

Community College of Philadelphia
Division of Math, Science and Health Careers
MLT/Phlebotomy Health Form

Section I: Personal Information

To be completed by the student

Student's Name _____ ID# _____

Telephone cell: _____ home : _____

Address _____

City _____ State _____ Zip _____

Date of Birth (month/day/year) _____

Email address (non CCP): (**PRINT**) _____

Emergency Contact:

Name: _____ Telephone: _____

You will be contacted via e-mail about this health form.

By providing my signature below, I stipulate that I give Community College of Philadelphia permission to release my submitted health information to any affiliating clinical agency where I am assigned for clinical experience during my studies in the program.

Student's signature _____ Date: _____

Health forms that are older than 12 months from the start of the classes would not be accepted.

Health Form Section II. Name of Student _____

Diphtheria/Tetanus Toxoid (Tdap) has been administered within **ten** years? **Td** is not acceptable.

Yes – Date _____.

No. If no, **Tdap** administration is required. Date: _____

Attach immunization record with lot# and the name of the vaccine.

Current Influenza vaccine: date: _____ **lot #** _____ **Manufacturer:** _____

Attach a list of immunizations or pharmacy slip.

TB Screening: The QuantiFERON TB Gold or Q-Spot test is required for all students.

The PPD test is not acceptable. The test should be dated no older than 9 months prior the star of the class. Attach the lab results.

QuantiFERON TB Gold test Date _____ Result _____

If **positive**, provide evidence including **chest x-ray results** that the student is free of symptoms of pulmonary disease. **Attach it to this report.** X-Ray results are valid for 2 years.

X-Ray results: _____ Normal _____ Abnormal Prophylactic treatment and date if treatment if applicable _____

Section III: Physician, Nurse Practitioner, or Physician’s Assistant Certification

Based on my assessment, this student:

1. Is free of contagious disease and does not otherwise present a health hazard to hospital patients, employees, volunteers, or guests; and
2. May participate in all learning (classroom and clinical) experiences necessary to meet the objectives of the course work.

Signature and credentials of Physician, Nurse Practitioner, or Physician’s Assistant:

_____ Date: _____

Please print the name, office address, and telephone number (or place office stamp here).

Name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

REQUIRED:

All Laboratory Reports (test results) Must be Attached.

Revaccination is required for Negative Titers. Please provide proof of the revaccinations.

Attach a list of immunizations and/or pharmacy slips. *The absence of immunity or booster shots will delay the enrolment process to the health career programs. Scan this completed form with the test results and submit it via the Dynamic form on CCP website.*

Directions for completion of Health form: Please proofread carefully and **make sure the entire form is complete** before submission. If you attended the School District of Philadelphia and do not have your immunization records, you can call the School District Records Department to determine if they have a copy of your immunization records. If so, take these records with you to your physician's office visit.

UPLOAD THE COMPLETED HEALTH FORM TO THE DYNAMIC FORM ON CCP WEBSITE UNDER THE APPLICATION. The link to the CastleBranch website would be sent to you after your application is accepted.

Description of evaluation: Your health form will be evaluated to determine if you have met the health requirements. If you have not met the health requirements, you will be contacted and notified of what steps you need to take to meet the health requirements. **It is critically important that you follow the directions for completion of your forms. Not doing so can jeopardize your ability to continue in the program.**

- Section 1: Personal info – to be completed by you, write legibly
- Section 2: Health status – to be completed by a nurse or a physician
- Section 3: Certification – make sure that doctor or RN fill it out completely (especially signature part)
- Completed health form **with titers** for measles, mumps, rubella, varicella, polio, and hepatitis B and screening for TB with the Quantiferon Gold test (**provide copies of the test results and proof of booster shots**).
- Get a flu shot if you are applying for the Fall or Spring semester
- **REQUIRED:**
- **All Laboratory Reports (test results) Must be Attached**
- **Revaccination is required for Negative Titers. Please provide proof of the revaccinations. At least 2 booster shots are required for MMR, Varicella and Hepatitis B or a Positive test for titers after the 1 booster shot.**
- **The absence of immunity or booster shots will delay the enrolment process to the health career program. Students won't be allowed to start clinical practice without proper re-vaccination.**
- **DO NOT** leave the doctor's office without checking your health form for completion (all test results must be filled, and any missing vaccination administered).
- **Use the student's checklist table to make sure that you are submitting all the required documents.**
- **If your form is not complete (missing immunity or proof of the immunity or test results), you will be contacted by e-mail. HOWEVER, it will delay your enrollment.**
- **Not all applicants will get a seat in the class. ONLY the first 24 students** who will submit all the required paperwork by the due date will be admitted.**

****-Bring any existing immunization records to aid physicians and to avoid unnecessary testing and vaccinations. However, your school childhood records are not required since the doctor can just order titers to prove immunity. The only shot record you need is Tdap with 10 years.***

Documents submission: All the required paperwork needs to be submitted via CastleBranch website. If your application is accepted, you will get a link to this website.

Details:

HISTORY AND PHYSICAL A standard physical examination must be performed by a health care professional (MD, DO, APN, or PA) within 1 year of beginning clinical and then annually (for MLT program only).

