HEALTH REQUIREMENTS

Basic Nursing Assistant (BNA) - ONLY

(FALL 2017 through SPRING 2018)

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 current BNA program registration packet for additional information about academic and financial obligations related to registering for a NURSA 1105 class. Timing of health requirements affect the registration OPEN and CLOSE dates and are unique to the BNA Program. Funds paid to Edward Corporate Health or to a personal health care provider/source, criminal background check companies, and online medical document managers, are not eligible for any sort of refund from College of DuPage.
Health Requirements

You must complete the health requirements as a student of the College of DuPage health career programs. For any or all the requirements listed, you may use your physician, local hospital or clinic, or Edward Corporate Health Services; there is one exception, the drug screen must be done through CastleBranch.com

College of DuPage has contracted with Edward Corporate Health (ECH) to ensure compliance of students’ medical requirements. ECH has provided COD 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. We highly recommend that students investigate if required services are covered by their personal health insurance. If they are, feel free to have those services performed by their personal health care provider. It is ultimately the student’s decision as to where to get his/her health requirements completed. ECH, or any other provider of their choice, can do all of the services but ECH must do the required chart review. Please note: The College of DuPage will not receive any of your medical records; they are you and your health care provider’s responsibility and property. ECH will provide a health clearance form directly to you and the College of DuPage.

STEP 1: To access ECH’s services, call the various location(s) (see page 5), identify yourself as a College of DuPage student and discuss what services you need (i.e. Chart Review).

STEP 2: Bring all required documentation to ECH for a Chart Review. (The drug screen results are not needed for the Chart Review and must be done through Castle Branch.)

STEP 3: Once you receive the health clearance form from ECH, you will then upload ALL your health records (e.g. physical exam, proof of flu vaccine, TB test, etc.) to CastleBranch.com*.

STEP 4: You will receive a message through your COD e-mail to register, in-person or by calling the Registration Department, when ALL health requirements are completed and uploaded to Castle Branch.

*Castle Branch is an online Medical Document Manager provider. You will conveniently upload ALL of your records to them. You will have unlimited access to all your health records beyond graduation.

Your medical requirements need to be completed prior to registration for the class/program.
Health Requirement Pricing

Below is a list of required health services and the current fees charged by Edward Corporate Health (ECH). 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 physician for any or all of the services with the exception of the drug screen, which must be done through CastleBranch.com. Please note that the cost of these health requirements is the responsibility of the student, and requirements and pricing are subject to change due to conditions in the health care settings/environment. The Chart Review must be done by Edward Corporate Health and the student is responsible for the fee. The Medical Document Manager tracking will be done by CastleBranch.com and you will always have access to your medical records.

