



HEALTH REQUIREMENTS

(**Excludes:** Associate Degree Nursing and Basic Nursing Assistant (BNA) programs)

Please read this packet carefully as some requirements have changed. Previous versions of this packet are not in force and will not be honored. **Note:** Health Requirements are subject to change based on current medical advice, practices and are mandated by the clinical sites

Note: Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/source, CastleBranch, insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

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HEALTH REQUIREMENTS OVERVIEW

The completion of all health requirements is mandatory as a student of the College of DuPage (COD) health career programs. The health requirements may be completed by your physician, local hospital or clinic, or Edward Corporate Health Services. **The background check and drug screen must be completed through [CastleBranch.com](https://www.castlebranch.com).**

College of DuPage has partnered with Edward Corporate Health (ECH) to ensure compliance of students' medical requirements. ECH has provided College of DuPage students with special pricing. Please note that ECH does not accept personal health insurance. Any charges are the student's responsibility and are due at the time of service. It is recommended that students verify with their insurance provider whether required services are covered by their personal health insurance. If so, you may choose to have those services performed by a personal health care provider utilizing your health insurance. It is ultimately the student's decision where they complete their health requirements. ECH, or provider of your choice, may complete all of the services; however, ECH **must** complete the required chart review. Please note: College of DuPage will not receive any of your medical records; they are your and your health care provider's responsibility and property. **ECH will provide a clearance form directly to you and College of DuPage.**

To access ECH's services, call the various location(s) (see page 8), identify yourself as a College of DuPage student and discuss what services you need. You must bring all required documentation to ECH for a Chart Review. **Depending upon the program to which you are applying, medical requirements may need to be completed prior to registration for the class/program. Some programs will set a date that is after registration but before actual participation in the class. Please note and adhere to your specific program's requirements.**

HEALTH REQUIREMENTS INFORMATION

TO AVOID MULTIPLE TRIPS TO YOUR PROVIDER AND/OR EDWARD CORPORATE HEALTH, YOU ARE ENCOURAGED TO COME TO AN ADVISING SESSION PRIOR TO STARTING HEALTH REQUIREMENTS.

****Note: Health Requirements are subject to change based on current medical advice, practices and are mandated by the clinical sites****

Requirement	What	Why	Additional Information
Physical Examination	A summary of the physical exam performed by your primary care provider (i.e. MD, NP) using the form enclosed	To insure you can perform the essential functions as defined by the College of DuPage	Equal to a school or sports physical; must be done within 12 months of starting the program and meet the colleges essential functions listed on page 10. You must use the form on page 9 for this requirement.
Flu Vaccine	Vaccine given annually NOTE: The flu vaccine is seasonal and changes every year in the Fall.	Minimize risks of acquiring the flu	Must have proof of flu vaccine for current flu season. Proof of vaccination MUST include the following: (1) Student name (2) Clinic name (3) Clinic address (4) Date administered (5) Lot# of vaccine
Tetanus/Diphtheria/Pertussis Vaccination (TDAP)	Vaccination is given and covers three diseases	Gain immunity to Tetanus, Diphtheria and Pertussis	Current medical advice indicates that this is a necessary vaccination to protect students entering a health care facility from noted diseases. Obtain a one-time dose of TDAP if you have not previously received. Obtain TD boosters every 10 years thereafter (excludes Good Samaritan Paramedic students; must be full TDAP).
QuantiFERON TB Gold Blood Test	Blood test that aids in the detection of <i>Mycobacterium tuberculosis</i> , the bacteria which causes tuberculosis (TB)	Proof that you are free of tuberculosis	A positive QuantiFERON-TB Gold result means that the person has been infected with TB bacteria and should be followed by further medical and diagnostic evaluation to determine if the person has latent TB infection or TB disease. A chest x-ray will be required.
Hepatitis B Titer	Documented antibody/IGG titer levels indicating immunity (blood draw to demonstrate your immune status to identified communicable diseases). To be effective, the blood test must indicate that you are positive for immunity	To ensure your ability to “fight” communicable disease and/or prevent the spread of it	For negative or equivocal titer results: The complete vaccine series must be completed as follows: <ul style="list-style-type: none"> • 1st dose administered • 2nd dose administered 4 weeks subsequent to the first dose • 3rd dose administered 5 months subsequent to the second dose • Titer is to be completed 4 weeks subsequent to completion of series

