

**QUINSIGAMOND COMMUNITY COLLEGE
SCHOOL OF HEALTHCARE
CLINICAL HEALTH FORM**

INFORMATION

HEALTHCARE PROGRAM: _____

Last Name	First	M.I.	QCC CX/Student ID #
QCC student email address	Telephone Number	Date of Birth	

Signature (By signing this, I give permission for QCC to release my medical information to clinical agencies if requested)

ALL information requested on this form must be satisfactorily completed and received by program deadline date. All health information must be received, validated, and approved prior to the first day of any clinical experience. This information is solely for the use by college staff to determine clinical site compliance. Clinical sites will be notified that the faculty or student has met all the medical and immunization requirements.

REQUIRED TESTING, IMMUNIZATIONS AND TITERS FOR HEALTHCARE CLINICAL AFFILIATES

Disease Immunity: (Please read carefully) Documented proof of immunity is required for **ALL**-communicable diseases listed in the tables below. All candidates must meet the immunization requirements specified by the Massachusetts Department of Public Health and clinical site.

Hepatitis B (all information must be provided)	Date of 1 st injection	Date of 2 nd injection	Date of 3 rd injection	Date and Titer Result (immune/non-immune)
Hepatitis B Initial Series				
Repeat Hepatitis Series* if first antibody titer is negative after booster (fourth injection)				
**Attach letter from healthcare provider stating student will not convert after two complete Hepatitis B series <input type="checkbox"/>				

Faculty and students **MUST** report a **POSITIVE** Hepatitis B Antibody titer result or follow this protocol: Those students with a negative/indeterminate/equivocal Hepatitis B titer will require a booster and then Hepatitis B titer 6-8 weeks later. If the second Hepatitis B antibody titer is negative/indeterminate/ equivocal, the student would then be required to finish the last two doses to complete a second Hepatitis series as per current CDC guidelines. A Hepatitis B antibody titer must be rechecked again 8 weeks after the final dose. **If the result, after the second series, is again negative/equivocal/ indeterminate the student will then be required to have additional lab work to determine if he/she is a “non-responder” or a chronic carrier of Hepatitis B.

Disease Immunity: (Please read carefully) Documented proof of immunity is required for **ALL**-communicable diseases listed in the tables below. All candidates must meet the immunization requirements specified by the Massachusetts Department of Public Health and clinical site.

Immunity Titers:	Date	Result (immune/non-immune)
Varicella Titer		
Measles Titer		
Mumps Titer		
Rubella Titer		

Tetanus	Date of last dose (one adult dose within last 10 years)
Tdap	Date:

Please give completed health form to faculty or student for upload to Castle Branch. Call (508) 751-7966 or email healthcompliance@qcc.mass.edu with questions about QCC Clinical/Health Compliance requirements. *updated May 25, 2021*

REQUIRED TESTING, IMMUNIZATIONS AND TITERS FOR HEALTHCARE PROGRAMS (Continued)

Last Name, First Name: _____

QCC CX\Student ID#: _____

Influenza Vaccine (for upcoming season)	Influenza Vaccine Administered Date
Annually: Due by October 1 st and through May 1 st	

COVID-19 Vaccination is required for all healthcare programs. Upload your original COVID vaccination card to Castle Branch requirement.

Meningococcal conjugate vaccine:

Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y or fall within one of the exemptions in the law, discussed on the fact sheet with waiver included link below.

Meningococcal conjugate vaccine	Date
Meningococcal conjugate vaccine administered:	OR Over 21 <input type="checkbox"/>
Waiver: https://www.qcc.edu/files/nurse_education/meningococcal-info-waiver.pdf	OR Attach waiver with signature <input type="checkbox"/>

Mantoux-Tuberculosis (Center for Disease Control Requirement)

2 STEP TB must be performed once. Injections must have been administered at least 1 week apart and less than a year apart. The most recent test must be done within 3 months of program start date/ orientation date / assignment date. Thereafter, a single TB test must be done annually.

Tuberculin Skin Test (TST 2-step)	Date Implanted	Date Read	Result
Step #1 (Test #1) and			
Step #2 (Test #2)			
OR			
Tuberculosis (QuantiFERON)	N/A		
OR			
Negative chest X-Ray and yearly review (Chest X-Ray must be done within twelve months of program start / assignment date)	N/A		

Healthcare Providers must record results of titers for the diseases listed on this form or attach laboratory results. A signature is needed by the Medical Healthcare Office staff/provider completing the required testing/immunization and titers AND/OR attach laboratory results.

Healthcare Office staff/provider name: _____ Signature: _____ Date: _____

**PHYSICAL EXAMINATION
TO BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT**

Healthcare Program Technical Standards are listed in the QCC college catalog (www.QCC.edu/catalog).

ESTIMATE OF THE APPLICANT'S HEALTH STATUS: Based on my physical examination of this student, I believe the faculty/student is mentally and physically able to perform the role of the health program the student is enrolled/faculty assigned.

- Yes, Student/faculty able to meet the technical standards with no restrictions.** Physical exam good for 3 years unless change in health status.
- No, Student/faculty unable to meet standards.** Attach letter of clinical restrictions. QCC SAS/HR office will review restrictions).

Date of Physical Exam: _____ Physical exam must be within one-year of program start date/ orientation date.

MD, NP, PA signature: _____ **Note:** Health Care Provider must sign and date this form.

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