



HEALTH SCIENCES DIVISION

PRE-ENTRANCE HEALTH FORMS AND IMMUNIZATION RECORDS REQUIREMENTS

INSTRUCTIONS FOR COMPLETING THE STUDENT HEALTH AND IMMUNIZATION FORMS

Nursing and Allied Healthcare credit and non-credit students within the Health Sciences Division (HSD) at Mississippi Gulf Coast Community College (MGCCC) are required to complete and submit the Pre-Entrance Health Forms and Immunization Records upon starting the program. The forms must be thoroughly completed (using indelible ink, do not leave blanks – use N/A where appropriate) with an approved healthcare provider (HCP) or nurse practitioner (NP) signature verifying current, up to date health physical and medical conditions requiring treatment; and/or special accommodation needs.

Complete documentation is necessary for assigning students to affiliated clinical agencies for the clinical component of the program. The student's continuation in the Program requires the student to be able to perform every essential function of the student role as listed within the program's Core Performance Standards found in the **Part II section**. If the student, with reasonable accommodation, is unable to perform any essential function in a safe and successful manner, he/she will be required to withdraw from the program.

IMMUNIZATIONS:

HSD incoming students are required to show proof of negative TB status (annually). TB Testing consists of PPD (Mantoux) skin test: requires a **2-step** if there is not proof of consecutive annual TB tests. The 2-step consists of 2 skin test readings: the **1st** skin test is placed and read within 48 to 72 hours then, 2 weeks later, the **2nd** is placed and read within 48 to 72 hours. A blood test may be submitted (Quantiferon gold/TB spot) for students that cannot have a skin test or if the skin test is positive, a chest x-ray result may be used.

Keep in mind; if you will need a live vaccine (MMR or Varicella) please FIRST get your TB skin test completed.

Additional information about TB testing is available at:

<http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>

HSD incoming students are required to be vaccinated or have titers as evidence of immunity to various potential pathogens. (Includes the following credit programs: Nursing programs, Practical Nursing (PN), Transitional (PN to RN), Associate Degree (ADN); EMS/Paramedic, EMT Basic; Health Information Technology (HIT); Medical Assisting Technology (MET); Medical Laboratory Technology (MLT); Physical Therapist Assistant (PTA); Radiologic Technology (RGT); Respiratory Care Technology (RCT); Surgical Technology (SUT); Hemodialysis Technician (HT), and Healthcare Assistant (HCA). Non-credit (continuing education) programs: Certified Nursing Assistant (CNA) Phlebotomy, and IV Therapy Certification/Re-certification Programs.)

All students must show proof of immunity ("proof" = vaccination records, Form 121 from the department of health or other medical record) and/or documentation of current vaccinations: varicella, hepatitis B, rubeola, mumps, rubella, tetanus, diphtheria and pertussis. If proving immunity by titers, lab reports documenting each titer must also be attached to the form. Evidence of influenza (flu) vaccination for the appropriate flu season may also be required by the clinical facility.

CDC vaccination information for healthcare providers is found online at

www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.

Please read the vaccine information sheets available from the Center for Disease Control (CDC) at <http://www.immunize.org/vis/> to learn the advantages and contraindications for Tdap, Chickenpox, Hepatitis B, and MMR.

IMMUNIZATION RECORDS ARE REQUIRED for health care clinical. Students are to make a copy of their completed forms and file **original** with their important papers for future job applications and/or program requirements. Program staff and administrators **will not** be responsible for making copies and/or providing copies for student's personal or professional needs. Completed forms and any supporting documents (i.e., lab titers) are to be submitted to your program faculty or staff member according to specified program guidelines.

