

# **Health Professions Personal Medical History Form**

Full Name:	ECC Student II	
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Health Professions students must submit evidence of meeting all medical requirements in order to participate in clinical experiences. Please scan and upload both sides of this form in your CastleBranch account under "Personal Medical History Form."

### <u>TB</u>

A 2-step skin test **or** blood test is REQUIRED.

If your skin test or blood test is positive, you will need to provide evidence of a negative chest x-ray within the last six months. **NOTES:** 

- Scan and upload documentation of your TB test/Chest X-Ray to your CastleBranch account.
- The TB test should not be given within 4-6 weeks after receiving the MMR vaccine since it may suppress tuberculin reactivity.
- If you have previously completed a 2-step TB test and yearly TB updates for employment purposes, you must submit documentation of all test results to satisfy this requirement.
- TB testing is a yearly requirement.

### Measles, Mumps, Rubella (MMR) and Varicella

IgG titers for Rubeola (Measles), Mumps, Rubella, and Varicella (Chicken Pox) are REQUIRED.

Students with equivocal IgG titer results for Rubeola, Mumps, Rubella, or Varicella must obtain a booster dose.

Students with **negative (non-immune)** IgG titer results for Rubeola, Mumps, Rubella, or Varicella must complete the full immunization series (two doses).

#### **NOTES:**

- Documentation of all titer results must be scanned and uploaded to your CastleBranch account.
- Students receiving the MMR vaccine must obtain the second dose at least 28 days after the first dose. Scan and upload documentation to your CastleBranch account.
- Students receiving the Varicella vaccine must obtain the second dose at least 4-8 weeks after the first dose. Scan and upload documentation to your CastleBranch account.

# Tetanus/Diptheria/Pertussis (Tdap)

Scan and upload documentation of a Tdap vaccine within the last 10 YEARS to your CastleBranch account.

### Influenza

- Scan and upload documentation of a current flu vaccine (including Lot # and Expiration Date) to your CastleBranch account.
- Flu vaccination is a yearly requirement.

#### COVID-19

 Scan and upload documentation of full COVID-19 vaccination series (including Manufacturer and Injection Dates) to your CastleBranch account.

## **Hepatitis B (HBV)**

Hepatitis B vaccination is highly recommended for health professionals. One of the following is required: Completed Hepatitis B vaccine series per manufacturers guidelines with antibody titer per CDC recommendations <u>or</u> school declination waiver.

NOTES:

- Scan and upload documentation of the HBV vaccine series/titer results to your CastleBranch account.
- Physicians are asked to discuss with the student the advantages and risks of this vaccination.
- Students refusing the Hepatitis B vaccine series must sign the declination statement.

Bealthcare Provider's Recommendation	disease.				
Certify that this student (name):	HBV Declination state	Date:			
Certify that this student (name):					
Certify that this student (name):					
Certify that this student (name):					
Healthcare Provider's Information  Signature: Date:  Printed Name: Credential: MD DO PA NP  Attach Office Stamp or Business Card below:  Student Statement of Completion:  I have been informed of the medical requirements necessary to participate in an Elgin Community College Health Professions program. I understand that I will not be permitted to attend clinical experiences if I do not submit documentation of meeting these requirements by the program deadline.					
Healthcare Provider's Information  Signature: Date:  Printed Name: Credential: MD DO PA NP  Attach Office Stamp or Business Card below:  Student Statement of Completion:  I have been informed of the medical requirements necessary to participate in an Elgin Community College Health Professions program. I understand that I will not be permitted to attend clinical experiences if I do not submit documentation of meeting these requirements by the program deadline.			is able	to partic	pate in clinical
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				Date:	

I understand that during my clinical training I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring Hepatitis B virus infection. I have been advised of the benefits of the Hepatitis B vaccine; however, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious

Scan and upload completed form and supporting documentation to your CastleBranch account.