Requirement	What	Why	Additional Information
Titers for: Varicella – (Chicken Pox) MMR – Rubeola (Measles), Mumps and Rubella (German Measles)	Documented antibody/IGG titer levels indicating immunity (blood draw to demonstrate your immune status to identified communicable diseases). To be effective, the blood test must indicate that you are positive for immunity	To ensure your ability to “fight” communicable disease and/or prevent the spread of it	For negative or equivocal titer results: If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster. If vaccination series has not been previously administered, the series must be completed and followed by a titer 4 weeks subsequent to the completion of the series.
Chart Review MUST be done by Edward Corporate Health	All medical records must be reviewed by Edward Corporate Health. A clearance form will be given to you.	Medical personnel are reviewing student’s medical records	Students are to either bring all completed requirements to the chart review appointment or have the testing/physical done at Edward Corporate Health. A charge applies to this chart review and is the students’ responsibility. Please allow plenty of time to get all requirements completed and reviewed by Edward Corporate Health. Recommendation is to begin the process 2-3 months prior to first day of class or clinical.
Drug Test MUST be done through CastleBranch	A urine test for presence of identified drugs. The drug test must be a 10 panel.	Proof of being drug free	Please do <u>NOT</u> begin until instructed to do so (Refer to specific program instructions for appropriate package code and further details)
Medical Document Manager Excludes: Central Sterile Processing, EKG/Phlebotomy, EMT, Medical Assistant and Paramedic	If required by your program, all medical documents must be uploaded to CastleBranch once the chart review is complete	Your medical documents will be maintained in a secure web-based management system.	Students will have unlimited access to their Medical Documents through graduation and beyond
Background Check Must be done through CastleBranch	Background Checks are completed through CastleBranch		Please do <u>NOT</u> begin until instructed to do so (Refer to specific program instructions for appropriate package code and further details)
CPR Card	Must be American Heart Association – BLS for Health Care Providers . Card must be signed by student.		Must be valid through entire length of chosen program (Does NOT apply for FIRE 2271 EMT program)
Medical Insurance	Can be purchased through the college’s insurance carrier. Please visit Center For Access and Accommodations website for details.	Required by clinical sites	Must be comprehensive health insurance and valid through entire length of chosen program

HEALTH REQUIREMENTS PRICING

Below is a list of health services and the current fees charged by Edward Corporate Health. Students may also check their local health department, convenient care locations or retail clinic, as they may offer some or all of the services. Students may use their own health care provider for any or all of the services with the exception of the background check and drug screen, which **must** be completed through [CastleBranch](#). Please note that the cost for the health requirements is the responsibility of the student, and requirements and pricing are subject to change. The Chart Review **must** be completed by Edward Corporate Health and the student is responsible for the fee. The Medical Document Manager tracking will be completed by [CastleBranch](#) and you, as a student, will always have access to your medical records.

*******Pricing is determined by Edward Corporate Health and is subject to change without notice*******

Services Offered	Cost	Notes
Physical Examination (includes Color Vision)	\$48	
Flu Vaccine – Note: The flu vaccine is seasonal and changes every year in the Fall.	*Pricing varies by clinic and season	Proof of vaccination MUST include the following: (1) Student name, (2) Clinic name, (3) Clinic address, (4) Date administered and (5) Lot # of vaccine If flu vaccine is not available, students will be required to get vaccine when it becomes available in the Fall. *Pricing varies by clinic and season
Tetanus/Diphtheria/Pertussis Vaccination (TDAP)	\$63	Obtain a one-time dose of TDAP if you have not previously received vaccine. Obtain TD boosters every 10 years thereafter (excludes Good Samaritan Paramedic students; must be full TDAP).
QuantiFERON TB Gold Blood Test	\$80	
Hepatitis B Antibody/IGG Titer	\$20	
Varicella Antibody/IGG Titer (Chicken Pox)	\$20	
Rubeola Antibody/IGG Titer (Measles)	\$18	
Mumps Antibody/IGG Titer	\$20	
Rubella Antibody/IGG Titer (German Measles)	\$20	
Chart Review - This MUST be done by Edward Corporate Health	\$30	
Drug Test – This MUST be done through CastleBranch.com Do NOT begin until instructed to do so	\$32	10 Panel: Marijuana, Cocaine, Phencyclidine, Amphetamines/Methamphetamines, Opiates, Barbiturates, Benzodiazepines, Methadone, Methaqualone & Propoxyphene
Medical Document Manager – This MUST be done through CastleBranch.com	\$35	The student’s records will be managed through CastleBranch by creating a personal profile that they will have unlimited access to beyond graduation.
Background Check – This MUST be done through CastleBranch.com	\$46	
Total	\$449*	This is an estimate, as services will vary by individual student’s health history and records. *Prices are subject to change.

