



ALLEGANY COLLEGE
of MARYLAND

•Cumberland Campus •Somerset County Campus •Bedford County Campus •Garrett Location
www.allegany.edu

**HEALTH CAREERS
MEDICAL HEALTH EXAMINATIONS RECORD
CONFIDENTIAL
STUDENT HEALTH PROFILE**

PART I: TO BE COMPLETED BY STUDENT

Name (Last, First, MI)		DOB	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (include city, state and zip)		Telephone (area code & number)	
		Student ID#	
Emergency Contact	Telephone Number	Relationship	
Personal Physician (include address)		Telephone	
Program Applying To:			

TECHNICAL STANDARDS & INFLUENZA VACCINE ACKNOWLEDGEMENT

I have received a copy of the Allied Health Program Essential Functions (Professional Technical Standards) of the Allegany College of Maryland health programs, as well as the Influenza Vaccination Acknowledgement, both found as inserts to this form. I have read these Essential Functions and now understand them. I believe I am capable of meeting the Essential Functions of the Allegany College of Maryland health program to which I am applying. Additionally, I have read and understand the Influenza Vaccination Acknowledgement.

The health programs strictly adhere to the Allegany College of Maryland Non-Discrimination Policy as outlined in the college catalog. The college further ensures that the applicant or student in the Health Program will not be discriminated against on the basis of past or current health problems or handicap provided that neither endangers the well-being of patients or fellow students or hinders the student's ability to perform the functions required of a health professional. Consequently, applicants are required to take a physical examination and submit the results to the program.

STUDENT SIGNATURE: X _____ **DATE:** _____

POTENTIAL DENIAL OF LICENSURE/CERTIFICATION ACKNOWLEDGEMENT

Please Be Advised: The licensing or certification board may deny a license or certification to any applicant who has been convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

STUDENT SIGNATURE: X _____ **DATE:** _____

PART II: STUDENT PERSONAL HEALTH HISTORY (STUDENT – Please PRINT and fill out completely in INK)

PERSONAL HEALTH HISTORY: Check below all of the following which apply NOW OR IN THE PAST. Please check each item. All yes responses need explanation in Part IV.

	NOW	PAST	
		Yes	No
Chicken Pox			
Measles			
Mononucleosis			
Typhoid fever			
Kidney disease			
Diabetes			
Poliomyelitis			
Rheumatic fever			
Tuberculosis			
Hypoglycemia			
Jaundice			
Hepatitis			
Frequent sore throats			
Ear infections			
Hearing problems			
Visual problems			
Thyroid dysfunctions			
Bleeding tendency			
Chest pain			
Shortness of breath			

	NOW	PAST	
		Yes	No
High blood pressure			
Heart disease			
Heart murmur			
Asthma			
Hay fever			
Back problems			
Orthopedic problems			
Cancer			
Ulcer			
Arthritis			
Epilepsy or convulsions			
Chronic bronchitis			
Migraine headaches			
Skin disease			
Sexually transmitted diseases			


CHECK EACH ITEM BELOW YES OR NO. ANY ITEMS CHECKED YES MUST BE EXPLAINED IN PART IV.

YES	NO		YES	NO
		Allergies (include all known drug allergies)		
		Sensitivity to chemicals, dust, latex, etc.		
		Inability to perform certain motions.		
		Physical work limitations		

I hereby grant the health professions program permission to contact the physician(s) or other professional(s) who have assisted me with medical conditions, mental health conditions alcoholism and/or drug dependency and to obtain information and records regarding these conditions.

I hereby acknowledge that the information on the Student Personal Health History form is true and complete to the best of my knowledge and nothing has been omitted which would interfere with my physical and/or mental ability to perform functions in the health career program.

CERTIFICATION: I certify that I am capable of meeting the technical standards listed on the enclosed insert as established by the health professions program and therefore qualified as a candidate for selection.