<p align="center">Submit Proof of Required Immunizations</p> <p align="center">STUDENT MUST SUBMIT SHOT RECORDS and/or LAB RESULTS for EACH listed below:</p>	<p align="center">✓</p>
<p>1. TB Skin Test – PPD* or QFT blood test. Negative Mantoux PPD (Attach PPD form with results) or negative QFT (lab result attached). If TB test is positive, submit CXR results (attach radiology report)</p> <p>*The 2 step is required when annual skin test documentation has not been provided and/or has not been administered in consecutive years. 1st Step skin test is placed and read within 48 to 72 hours then, 2 weeks later the 2nd Step skin test is placed and read within 48 to 72 hours.</p> <p>If you will need a live Vaccine (Varicella or MMR) complete your TB skin test FIRST then get shot(s)</p>	
<p>2. Adult Tdap (Tetanus [Td], diphtheria, pertussis)</p> <p><i>A one-time dose of Tdap is required as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received). Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each pregnancy</i></p>	
<p>3. Varicella (“Chicken Pox”)</p> <p>Evidence of immunity by one of the following: Positive Titer OR Two doses of vaccine <i>if you don’t have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.</i></p> <p>“Live” vaccine – be sure to get your TB skin test BEFORE you get this shot if needed</p>	
<p>4. Hepatitis B</p> <p>Evidence of immunity is mandatory for all Health students and includes either: Completion of series OR Positive Titer of HBsAb. First dose must be documented prior to submission of health forms; verification of additional doses must be submitted as received.</p> <p><i>If you don’t have documented evidence of a complete hepB vaccine series, or if you don’t have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination): you should get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2).</i></p>	
<p>5. MMR</p> <p>All students (regardless of age) must have documentation of either two (2) MMR vaccinations OR Documentation of sufficient titers for each: Rubeola, Mumps and Rubella. Those who have an “indeterminate” or “equivocal” level of immunity upon testing should be considered non-immune <i>if you don’t have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</i></p> <p>“Live” vaccine – be sure to get your TB skin test BEFORE you get this shot if needed</p>	
<p>6. Flu Vaccine</p> <p>Evidence of FLU VACCINE annually</p> <p><i>Required Annually for each flu season; students may be required to wear a mask at clinical site when unvaccinated and sign a declination form for the facility.</i></p>	

Italicized information on immunizations found at: <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>



MEDICAL ANALYSIS

WHERE TO GET IMMUNIZED

If you are currently working in a healthcare facility, check with your employer to see if the TB test and vaccines are offered free of charge. Some insurance companies will cover the cost of the vaccines or titers (blood tests). If your insurance company will not cover the cost of the vaccination or titers, you will be responsible to cover the cost. Immunizations can be arranged through your private physician, County Health Department or by a Medical Analysis clinician.

MGCCC has partnered with Medical Analysis Health Care to provide healthcare for employees, their eligible dependents, and credit students. Advance appointments **are recommended** by calling the clinic appointment line. Walk-ins are welcome upon availability, but remember, there could be a lengthy wait. The Clinic offers Family Nurse Practitioner and Lab Tech/Clinic Coordinator.

Students **are required to obtain substance testing at the scheduled time at a Medical Analysis clinic.** However, they may also use the campus clinic to obtain a physical or immunizations. Students **MUST NOT** make appointments at more than one clinic. **Only if an appointment is not available** should a student call or go to one of the other campuses or the additional clinics listed below.

Medical Analysis 1025 Division St., Suite B-1 Biloxi, MS 39501 228-388-2599	Medical Analysis 1918 15th Street Gulfport, MS 39501 228-884-5921	Medical Analysis 9414 Three Rivers Rd. Gulfport, MS 39503 228-248-0058
---	---	--

SUBSTANCE TESTING INFORMATION

1. The substance-testing (drug screen) schedule will be provided in a timely manner each semester. *Students MUST follow the schedule as directed.*
2. If a student presents to the clinic for a drug screen outside of the scheduled time, they will need to obtain a letter from the program coordinator or chair approving the revised testing time.
3. Students will be provided a copy of their NEGATIVE drug screen result to submit to the program coordinator. Students **will not** receive a copy of a NON-NEGATIVE (POSITIVE) drug screen result. NON-NEGATIVE urine is sent to the lab for further testing. If the result is still NON-NEGATIVE, the student **must** return to the clinic to see the Nurse Practitioner and bring proof of a prescribed and/or legal medication that gives a NON-NEGATIVE result; in addition, the result will be sent to the Dean of Health Sciences. Thereafter, the dean will contact the program coordinator or department chair with results. If a student is consuming illegal substances or does not have a legal prescription, the NON-NEGATIVE result will also be sent to the dean as the medical release officer (MRO).
4. The "Chain of Custody" form you fill out is a carbon-copy form – you MUST press HARD using a ball-point pen when signing the form – DO NOT WRITE OVER ON YOUR COPY if it is not legible! Please ask the clinic for a legible copy. If the clinic staff does not use a stamp for the "NEGATIVE" – the hand-written "Negative" must be signed and dated by the clinic staff. Please check your copy before leaving the clinic.
5. A Urinalysis (U/A) is not required for physicals; however, the Practitioner may request one if he/she feels it is clinically necessary.

