MARICOPA COMMUNITY COLLEGE DISTRICT ALLIED HEALTH PROGRAMS
HEALTH AND SAFETY DOCUMENTATION

Student Name: _____ Date: _____

Home Phone:_____ Cell Phone:_____ Student ID Number:_____

A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.

1st MMR Date: _____ 2nd MMR Date: _____

OR

Date and results of titer: Measles/Rubeola _____ Mumps _____ Rubella _____

B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.

1st Varicella Date: _____ 2nd Varicella Date: _____

OR

Date & results of IgG titer:_____

C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: _____

D. Tuberculosis:

Two-Step Testing** for initial skin testing of adults who will be retested periodically

TWO-STEP TESTING

Use two-step testing for initial skin testing of adults who will be retested periodically.
- If first test positive, consider the person infected.
- If first test negative, give second test 1-3 weeks later.
- If second test positive, consider person infected.
- If second test negative, consider person uninfected.
- If both parts of Two step test are negative then subsequent testing is done annually with one step procedure

INITIAL TEST:
Test Given_____Date Read_____Result_____

SECOND TEST (1-3 weeks after initial test):
Test Given:_____Date Read: _____ Result_____

OR
Annual TB skin test (PPD):
Test Given_____ Date Read_____Result_____

OR
Previous Positive PPD test:
Provide documentation of negative chest x-ray/evidence of TB disease free status
Date of chest x-ray_____Result_____

*If applicant has ever had a positive reaction, the test is not to be repeated. Other evidence that the applicant is free from Tuberculosis will be required.
***Core Curriculum on Tuberculosis What the Clinician Should Know*, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4th Edition, 2000.

(continued)

E. Hepatitis B: Documented evidence of completed series or positive antibody titer or declination. If beginning series, first injection must be according to your Program's required timeline and the series must be completed within 6 months.

Date of 1st injection: _____ Date of 2nd injection: _____ Date of 3rd injection: _____
OR
Hep B Titer Date: _____ Titer Results: _____

OR
Signed Declination Form attached

F. Influenza: Documented evidence of influenza vaccination within the past year or declination.

Date of injection: _____

OR
Signed Declination Form attached

G. Clearance for Participation in Clinical Practice

It is essential that allied health students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical allied health experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the applicant _____ WILL OR _____ WILL NOT be able to function as an allied health student as described above.

If not, explain: _____

_____

_____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____

Telephone: _____