Possible Additional Services	Cost	Notes
MMR Vaccine (per dose)	\$77	
Varicella Vaccine (per dose) – need two shots if no immunity	\$130	
Hepatitis B Vaccine (per dose) – need three shots if no immunity	\$48	
Tetanus/Diphtheria (TD-Booster)	\$49	
TB Positive PPD Form	\$11	
Chest X-Ray	Contact Edward Corporate Health for additional information	X-ray – Chest 2 views - \$29 Prof Fee – Chest X-ray 2 Views - \$49

EDWARD CORPORATE HEALTH LOCATIONS

You **MUST** visit one of these locations **in-person** to complete a Chart Review

For Appointments call **(630) 527-7299**
Main Fax: (630) 961-4934

Edward Healthcare Center – Bolingbrook
130 N. Weber Road, Suite 105 Bolingbrook, IL. 60440 (1/4 mile south of Boughton Road)
Schedule an appointment: Phone: (630) 527-7299 or (630) 646-5731 Fax: (630) 646-5780
Hours: Monday – Friday: 8 a.m. to 6 p.m. Saturday – 8 a.m. to Noon (Closed on Sundays and holidays)
Edward Occupational Health – Edward Hospital - Naperville
801 S. Washington St. Naperville, IL. 60540 (Follow signs for Corporate Health. Located adjacent to Pediatric Emergency Department.)
Schedule an appointment: Phone: (630) 527-7299 Fax: (630) 961-4934
Hours: Monday – Friday: 7 a.m. – 4:30 p.m.
Edward Outpatient Center – Plainfield
24600 W. 127th Street Plainfield, IL. 60585 (127th and Van Dyke Road)
Schedule an appointment: Phone: (779) 263-3029 Fax: (779) 263-3019
Hours: Monday, Wednesday and Friday only: 8 a.m. to 4 p.m.

PHYSICAL EXAMINATION FORM

College of DuPage - 425 Fawell Blvd, Glen Ellyn, IL 60137

This form must be completed by your physician and brought to Edward Corporate Health for your Chart Review

Please Print

Name _____
Last First

Health Program _____ Date of Birth (MM/DD/YYYY) _____ SS# _____ - _____ - _____

Must be completed by a licensed medical professional

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Physical Findings - **Must be completed by a licensed medical physician, nurse practitioner or physician assistant.**

Body Systems	Normal	Abnormal, please describe
Cardiovascular		
Eye		
Ear, Nose, Throat		
Conversational Hearing		
Color Vision		
Gastrointestinal		
Metabolic-Endocrine		
Musculoskeletal		
Neurological		
Respiratory		
Skin (Exposed areas only)		
Lymph Nodes		

Is student presently under any medical treatment? If yes, please explain:

Conclusion: (check one)

- The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for (see next page for complete listing of essential functions).
- The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for with the following **accommodation(s)/restriction(s)**.

- The student **has not** been medically cleared to perform essential functions defined by the health programs of College of DuPage and of the desired healthcare career.

Examiner's Name (Please Print) _____ Date of Examination _____

Signature of Examiner _____

This physical exam satisfies the requirements of all College of DuPage Health Science programs and all clinical sites.