For frequently asked questions related to Medical Analysis, please visit the following link:
<https://www.mgccc.edu/employees/health-clinics/>

Incomplete or Illegible forms are unacceptable.**Before submitting your forms, look them over very carefully to assure that:**

- You have scanned your forms and saved it as a PDF on your PC. *(It is Recommend that you name your document: Health Requirements First Name Last Name Month-Year)*
- All sections (Part I and II) are completed in indelible ink, do not leave blanks – use N/A where appropriate.
- There are no missing signatures.
- Information about health insurance is listed or “none” is indicated (include insurance provider and your account number or indicate, *“Copy of insurance card is attached” with the copy of your insurance card.*
- You MUST identify someone to contact for emergency notification if you are seriously ill or injured.
- Dates of your last dental and vision exams are recorded or mark *“Unknown” or use N/A.*
- Allergies to medications or other substances are listed or you have put *“none known” or use N/A.*
- You, the student, have signed and dated the bottom of **Part I.**
- Your health care provider completed, dated and signed the bottom of **Part II.**


Reminder about “Proof” of Immunizations:

- If you are using titers to show evidence of immunity, you must attach copies of laboratory tests for each titer (this is in addition to any vaccination “shot” records).
- If you declined the Chickenpox or Hepatitis B vaccination, you and your health care provider completed the appropriate waiver.
- If you obtain shots at a local pharmacy, please ask for a copy of the completed **Vaccination Administration Record** or the **Immunization Record** -- a receipt or prescription profile does NOT serve as proof of vaccination even if signed by the pharmacist. See examples below for acceptable proof of shots:

Example A:

Store Number: 17031	RxNumber: 75851		
Store Address: 11279 HIGHWAY 49			
GULFPORT, MS 39503			
Vaccine Administration Record (VAR) - Informed Consent for Vaccination*			

Example B:

 Family of Companies	Immunization Services
	School Immunization Notification Form

Example C:

	EDWARDS DISCOUNT DRUGS		103 West Frontage Rd, Suite A, Lucedale, MS 39452 Phone: 601-947-4941 Fax: 601-766-3010	For clinic use: Shot # _____
Adult Vaccine Consent and Administration Record <i>Pharmacist Immunization Program</i>				

PART I – STUDENT BACKGROUND INFORMATION: To be completed using ink and signed by the student.

A. PERSONAL DATA Gender: Male Female MGCCC ID# _____
 (Please Print)

LAST Name	First Name	Middle Initial	Date of Birth (MM/DD/YEAR)
Home Address (Number and Street)		City, State	Zip Code
()	()		
Telephone: Cell	Work	Insurance Company and Policy #	<input type="checkbox"/> check here if copy of card is attached to this form

In Case of Emergency, Notify:

Name	Relationship	() Home/Cell Phone	() Work Phone
------	--------------	------------------------	-------------------

B. PERSONAL HEALTH HISTORY

DATE OF MOST RECENT (Write in date, or “unknown” – do not leave blank)

DENTAL EXAM _____ VISION EXAM: _____

ALLERGIES: (If None, write on the line below “None Known”)

Medication Allergies: _____

Other Types (environmental, food, or latex sensitivity) _____

Do you wear a “Med-Alert” bracelet for any medical condition? No Yes (If yes, indicate below)

OTHER COMMENTS:

AUTHORIZATION:

I hereby authorize release of all information regarding my health and physical examination to the Health Sciences Division at Mississippi Gulf Coast Community College. I understand that this information is confidential and may be released by the college to clinical affiliates as part of the student experience and contractual agreement with these agencies.

Student Signature _____
Date (MM/DD/YEAR)

PART II - PHYSICAL & MEDICAL HISTORY

To be completed and signed by the Health Care Provider

Student Name _____

This form is to be completed signed and dated by a licensed health care provider (MD, DO, ARNP, PA).