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

<table>
<thead>
<tr>
<th>Required Services</th>
<th>Fees (ECH)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart Review</td>
<td>$30</td>
<td>Service MUST be done by Edward Corporate Health.</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>$48</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis screening: TB 2 Step skin test</td>
<td>$14 each</td>
<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria/Pertussis vaccine (Tdap)</td>
<td>$63</td>
<td></td>
</tr>
<tr>
<td><strong>Titors:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella Titer (German Measles)</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Rubeola Titer (Measles)</td>
<td>$18</td>
<td></td>
</tr>
<tr>
<td>Varicella Titer (Chicken Pox)</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Mumps Titer</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Titer</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Flu Vaccine – The flu vaccine is seasonal and changes every year in the Fall.</td>
<td>*</td>
<td>Pricing varies by clinic and season(*)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOTE: Your flu vaccine documentation must include: (1) Student name,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(2) Clinic name, (3) Clinic address (4) Date administered; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Lot# of vaccine</td>
</tr>
<tr>
<td>Drug Test – This test MUST be done through CastleBranch.com</td>
<td>$32</td>
<td>10 Panel: Marijuana, Cocaine, Phencyclidine,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amphetamines/Methamphetamine, Opiates, Barbiturates,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benzodiazepines, Methadone, Methaqualone &amp; Propoxyphene.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*(See page 14 for details and appropriate package code)</td>
</tr>
<tr>
<td>Background Check – This MUST be completed through AccurateBiometrics.com</td>
<td>$40</td>
<td>BNA students will complete their Background Check at the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BNA Student Orientation.</td>
</tr>
<tr>
<td>Medical Document Manager— This is the final step that is taken after you have been</td>
<td>$35</td>
<td>Service must be completed through CastleBranch.com. The list of health</td>
</tr>
<tr>
<td>cleared by Edward Corporate Health (ECH). The Medical Document Manager must be</td>
<td></td>
<td>records required for BNA program participation will be managed through</td>
</tr>
<tr>
<td>completed through CastleBranch.com</td>
<td></td>
<td>Castle Branch creating a personal profile that students will have</td>
</tr>
<tr>
<td></td>
<td></td>
<td>unlimited access to beyond graduation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click HERE for Medical Document Manager Student Video tutorial.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*(See page 14 for details and appropriate package code)</td>
</tr>
<tr>
<td>Total</td>
<td>$374*</td>
<td>This is an estimate, as services will vary by individual student’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health history and records. *Prices are subject to change.</td>
</tr>
<tr>
<td>Possible Required Services (pending titer or TB results)</td>
<td>Fees (ECH)</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Vaccines:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Vaccine (per dose) (Measles/Mumps/Rubella)</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>• Two shots needed if lack of recommended immunity to Measles (Rubeola) or Mumps.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One shot if not immune to Rubella.</td>
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<td></td>
</tr>
<tr>
<td>Varicella Vaccine (per dose)</td>
<td>$130</td>
<td></td>
</tr>
<tr>
<td>• Two shots needed if lack of recommended immunity to Varicella.</td>
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<td></td>
</tr>
<tr>
<td>Hepatitis B Vaccine (per dose)</td>
<td>$48</td>
<td></td>
</tr>
<tr>
<td>• Three shots needed if lack of recommended immunity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chest X-ray:</strong> (Diagnostic Imaging Technician; Reading)</td>
<td>$68</td>
<td>If positive TB two step need two chest X-ray views. The fee for one view is $55.</td>
</tr>
<tr>
<td><strong>QuantiFERON TB Gold test:</strong></td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>Varies</td>
<td></td>
</tr>
</tbody>
</table>
You MUST make an appointment and visit one of these locations **in-person** to complete a Chart Review.

**Edward Occupational Health/Naperville**

801 S. Washington St.
Naperville, IL. 60540
*(Follow signs for Corporate Health. Located adjacent to Pediatric Department.)*