Student's Signature  _____

Date: _____

PART III: To Be Completed by Physician

Weight	Height w/o shoes	Temp	Pulse	Resp	BP
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Describe every abnormality in detail in Part V of form.

Normal Findings	Check each item in appropriate column--enter NE if not examined	Abnormal Findings	Normal Findings	Check each item in appropriate column--enter NE if not examined	Abnormal Findings
	Head, Face, Neck, Scalp			Abdominal Exam (including rectal)	
	Nose			Endocrine System -- Thyroid	
	Sinuses (pain, tenderness)			Genital Examination	
	Mouth and Throat			Upper Extremities	
	Ears (including TMs)			Spine & Other Musculoskeletal	
	Eyes (including visual acuity)			Identifying body marks & scars	
	Funduscopy Examination			Skin and Lymphatics	
	Breast Examination			Neurological Exam	
	Lungs and Thorax			Psychiatric	
	Cardiac (rate, rhythm, murmurs)			General Systemic	
	Vascular System				

Documentation of the following completed immunizations, titres, and test results are required for participation in the health program.

Document the Following Titers	Date
Tetanus--Tdap required (must be within 10 yrs)	
Varicella Titer (need copy of lab results)	
MMR Titers *(see note* below) Need copy of lab results	
Influenza Vaccine (see enclosed explanation)	
Nine Panel Drug Screen <small>Required for Respiratory Therapy Students Only</small>	

Document the Following Immunizations	
HB Vaccine -- I have spoken with my physician and will PROCEED with the vaccination. I understand that this involves three (3) inoculations and follow-up blood testing.	
X _____ Signature	_____ Date
HB Vaccine -- I have spoken with my physician and have decided to WAIVE the inoculation of the Hepatitis B vaccine.	
X _____ Signature	_____ Date
HB Vaccine -- I have received the HB vaccine.	
X _____ Signature	_____ Date

*MMR TITER: Written documentation of 2 doses of MMR vaccine after first birthday is acceptable in place of the MMR titer (does not include Varicella titer). If the student cannot show record of 2 doses of MMR, a titer may be drawn. Source: Allegany County Health Department.

Additional Diagnostic Tests

TB Test (PPD)--2 Step Method Required at beginning of program and once yearly thereafter.	Step 1 Results in Millimeters: _____ mm date _____	Step 2 Results in Millimeters: _____ mm date _____
Chest X-ray (if TB test is positive or statement from physician)	Date	Results:

Does the student have any conditions which may endanger the health and well-being of other students or patients?

YES** _____ NO _____ ** (If YES, please explain in Part V).

Student must be free of contagion or of any conditions which may endanger the health and well-being of other students or patients and possess sufficient physical stamina with or without reasonable accommodations to fulfill the requirements of the program and the customary requirements of the profession.

- Work 10-12 hours performing physical tasks requiring physical energy without jeopardy to patient and student safety, e.g., bending, lifting, turning, and ambulating adult patients.
- Perform fine movements and be able to manipulate instruments and equipment.
- Establish and work toward goals in a consistently responsible realistic manner.
- Have auditory ability sufficient to monitor and assess health needs.
- Have visual ability sufficient for observation and assessment necessary for patient care.

Printed Name of Physician, Nurse Practitioner, or Physician Assistant _____

Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Date _____

Address _____

City/State/Zip _____ Telephone _____



ALLEGANY COLLEGE
of MARYLAND

ALLIED HEALTH PROGRAM ESSENTIAL FUNCTIONS

Professional Technical Standards

The role of the student demands intelligence, sound judgment, intellectual honesty, the ability to relate with people and the capacity to react to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and commitment to the patient's welfare are essential attributes.

