Student Health Form Instructions

LTC is required to provide proof to our clinical agencies that our students entering their facilities will not be exposing their clients to any illness or disease. Students are required to complete the following requirements before clinical or practicum placement will be made.

Proof of vaccinations may be either a provider signature on the health form or a copy of the record.
Check the Wisconsin Immunization Registry for your vaccine history.
Vaccines, TB skin testing and medical clearance can be obtained from the occupational health departments at your local clinic or hospital. Students can access the LTC College Nurse for TB testing. Blood tests are obtained from any provider that can perform laboratory testing.

The following numbered items provide detailed instructions for the corresponding numbers on the health form.

1. Proof of chickenpox is completed by **either** turning in a blood test (titer) result **or** showing proof of two vaccines in your lifetime. History of having the disease as a child is not proof. **Radiography students must have a titer.**

2. Proof of having a Tdap booster **(**Tetanus, diphtheria, and pertussis booster) in the last 10 years.

3. Proof of having 2 MMR (Measles, Mumps, Rubella) vaccinations in the past OR turning in 3 blood test (titer) results, one each for Measles, Mumps and Rubella. This is not required for Dental Assistant Students.

4. Proof of having a TB test within the last year. Options include a two-step Tuberculin (TB) skin test (skin test given and read within 72 hours), **or** a TB Gold blood test, **or** T-spot test in the last year. **The College nurse is able to do the TB skin test by appointment on the Cleveland campus at no cost to students over the age of 18.** If you have tested positive in the past, you need to submit a copy of the positive skin test, chest x-ray report, any treatment received, and complete a previous positive form (available from the college nurse).

5. Proof of having completed the series of three Hepatitis B vaccines or sign the declination statement on the second page of the form.

6. Proof of a current season flu shot if you are in a clinical setting between November 1 and March 31, or a signed waiver available from the college nurse. However, if you are applying in late spring and summer, flu shots are not available. In that case, you will need to get the shot as soon as it becomes available in fall.

7. **Childcare Services, Dental Assistant, Early Childhood Education, & Ophthalmic Medical Assistant program students must** show proof of a physical within the last 3 years**.**

8. You need to sign and date the health form.

Students are responsible for any costs for the above services.

If questions on these instructions please contact:

Lakeshore Technical College
Renee Bruckschen, College Health Nurse
1290 North Ave
Cleveland WI 53015-1414
E-mail: Renee.bruckschen@gotoltc.edu
Fax: 920.693.3561
Phone: 920.693.1111

Student Health Form

Name:_____

Address:_____

City:_____State:____Zip Code_____

Telephone Number: _____

Birth Date:_____

Student ID Number:_____

Please check correct program:

_____Dental Assistant
_____Dietary Aide
_____Childcare Services/ECE
_____EKG/Phlebotomy
_____EMT - _____
_____Health Care Technician
_____Health Info. Management
_____Health Unit Coordinator
_____Medical Coding/Assistant
_____ NA/PN/RN
_____Ophthalmic M. Assistant
_____ Pharmacy Technician
_____ Radiography

1. **Proof of Chickenpox:** Varicella Titer Date & Results_____ **OR** Dates of Vaccine #1 _____#2_____(attach copy)

2. **Diphtheria/Tetanus Date:** _____(Tdap) (**required** within the last 10 years)

3. **Proof of (2) MMR's or Rubeola, Mumps, and Rubella titers.** (***NOT REQUIRED FOR DENTAL ASSISTANT STUDENTS)***

1)MMR_____ _____
Date Authorized Signature & Title OR a copy of the records

2)MMR_____ _____
Date Authorized Signature & Title OR a copy of the records

OR

Rubeola titer_____ _____ _____
Date Results Authorized Signature & Title OR a copy of the records

Mumps titer_____ _____ _____
Date Results Authorized Signature & Title OR a copy of the records

Rubella titer_____ _____ _____
Date Results Authorized Signature & Title OR a copy of the records

4. **2 Step Mantoux Tuberculin Skin Test, T-spot test OR TB Gold test** within the last year. (Attach copy)

DATE GIVEN:_____ _____
Authorized Signature & Title OR a copy of the records

DATE READ:_____ _____
Authorized Signature & Title OR a copy of the records

_____**NEGATIVE** _____**POSITIVE** _____**MM INDURATION**

Chest x-ray indicated only when Tuberculin Skin Test is POSITIVE or HISTORY of positive reaction.
Please attach CXR reports and/or treatment reports.

5. **HEPATITIS B VACCINATION**

_____NO, I am declining the vaccination. **I am required to sign the declination on the back of this form.**
_____YES, I have completed or I am currently receiving the vaccine (list below).

1st_____ _____
Date Authorized Signature & Title OR a copy of the records

2nd_____ _____
Date Authorized Signature & Title OR a copy of the records

3rd_____ _____
Date Authorized Signature & Title OR a copy of the records

The Hepatitis B vaccine is not a requirement, but is recommended to protect the student from potential risks.

HEPATITIS B VACCINATION DECLINATION

Fill out this section only if you <u>choose NOT to receive the Hepatitis B vaccination</u> at this time.

Lakeshore Technical College & faculty recommend that you be immunized for Hepatitis B to protect you from potential risks. I have read the information about Hepatitis B and the Hepatitis B vaccine. I understand that I may be at risk of acquiring Hepatitis B virus infection; however, **I choose to decline the Hepatitis B vaccination <u>at this time</u>.** I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I will assume full liability as a result of declining the vaccine while on campus or while participating in program-related clinical assignments. Should an exposure occur during a classroom or clinical experience, neither the college nor the clinical facility can be held liable and/or responsible for cost incurred. I authorize LTC to disclose a copy of this form to the health care facilities where I will be receiving my clinical instruction. I understand that the information and the disclosure of the information is a necessary component of my clinical instruction requirements.

Student Signature: (required)_____ Date:_____

_____ Date: _____

Parent/Guardian Signature **(required if under age 18)**

6. **Proof of a current season flu shot is required**. A waiver for legitimate medical or religious exemptions is available but must be submitted and approved prior to the start of clinical. Submit a copy of this record.

7. **TO BE COMPLETED BY PHYSICIAN/MEDICAL EXAMINER**
   ****Only Required for Dental Assistant, Early Childhood Education, & Ophthalmic Medical Assistant****

I have examined this applicant and found him/her to be in good physical condition, free from communicable disease and, if entering the Early Childhood Education Program, physically able to work with young children.

Physician Signature:_____

Print Name of Physician:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone Number:_____

Date of Exam:_____

(Physical is required before clinical or practicum placement and must be within the last three years)

8. **I am a student at Lakeshore Technical College.** I authorize Lakeshore Technical College to disclose a copy of this form to the health care facilities or practicum environment where I will be placed for the program indicated above. I understand that the information and the disclosure of the information is a necessary component of my practicum or clinical instruction requirements. This consent is effective for three years from signature date.

Student Signature: (required)_____ Date:_____

_____ Date: _____

Parent/Guardian Signature **(required if under age 18)**

Please Mail, E-mail or Fax to:
LAKESHORE TECHNICAL COLLEGE
College Health Nurse
1290 North Ave
Cleveland WI 53015-1414
E-mail: Renee.bruckschen@gotoltc.edu
Fax: 920.693.3561
Phone: 920.693.1111