**Schedule an appointment or general information:**
(630) 961-4948

**Hours:**
Monday – Friday: 7 a.m. - 4:00 p.m.

**Edward Occupational Health/Bolingbrook**

130 N. Weber Road, Suite 108
Bolingbrook, IL. 60440
*(1/4 mile south of Boughton Road)*

**Schedule an appointment:**
(630) 646-5731 or (630) 961-4948

**Hours**
Monday – Friday: 8 a.m. to 8 p.m.
Saturday – 8 a.m. to Noon
(closed on Sundays and holidays)

**Edward Occupational Health/Plainfield**

24600 W. 127th Street
Plainfield, IL. 60585
*(127th and Van Dyke Road)*

**Schedule an appointment:**
(815) 731-3000

**Hours:**
Monday – Friday: 8 a.m. to 4 p.m.
### COLLEGE OF DUPAGE

**HEALTH REQUIREMENTS INFORMATION AND CHECKLIST**

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

<table>
<thead>
<tr>
<th>WHEN COMPLETED</th>
<th>REQUIREMENT</th>
<th>WHAT</th>
<th>WHY</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>____</td>
<td>Medical History</td>
<td>Confidential Medical History form to be completed by YOU!</td>
<td>To provide health care provider with an overview of your medical history.</td>
<td>Complete and take with you for your Physical Examination</td>
</tr>
<tr>
<td>____</td>
<td>Physical Examination Report</td>
<td>A summary of the physical exam performed by your primary care provider (i.e. MD, NP, PA) using the form on page 5.</td>
<td>To ensure you can perform the role of the profession you are preparing for.</td>
<td>Equal to a school or sports physical; must be done within <strong>12 months</strong> of starting the program.</td>
</tr>
</tbody>
</table>
| ____            | Immunity for: MMR  
- Measles (Rubella)  
- Mumps  
- Rubella  
- Varicella - Chicken Pox | Documented 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 a vaccination series was previously administered, one booster is required.  
If a vaccination series has not been previously administered, the series must be completed. The MMR and varicella vaccines are live vaccines that must be administered 4 weeks apart.  
**Note: If you have a negative titer - TB tests must be done prior to giving a live vaccine.**  
Reason: If a live vaccine is given prior to the second TB test, it may read as a false negative. The TB test must then be given 4-6 weeks after the MMR/Varicella vaccines. Therefore, please plan these vaccinations accordingly.  
Students may go to clinical site if they have received one of the two live vaccines needed. Students must complete their series of live vaccines within 4-6 weeks. Students will need to show proof of second vaccine. Students will not be able to continue in clinical rotations unless the vaccine series is completed. |
| ____            | Immunity for: Hepatitis B | Documented 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:  
- 1st does administered  
- 2nd dose administered 4 weeks subsequent to the first dose  
- 3rd dose administered 5 months subsequent to the second dose  
Students may go to clinical site if they have received one of the two live vaccines needed. Students must complete their series of live vaccines within 4-6 weeks. Students will need to show proof of second vaccine. Students will not be able to continue in clinical rotations unless the vaccine series is completed. |
<table>
<thead>
<tr>
<th>WHEN COMPLETED</th>
<th>REQUIREMENT</th>
<th>WHAT</th>
<th>WHY</th>
<th>ADDITIONAL INFORMATION</th>
</tr>
</thead>
</table>
|                | Two-Step TB skin test (TST) or Equivalent (i.e. QuantIFERON-TB Gold blood test) | A series of two subcutaneous injections; takes approximately 10 days to complete the two injections and the reading of them. Procedure: 1. Administer Tuberculin skin test 2. Read the reaction 48-72 hours later 3. If first test is positive, consider the person infected. 4. If first test is negative, give second test. This should be a week after the first skin test. 5. Read second test 48-72 hours after injection. 6. Measure only induration. 7. Record reaction in millimeters. | Proof that you are free of Tuberculosis | • All TB testing must be within 90 days of starting the class/clinical.  
• If the TB skin test (TST) is POSITIVE, a clear (i.e. negative) chest x-ray is required.  
• 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 clear chest x-ray will be required.  
• If the TST was previously positive, provide a chest x-ray (confirmation of a negative chest x-ray written by a healthcare professional). Chest X-ray must comply with 90-day requirement. |
|                | Tdap vaccination—Tetanus, Diphtheria, and Pertussis immunization and DT booster every ten years thereafter | 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. |
|                | Drug Test MUST be done through CastleBranch.com | A urine test for presence of identified drugs. The drug test must be a 10 panel. | Proof of being drug free | Must be administered within 90 days or less prior to the students first day of class. (Refer to Final Page for appropriate Package Code and further details) |
|                | Flu Vaccine *Prefer that students have this done at Edward Corporate Health. If done somewhere else, student MUST bring proper documents to Edward Corporate Health. (See instructions on far right) | 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.  
• Can be waived for authentic documentation for allergy or religious reasons only.  
• If completed somewhere other than Edward Corporate Health, students MUST bring their proof of vaccination to Edward Corporate Health for flu vaccine and include the following: (1) Student name, (2) Clinic name, (3) Clinic address and include the following: (1) Student name, (2) Clinic name, (3) Clinic address, (4) Date administered, (5) Lot# of vaccine; and (6) expiration date of vaccine |
|                | Chart Review | All Medical Records must be reviewed by Edward Corporate Health. A clearance form will be given to you. You will then upload the document through Certifiedbackground.com | Medical personnel are reviewing student’s medical records | • Students are to either bring all completed requirements to Chart Review appointment or have the testing/physical done at Edward Corporate Health.  
• A charge applies to this chart review and is the student’s responsibility.  
• All medical requirements MUST be completed prior to registration –College of DuPage will confirm your clearance with the Registration Office. |
|                | Medical Document Manager through Castle Branch (submission of Health Records) | Once Edward Corporate Health provides you with a clearance form, ALL Medical Documents must be uploaded to Castle Branch. 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. (Refer to Final Page for appropriate Codes and details about Castle Branch.) |
|                | Background Check | Fingerprint Background Checks are completed through Accurate Biometrics. | Required by Illinois Dept. of Public Health administrative code 395.171 | The background check will be completed at the BNA student orientation. |
|                | Proof of Medical Insurance | May be purchased through Integrity Insurance and Financial Please visit Center for Access and Accommodations | Required by clinical sites | Must be valid through entire length of chosen program |
CONFIDENTIAL MEDICAL HISTORY
FOR
COLLEGE OF DUPAGE
425 FAWEll BLVD., GLEN ELLYN, ILLINOIS 60137
To be completed by student