Students participating in the health program must:

- Have the academic ability to learn a large volume of technically detailed information and be able to synthesize and use this data to solve complex clinical problems. This information must be acquired in a short and intense period of study which requires well developed study skills, a high level of motivation and may require considerable personal and financial sacrifice
- Have the mental, emotional, physical ability, and stamina to complete the program in the required sequence
- Possess the emotional maturity and stability to approach highly stressful human situations in a calm, safe, and rational manner
- Have well developed oral and written English language communication skills
- Be physically and academically prepared to participate in clinical assignments which occur at different times in a variety of geographic locations
- **Insurance**—It is highly recommended, but optional, that students be covered by medical insurance before practicing in the clinical setting, as this is NOT provided by the College. Students are responsible for their own health insurance. Personal health insurance information is available at the ACM Business Office located in Room 162 of the College Center building.
- **Health Care Provider CPR certification** is required for all programs except Human Services.
- Display strong ethical integrity consistent with working as a health care professional
- Be free of contagion and possess sufficient physical stamina with or without reasonable accommodations and possess mental stability to fulfill the requirements of the program and the customary requirements of the profession to competently perform the technical activities that are a critical part of the program curriculum and profession, including:
 - a. work for 10 – 12 hours performing physical tasks requiring physical energy without jeopardy to patient and student safety as, for example, bending, lifting, turning and ambulating adult patients.
 - b. perform fine movements and be able to manipulate instruments and equipment.
 - c. establish and work toward goals in a consistently responsible, realistic manner.
 - d. have auditory ability sufficient to monitor and assess health needs.
 - e. have visual ability sufficient for observation and assessment necessary for patient care.

Allegany College of Maryland

Influenza Vaccination Acknowledgement

Based on recommendation from the Center for Disease Control, health care personnel and healthcare students should get the flu vaccine for the flu season (www.cdc.gov/flu/professionals/vaccination). The decision is supported by evidence that influenza vaccination is a safe preventive health measure with potential benefit across all age groups. Our Clinical affiliates are also requiring influenza vaccination of their employees and others who provide patient care treatment and services.

Prior to attending clinical rotations, all students are required to have the flu vaccine, Documentation must include: date the vaccine was received, vaccine information, verification of the agency and person administering the vaccine.

Students who do not provide documentation of influenza vaccination for the flu season by the required date set by their health career program will not be allowed to participate in clinical and will not be able to fulfill the requirements of clinical courses. Each program will notify their students of the due date for the vaccine. Any student who is requesting an exception needs to make an appointment with the Director of the Program.

The only exceptions to the policy are the following:

1. Medical Contraindications:

- Severe or health threatening reaction to a previous dose of influenza vaccine;
- Severe documented egg allergy;
- Severe allergy to any vaccine component; and
- Individuals with a history of Guillain-Barre Syndrome.

2. Religious Exemption (if you practice religion that prohibits vaccination)

If an **exception to the policy** is requested, the following documentation will need to be submitted:

1. Medical Contraindication- Individuals seeking exemption by reason of medical contraindication must submit documentation from their primary care provider. Documentation must include:

- Nature, duration and severity of the medical condition (ex- egg allergy, provide copy of allergy testing and description of the reaction)
- Explanation as to why the medical condition prevents the individual from receiving the vaccination
- If the reason is due to pregnancy or lactation, provide an explanation of why CDC recommendations for an annual influenza vaccination should not be followed.

2. Religious Objection- Individuals seeking exemption by reason of religious objection must submit documentation from their religious leader or spiritual advisor (minister or other religious leader) or a formal statement published by the religious body describing the religious belief or practice that prevents receiving the influenza vaccine. In addition, an attachment should be included that shows evidence that the individual actually practices that religion.

Review of documentation submitted for approval of an exemption will be reviewed by the individual Program Director in consultation with the appropriate clinical agency. For medical exemptions, consultation will be with Employee Health and/ or relevant clinical agency. Consultation with Human Resources of the related clinical agency will be done for religious exemptions. Individuals who are approved for medical or religious exemption are not required to be vaccinated. Other measures may be required to reduce the risk of flu transmission.