_\_\_\_ mm's

This reaction is seen as \_\_\_\_\_ according to the Iowa Department of Health criteria

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Varicella (Chickenpox):** See information sheet

Have you had chickenpox?  Yes  No

Varicella Vaccine \_\_\_\_\_  
Date

If you have not had chickenpox and choose not to receive the varicella vaccine, your signature declining vaccination is required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date