

**BLACK HAWK COLLEGE
NURSING AND ALLIED HEALTH STUDENT
HEALTH HISTORY**

Name _____ Phone Number _____

Address _____ Alternate Phone Number _____

_____ Student ID # _____

A. Immunization Record

1. **Chickenpox immunity**

- a. Have you had chickenpox? Yes _____ No _____
- b. If you are a parent, have any of your children had chickenpox? Yes _____ No _____
- c. If you give a negative history to chickenpox, then the varicella zoster antibody should be drawn or the VZ vaccine should be taken (the vaccine is two injections within a 4-8 week period).

2. **Hepatitis B** - All health care workers are strongly encouraged to have the vaccine.

- a. If you choose not to be vaccinated or the series of three injections are not complete, a declination form will have to be signed when classes begin.

3. **Measles/Mumps/Rubella (MMR):**

- a. You will need proof of two MMR immunizations with doses at least 30 days apart.
- b. **OR** date of titer showing immunity (attach proof regarding immunity for Mumps, Measles, and Rubella).

4. **Tetanus/Diphtheria (DT or Tdap)** – *optional but highly recommended*

- B. The Illinois Department of Public Health requires all health care workers to be checked for TB. You must have a **PPD 2-Step for TB** or **proof of a negative TB test for at least two consecutive years and within one year of starting the program.** (PPD 2-step for TB consists of four visits to the health care provider – two visits for placement of the Mantoux TB test and two follow-up visits for reading of the tests.) Dates of placement **and** reading must be included on documentation and signed by the provider.

If a student in the past has a positive TB reading (either from infection or BCG immunization), documentation and date of negative chest x-ray are required. In addition, a TB screening follow-up form should be completed each year.

Documented evidence (from a licensed medical professional) of the above-cited records must be given to the instructor before the first day of clinical. A student may not begin clinical until proof is in the student files.

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STUDENT MUST COMPLETE THE FOLLOWING STATEMENTS:

1. Are you currently taking any medication? If so, what medication(s)? and for what reason(s)?

2. For emergency purposes, do you have any physical and/or emotional problems the faculty should know of? If so, explain.

3. Do you have any sensory limitations?

Hearing yes no Corrections utilized _____

Vision yes no Corrections utilized _____

In compliance with the American Disability Act, Black Hawk College does not discriminate on the basis of disability in the administration of its educational policies, admission policies, student aid and other college administered programs nor in the employment of its faculty and staff. The skills listed below are essential requirements for this program.

Technical Abilities Required by Health Programs

1. Perform a full range of body motion including handling and lifting patients, and moving, lifting, or pushing heavy equipment.
2. Bend, reach, pull, push, stoop, and walk repeatedly throughout an eight hour period.
3. Demonstrate visual acuity to read small letters and numbers on gauges (with correction, if needed).
4. Demonstrated auditory acuity to hear breath/heart sounds by stethoscope (with correction, if needed).
5. Demonstrate bilateral upper extremity fine motor skills, including manual and finger dexterity and eye-hand coordination.
6. Communicate in a rational and coherent manner both orally and in writing with individuals of all professions and social levels.
7. Respond quickly and in an emotionally-controlled manner in emergency situations.
8. Adapt to irregular working hours.
9. Adapt effectively to environments with high tension, particularly in critical care areas.
10. Maintain composure when subjected to high stress levels.

Working in the health field involves an assumption of risk. If the student, after appropriate instruction, follows correct protocol, procedures, and policies, the risk of injury or illness is very minimal. Should an incident or illness occur, the student assumes responsibility for testing, treatment, and any other expenses.

I have read the above Technical Abilities Required by Health Programs and statements above and hereby represent that I can effectively and safely perform job responsibilities and tasks assigned to students. I completed the information to the best of my knowledge. I understand any falsification or misrepresentation will be sufficient grounds for my dismissal from the program.

In reading and signing this form, I acknowledge the fact that Black Hawk College does NOT provide medical or hospital insurance for me as a student. Working in the health field involves an assumption of risk. If the student, after appropriate instruction, follows correct protocol, procedures, and policies, the risk of illness or injury is very minimal. Should an incident or illness occur, the student assumes responsibility for testing, treatment, and all other expenses. I understand that I am assessed an annual professional liability insurance fee that is part of my lab fee.

Signature of Student/Date