COLLEGE OF DUPAGE ESSENTIAL FUNCTIONS

Health Career Programs

These are generally required for all College of DuPage Health Career Programs. Variations of this will be addressed in program or course specific information. If the ability to perform these essential functions with or without reasonable accommodations result in the inability to meet identified student learning outcomes, the student may be at risk of not successfully completing the course and/or program.

MOTOR CAPABILITY:

1. Move from room to room and maneuver in small spaces
2. Squat, crawl, bend/stoop, reach above shoulder level, use standing balance, and climb stairs
3. Lift and carry up to 50 lbs., and exert up to 100 lbs. force or push/pull
4. Use hands repetitively; use manual dexterity; sufficient fine motor function
5. Must be able to walk and stand for extended periods of time
6. Perform CPR
7. Travel to and from academic and clinical sites

SENSORY CAPABILITY:

1. Coordinate verbal and manual instruction
2. Auditory ability sufficient to hear verbal communication from clients and members of the health team; includes ability to respond to emergency signals.
3. Discern soft sounds, such as those associated with taking a blood pressure
4. Visual acuity to acquire information from documents such as charts
5. Comfortable working in close physical proximity to patient

COMMUNICATION ABILITY:

1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing
2. Effectively adapt communication for intended audience
3. Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds
4. Assume the role of a health care team member
5. Function effectively under supervision
6. Sufficient command of the English language in order to read and retrieve information from lectures, textbooks, as well as understand medical terminology
7. Skills include computer literacy

PROBLEM SOLVING ABILITY:

1. Function effectively under stress
2. Respond appropriately to emergencies
3. Adhere to infection control procedures
4. Demonstrate problem-solving skills in patient care (measure, calculate, reason, prioritize, and synthesize data).
5. Use sound judgment and safety precautions
6. Address problems or questions to the appropriate persons at the appropriate time
7. Organize and prioritize job tasks

BEHAVIORAL SKILLS AND PROFESSIONALISM:

1. Follow policies and procedures required by academic and clinical settings
2. Adheres to College of DuPage Academic Honesty Policy (per College Catalog)
3. Adheres to College of DuPage Code of Conduct (per College Catalog)
4. Abides by the guidelines set forth in the Health Insurance Portability and Accountability Act (HIPAA, i.e., the national privacy act).

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EDWARD CORPORATE HEALTH CLEARANCE FORM

CHART REVIEW

*****Form is filled out by Edward Corporate Health - NOT STUDENT*****

College of DuPage Program Name: _____ Semester Clinicals begin: _____

Be advised that: **LAST NAME:** _____ **FIRST NAME:** _____ was in our office: _____

(PLEASE PRINT)

<p><input type="checkbox"/> Physical Exam/ Basic Date: _____ The student is medically cleared to perform essential functions defined by the health programs of College of DuPage.</p> <p><input type="checkbox"/> Flu Vaccine: Date: _____ Clinic Name: _____ Clinic Address: (if given at ECH say "see above") _____ _____ Lot #: _____</p> <p><input type="checkbox"/> Tdap Vaccine Date: _____</p> <p><input type="checkbox"/> Td Booster if applicable: _____ (Original Tdap vaccine date required)</p> <p><input type="checkbox"/> Color Vision: Pass: (circle) Yes OR No</p> <p>QuantiFERON-TB Gold Blood Test</p> <p><input type="checkbox"/> QuantiFERON-TB Gold test: Date: _____ (Must be completed within 1 year of clinical end date—see College of DuPage "Clinical Start Dates Chart" for exact dates) Result: _____ Expires: _____</p> <p><i>Only if medically necessary:</i></p> <p><input type="checkbox"/> Chest X-Ray Date: _____ (Must be completed within 1 year of clinical end date—see College of DuPage "Clinical Start Dates Chart" for exact dates) Result: _____ Expires: _____</p> <p><input type="checkbox"/> Annual TB Questionnaire Date: _____ "Negative" Chest X-Ray in past? (circle) Yes OR No Date of "Negative" Chest X-Ray: _____</p>	<p>Immunity (status) – Positive Antibody/IGG Titers Required for: Hepatitis B, Varicella and MMR.</p> <p>HEPATITIS B: For negative or equivocal titer results:</p> <ul style="list-style-type: none"> The complete vaccine series must be completed. Titer is to be completed 4 weeks subsequent to completion of series. <p><input type="checkbox"/> Hepatitis B Titer Titer date: _____ Result: _____</p> <p>Negative or Equivocal Titers:</p> <p><input type="checkbox"/> Vaccine Series</p> <p><input type="checkbox"/> 1st Administration _____</p> <p><input type="checkbox"/> 2nd Administration _____</p> <p><input type="checkbox"/> 3rd Administration _____</p> <p><input type="checkbox"/> Titer Date _____ Result _____</p> <p>VARICELLA & MMR: For negative or equivocal titer results:</p> <ul style="list-style-type: none"> If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster. If vaccination series has not been previously administered, the series must be completed and followed by a titer 4 weeks subsequent to the completion of the series <p><input type="checkbox"/> Varicella Titer Titer date: _____ Result: _____</p> <p>Negative or Equivocal Titer:</p> <p><input type="checkbox"/> Booster Date _____</p> <p><input type="checkbox"/> Repeat Titer date: _____ Result: _____</p>
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- Vaccine Series
- 1st Administration _____
- 2nd Administration _____
- Titer Date: _____ Result: _____

