



The School of Nursing and Health Professions

PRE-ENTRANCE HEALTH FORMS AND IMMUNIZATION RECORDS REQUIREMENTS

Student Health & Immunization Instructions

All students in the School of Nursing, Health Professions Programs at MGCCC must complete and submit **Health Forms and Immunization Records** before starting the program.

Health Forms

- Fill out all forms completely using ink.
- Do not leave blanks (write **N/A** if needed).
- Forms must be signed by a healthcare provider (HCP) or nurse practitioner (NP).
- The provider must verify your current health status and any conditions or accommodations.
- **Important: You must be able to safely perform all required program duties** (see Core Performance Standards in Part II). If you cannot meet these requirements, even with accommodations, you may need to withdraw from the program.

Why This Is Required

Complete records are needed before you can be placed in clinical settings.

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 for covering the cost. Immunizations can be arranged through your private physician, County Health Department, or any licensed medical provider of your choosing.
- MGCCC has partnered with Singing River Health System and has campus clinics located on the Perkinston, Harrison, and Jackson County Campuses. The campus clinics can fill out your health physical form free of charge. Vaccinations are not free, some are offered **at a cost to the student**. Appointments are recommended by calling the clinic appointment line. Walk-ins are welcome upon availability, but remember, there could be a lengthy wait.

Substance Testing Information

- Students will be notified when and where to appear to take their Urine Drug Screen (UDS) Test.
- Students are encouraged to take all prescription medication with them to their UDS appointment. **MGCCC does not recognize medical marijuana prescriptions.**
- If a student tests **NON-NEGATIVE (POSITIVE)**, their urine is sent to the lab for further testing. If the result is still **NON-NEGATIVE**, the testing facility will notify the AVP of Health Sciences. Thereafter, the AVP will contact the program coordinator or department chair with the results.

Helpful Resources

- CDC TB Testing: <http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>
- Vaccine Schedules: www.cdc.gov/vaccines
- Vaccine Info Sheets: <http://www.immunize.org/vis/>

IMMUNIZATION RECORDS REQUIRED FOR CLINICALS



Make a copy of all completed forms and keep for your important records.



Submit completed forms and any lab results to your program as directed.



Program staff will **NOT** make copies for your personal or professional needs.

WHAT YOU MUST SUBMIT

You must provide shot records and/or lab results for each item below.



1

TB TEST (REQUIRED)

- Negative PPD skin test OR blood test (QFT).
- If positive, submit chest X-ray report.
- May require 2-step skin test if no yearly records.

★ **TIP:** Get your TB test **BEFORE** live vaccines (MMR or Varicella).



2

TDAP (TETANUS, DIPHTHERIA, PERTUSSIS)

- One-time Tdap dose required.
- Booster (Td) every 10 years.



3

VARICELLA (CHICKENPOX)

- 2 vaccines OR positive titer (lab proof).
- If not immune, get 2 doses (4 weeks apart).



4

HEPATITIS B

- Complete vaccine series OR positive titer.
- Must show proof of starting the series.
- Full series = 3 doses over time.



5

MMR (MEASLES, MUMPS, RUBELLA)

- 2 vaccines OR positive titers for all 3.
- If not immune, get 2 doses (at least 28 days apart).



6

FLU VACCINE

- Required every year.
- Some clinical sites may require masks if not vaccinated.

QUICK REMINDERS



TURN IN ON TIME
Submit all documents by the deadline.



INCLUDE LAB REPORTS
If using titers as proof, attach lab results.



KEEP COPIES
Keep copies of all documents for your records.

STUDENT: **Upload the completed and signed form (all 3 pages) according to your program instructor's directions.**

PART I – STUDENT MEDICAL BACKGROUND INFORMATION: To be completed using ink & 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 # 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 EXAMS (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 School of Nursing and Health Professions 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 by student, verified and signed by the Health Care Provider on page 5

Student Name _____

This form must be complete & 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 School of Nursing and Health Professions Core Performance Standards (listed on Part II - pages 4 & 5) 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 School of Nursing and Health Professions Core Performance Standards

The School of Nursing and Health Professions 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.

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.

Mississippi Gulf Coast Community College School of Nursing and Health Professions 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

Capability	Standard	Examples of Necessary Activities (Not all inclusive)
7. Cognitive Perception	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
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 Part II, pages 4 & 5) and the student's medical history and at this time, _____ is capable of meeting such for enrollment in the MGCCC The School of Nursing and Health Professions program.
(Student name on line must be present)

(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, color, religion, national origin, sex, pregnancy, 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)