Do not leave blanks! Use N/A if not applicable

1. Physical/mental conditions which have required treatment within the last 6 months or are chronic in nature:

2. Medications taken currently or routinely:

3. Conditions which restrict activity and/or require special adaptation(s):

4. Other Pertinent Information:

5. Ability to meet Core Performance Standards:

Please refer to Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards (listed on pages 7 & 8) and indicate if the above-named individual may have difficulty in meeting one or more of the core performance standards required for enrollment in a Health Sciences program.

MGCCC Health Sciences Division Core Performance Standards

The Health Science Division at Mississippi Gulf Coast Community College developed the following Core Performance Standards for all applicants desiring to enter a Health Care Career Program. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office.

PART II - PHYSICAL & MEDICAL HISTORY To be completed and signed by the Health Care Provider

Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

Student Name _____

Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards		
Capability	Standard	Examples of Necessary Activities (Not All Inclusive)
1. Cognitive-Perception	The ability to perceive events realistically, to think clearly and rationally, and to function appropriately in routine and stressful situations.	<ul style="list-style-type: none"> Identify changes in patient/client health status Handle multiple priorities in stressful situations
2. Critical Thinking	Critical thinking ability sufficient for sound clinical judgment.	<ul style="list-style-type: none"> Identify cause-effect relationships in clinical situations Develop plans of care
3. Interpersonal	Interpersonal abilities sufficient to interact appropriately with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds.	<ul style="list-style-type: none"> Establish rapport with patients/clients and colleagues Demonstrate high degree of patience Manage a variety of patient/client expressions (anger, fear, hostility) in a calm manner
4. Communication	Communication abilities in English sufficient for appropriate interaction with others in verbal and written form.	<ul style="list-style-type: none"> Read, understand, write and speak English competently Explain treatment procedures Initiate health teaching Document patient/client responses Validate responses/messages with others
5. Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> The ability to propel wheelchairs, stretchers, etc., alone or with assistance as available The ability to climb stairs Able to move freely within confined spaces
6. Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective care and documentation.	<ul style="list-style-type: none"> Position patients/clients Reach, manipulate, and operate equipment, instruments and supplies Electronic documentation/keyboarding Lift, carry, push and pull; to include overhead reach Perform CPR
7. Hearing	Auditory ability sufficient to monitor and assess, or document health needs.	<ul style="list-style-type: none"> Hears monitor alarms, emergency signals, auscultatory sounds, cries for help. Hears telephone interactions/dictation
8. Visual	Visual ability sufficient for observation and assessment necessary in patient/client care, accurate color discrimination.	<ul style="list-style-type: none"> Observes patient/client responses Discriminates color changes Accurately reads measurement on patient/client related equipment

PART II - PHYSICAL & MEDICAL HISTORY To be completed and signed by the Health Care Provider

Student Name _____

Mississippi Gulf Coast Community College Health Sciences Division Core Performance Standards		
Capability	Standard	Examples of Necessary Activities (Not All Inclusive)
9. Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture.	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention, e.g. insertion of a catheter.
10. Activity Tolerance	The ability to tolerate lengthy periods of physical activity.	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting
11. Environmental	Ability to tolerate environmental stressors.	<ul style="list-style-type: none"> • Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence

HEALTHCARE PROVIDER ATTESTATION:

I have reviewed the (11) **Core Performance Standards** (listed on page 7 & 8) and the student’s medical history and at this time, _____ is capable of meeting such
(Student Name)
 for enrollment in the MGCCC Health Sciences Division healthcare program.

(Initial one below):

_____ Agree.
 _____ Disagree. The following limitations are present: _____

(Check if applicable):

_____ Additional evaluation suggested: _____

Signature of Health Care Provider (MD, DO, ARNP, PA)

Date (MM/DD/YEAR)
(must be within 3 months of program entry)

Print Name of Health Care Provider *(must be legible PRINT)*

 Provider Address (Number and Street) City, State Zip Code
 Telephone: () _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Compliance Officer, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-528-8735, email address: compliance@mgccc.edu.

(Provider Attestation MUST be complete: including Student’s Name, Provider initials for agree or disagree, Provider’s Signature, Printed Name and Date of signature)