MMR – Measles (Rubeola), Mumps, Rubella

- Measles (Rubeola) Titer
- Titer date: _____ Result: _____

- Mumps Titer
- Titer date: _____ Result: _____

- Rubella Titer
- Titer date: _____ Result: _____

Negative or Equivocal Titers:

- Booster Date _____
- Repeat Titer date: _____ Result: _____

- Vaccine Series
- 1st Administration _____
- 2nd Administration _____
- Titer Date _____ Result _____

NON-RESPONDERS have been counseled by a healthcare professional regarding precautions to prevent infection.

Initial

Date

1. Records have been reviewed and/or examination has been performed by physician. Based on the information, student is clear to perform job duties without physical restrictions.

2. Cleared with the following restriction (restrictions may prevent acceptance into program).

3. Based on Physician’s report and/or other diagnostic findings, student is **NOT** medically cleared for the health program at the College of DuPage.

Signature

Date

FOR EMT & PARAMEDIC PROGRAMS ONLY

QuantIFERON, Background Check and Drug Screen Important Dates

In addition to all Health Requirements listed in the Health Requirement Packet, the below have specific dates you must comply with.

EMT Students

Summer 2018 Students:

QuantIFERON TB Gold Blood Test completed: 8/5/17 or later

Drug Test complete: 5/29/18 or later (Note: If you complete prior to this date, you will need to pay and take another drug test)

Go to www.CastleBranch.com and enter package code: CB39dt – Drug Test Only

Fall 2018 Students:

QuantIFERON TB Gold Blood Test completed: 12/14/17 or later

Drug Test complete: 9/20/18 or later (Note: If you complete prior to this date, you will need to pay and take another drug test)

Go to www.CastleBranch.com and enter package code: CB39dt – Drug Test Only

Paramedic Students

Good Samaritan Fall 2018 Admits:

QuantIFERON TB Gold Blood Test completed: 7/25/18 or later

Central DuPage Hospital Spring 2019 Admits:

QuantIFERON TB Gold Blood Test completed: TBD

Drug Test complete: TBD (Note: Do **NOT** complete until date is given to you)

Go to www.CastleBranch.com and enter package code: CB39dt – Drug Test Only

Edward Hospital Spring 2019 Admits:

QuantIFERON TB Gold Blood Test completed: TBD

Drug Test complete: TBD (Note: Do **NOT** complete until date is given to you)

Go to www.CastleBranch.com and enter package code: CB39dt – Drug Test Only

Background Check complete: TBD (Note: Do **NOT** complete until date is given to you)

Go to www.CastleBranch.com and enter package code: CB39 – Background Check Only

Loyola Hospital Spring 2019 Admits:

QuantIFERON TB Gold Blood Test completed: TBD

Drug Test complete: TBD (Note: Do **NOT** complete until date is given to you)

Go to www.CastleBranch.com and enter package code: CB39dt – Drug Test Only

Background Check complete: TBD (Note: Do **NOT** complete until date is given to you)

Go to www.CastleBranch.com and enter package code: CB39 – Background Check Only