

Jefferson State EMS Program**Medical Form****Student Name:** _____ **SS#:** _____ **Phone Number:** _____

I am aware that during clinical/laboratory experiences there may be a risk of exposure to various communicable diseases. The College will provide instruction regarding safe health care practices when caring for patients with communicable diseases. However, my personal protection against these conditions, that is, following safe health care practices for self and patients and becoming immunized when available, is my responsibility. I must consult with my own physician or the Department of Public Health for assistance or advice regarding immunizations or protection for conditions other than the tests and immunizations included in this physical. I understand that my personal protection against communicable diseases is my responsibility. The physician performing this physical examination has permission to release the findings to the Jefferson State Community College Emergency Medical Services Program.

Student's Signature: _____ **Date:** _____

The section below must be completed by your health care provider.

Must be within 1 year

TB Test	Description	Date	Results
Skin Test	Mantoux test only, Tine test unacceptable		
Chest X-ray	Required only if TB skin test is positive		
Antitubercular medications given?		Name of Medication?	
Provider Signature:		Agency:	

IMMUNIZATIONS: The EMS program adheres to CDC guidelines for all vaccinations. Each of the requirements listed must be documented before admission to the EMS program. CDC guidelines can be found at the following link:
<http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

Vaccine Requirements
Influenza: Annually
Varicella: proof of vaccine or positive titer
MMR: proof of vaccine or positive titer
TDAP: within 10 years
Hepatitis B series: proof of completed series

**** VACCINATION RECORDS MUST BE ATTACHED****

Based on the history and your examination, is this student's mental and physical health sufficient to perform the classroom and clinical duties of an Emergency Medical Services student? (See Emergency Medical Services Program Essential Functions)

Yes _____ No _____

Vision (corrected) _____ / _____ (uncorrected) _____ / _____

Additional Comments:

Physician / CRNP Name (Please Print) _____ Signature: _____

Address: _____ Date of Exam: _____ Phone Number: _____

**Jefferson State Community College
Emergency Medical Services Program
Student Health Requirements Checklist**

Please complete all requirements listed below. You may meet the requirement with *one* of the listed suggestions. All requirements must have documentation submitted to prove the fulfillment of the requirement. All requirements must be fulfilled prior to beginning clinical and field rotations.

MMR (Measles/Rubeola, Mumps & Rubella):

I. Documentation of positive IgG titer for Measles/Rubeola, Mumps & Rubella. **a.** If any of the titer results are NEGATIVE or EQUIVOCAL, the student must get the first MMR vaccination and provide proof of documentation. The second MMR vaccination must be completed after 28 days, and documentation submitted.

II. Documentation of completion of one series of MMR immunizations. *One "series" of immunizations includes two immunizations for each disease on separate dates at least 28 days (4 weeks) apart.*

VARICELLA (Chicken Pox)

I. Documentation of positive IgG titer for Varicella. *Documentation of history of the active disease is not sufficient.*
a. If the titer result is NEGATIVE or EQUIVOCAL, the student must get the first Varicella vaccination and provide proof of documentation. The second Varicella vaccination must be completed 30 days later, and documentation submitted.

II. Documentation of completion of one series of Varicella immunizations. *One "series" of immunizations includes two immunizations at least 30 days apart.*

Tetanus/Diphtheria/Pertussis (TDAP)

I. Documentation of vaccination within last 10 years.

Influenza Vaccine (Flu Shot)

I. Documentation of current season immunization (Fall and Spring Semesters)

II. Signed medical exemption form. *This will require that the student wears a mask during the designated flu season.*

Hepatitis B

I. Documentation of complete 3 shot series AND POSITIVE anti-HBs serologic testing.

II. Documentation of complete 3 shot series with NEGATIVE anti-HBs serologic testing AND signed waiver. *Student must begin new 2 or 3 shot (depending on vaccine) series with follow-up anti-HBs serologic testing.*

III. Documentation as Non responder AND signed waiver. *Non responder is defined as anti-HBs serologic testing less than 10 mIU/L following two complete series of Hep B vaccination.*

Tuberculosis (TB)

I. Documentation of a negative TB skin test (PPD) within the last year. Must be renewed annually **a.** If TB skin test results are POSITIVE, documentation of a clear chest X-ray is required. If chest X-ray is Positive, student should have appropriate treatment and documentation.

Physical Examination

I. Documentation of physical examination and EMS Essential Functions completed by a licensed healthcare provider. Form provided by EMS program. Examination and form must be completed within the last year. Must be renewed annually.