QUANTIFERON-TB GOLD OR T-SPOT:

QuantiFERON®-TB Gold test (QFT-G) The QuantiFERON®-TB Gold test (QFT-G) is a whole-blood test for use as an aid in diagnosing *Mycobacterium tuberculosis* infection, including latent tuberculosis infection (LTBI) and tuberculosis (TB) disease. This test was approved by the U.S. Food and Drug Administration (FDA) in 2005. Interpretation of QFT-G results is based on IFN-gamma concentrations in test samples. Each QFT-G result and its interpretation should be considered in conjunction with other epidemiological, historical, physical, and diagnostic findings. A **positive result** suggests that *M. tuberculosis* infection is likely; a negative result suggests that infection is unlikely, and the indeterminate result suggests QFT-G results cannot be interpreted as a result of low mitogen response or high background response. A diagnosis of LTBI requires that TB disease be excluded by medical evaluation, which should include checking for signs and symptoms suggestive of TB disease, **a chest radiograph within 6 months**, and, when indicated examination of sputum or other clinical samples for the presence of *M. tuberculosis*. (CDC Website) Negative X-rays will be valid for 2 years.

Q-spot test is also acceptable.

HEPATITIS B VACCINATION Hepatitis B vaccine includes 3 doses of the vaccine—the first is given when requested (dose #1), dose #2 is due 1 month after, and dose #3 can be given between 4-6 months after Dose #1. Post-immunization antibody titers must be drawn between 1-2 months following dose #3. All students shall begin immunization against Hepatitis B virus (HBV) as soon as possible. If a student cannot complete the full three-dose series of immunizations by the deadline, at least two doses of the vaccine must be taken by the first day of class, and the third before the second year of the program.

MEASLES, MUMPS, and RUBELLA (MMR) Health Career students will be considered immune to Measles, Mumps, and Rubella only if he/she can demonstrate serologic (laboratory) evidence of immunity with titers. When a serology report for measles, mumps, or rubella indicates a non-immune or equivocal status, the student must be vaccinated. A repeat titer must be drawn after 1-2 months.

VARICELLA Health Career students will be considered immune to Varicella (chickenpox) only if he/she can demonstrate serology (laboratory) evidence of Varicella immunity with titers. Documentation of clinical Varicella (history of chickenpox disease) is no longer acceptable. All

students with negative (non-immune) Varicella titers who cannot document being appropriately vaccinated must be vaccinated. A repeat titer must be drawn after 1-2 months.

TETANUS/DIPHTHERIA/PERTUSSIS Proof of completion of primary immunization series is requested within the last 10 years. It must be a **Tdap vaccine**. A Td vaccine is not acceptable.
INFLUENZA Health Career students must be immunized each year with the current influenza vaccine (Fall batch of the vaccine).

COVID-19 vaccine: CCP requires 2 shots of FDA approved COVID-19 vaccine. The CDC recommends that ALL people over the age of 18 obtain an additional dose (3rd) of a COVID-19 vaccine (referred to as a “booster” dose) a few months after completing your initial vaccination.

MEDICAL EXEMPTIONS If the student is claiming medical exemption related to a pregnancy or other medical contraindication, the student must provide Community College of Philadelphia with documentation from your healthcare provider indicating the reason and time limitations that the vaccination is medically contraindicated. This exemption will be reviewed at the beginning of each semester.

Confidentiality Statement: When complete, health forms will be kept in the Division of Math, Science and Health Careers. The Division of Math, Science and Health Careers acknowledges our responsibility under applicable federal law to keep confidential any health information and agree not to reveal any health information about a student to any person or persons except for authorized representatives of affiliating clinical agencies.

TIMELINE:

Program Acceptance:

- Make an appointment to see your private healthcare provider.
- During your appointment with your health care provider, bring a copy of your immunization records to your healthcare provider along with your CCP health form *and* instructions.
- Have *ALL* blood tests (including the titers) done.

Including the QuantiFERON®-TB Gold test (QFT-G) or Q SPOT to test for Tuberculosis. PPD Skin Tests ***WILL NOT BE ACCEPTED.***

- Have a healthcare provider evaluate the need for additional vaccinations and treatments.
- Take vaccines as indicated, including the first dose of Hepatitis B.

30 days later: • Take the second dose of the Hepatitis B vaccine and other vaccines as indicated.

4 or 6 months after 1st Hepatitis B Vaccine:

- Take the last Hepatitis B vaccine.

**3rd Vaccination documentation or a new titer is due by the second year of the MLT program.

Submit the completed packet (except the flu vaccination):

- Email the completed forms along with the phlebotomy application at emashkina@ccp.edu

INFLUENZA Vaccination: Copy of Flu vaccination documentation must be submitted by October 30th for the Fall semester, December 3rd for the Spring semester and May 1st for the Summer semester. The health form is valid 12 months.

Any questions about the health form, please contact Katerina Mashkina, MS MLS (ASCP)

Program Director Phlebotomy and MLT programs Community College of Philadelphia via email
emashkina@ccp.edu