Please Print

Name ___________________________________________________________________________

Last     First      Middle

Allied Health Program ______________Date of Birth _______________SS# ___________________

Address _________________________________________________________________________

City     State    Zip   Phone

Person to notify in an emergency _______________________________Phone _________________

Relationship ______________________________________________________________________

Medications you are currently taking:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Have you had these diseases?      Do you presently have:

Rubella   Yes No      Asthma       Yes No
Rubeola    Yes No      Heart Disease Yes No
Epilepsy   Yes No      Colitis     Yes No
Hepatitis  Yes No      Diabetes    Yes No

Are you aware of health risk issues? (i.e. smoking, drinking, drug use, safe sex):   Yes No

Do you want to discuss the above health risks with the Doctor?   Yes No

Females: Do you receive yearly PAP/Breast exam?     Yes No

Are there any other conditions of which Health Service should be aware? If yes, please explain:

________________________________________________________________________________________________ _______________

_________________________________________________________

Can you perform all the functions required of a student assigned to a participating health care setting at an affiliating institution with or without accommodation?      Yes   No
If you require accommodation, please explain: _____________________________________________

__________________________________________________________________________________

When was your last:

Physical examination ____________ Tetanus Booster ____________ Chest X-ray or TB skin test __

I am aware of the physical requirements of my professional program and certify that the above medical history is current and accurate. I further understand that any false answer or statements made by me in this application, or any supplement thereto, will be grounds for immediate dismissal from classes/program.

Name____________________________________________________ Date____________________
Please Print

Name ________________________________________________________________________________________  

Last        First  

Allied Health Program: Nurse Assistant Training 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.  

<table>
<thead>
<tr>
<th>Body Systems</th>
<th>Normal</th>
<th>Abnormal, please describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear, Nose, Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conversational Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic-Endocrine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin (Exposed areas only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.  

☐ 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) and/or 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.
ESSENTIAL FUNCTIONS

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.

--Approved: April 2010

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 Information Portability and Accountability Act (i.e. the national privacy act).
VACCINE/TITER/TB TEST RECORD
COLLEGE OF DUPAGE
425 FAWELL BLVD., GLEN ELlyn, ILLINOIS 60137

Please Print

Name ________________________________________________________________________________________________

(Last)      (First)

Allied Health Program: Nurse Assistant Training___  Date of Birth: _________________ SS# ___________________

ADULT VACCINE RECORD:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Manufacturer Name</th>
<th>Lot #</th>
<th>Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphtheria, and Pertussis—Tdap*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Diphtheria and Tetanus—DT (10 years after Tdap)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal/annual flu</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

TITERS RECORDS – ATTACH RELATED LABORATORY REPORTS

<table>
<thead>
<tr>
<th>TITER (must be IgG)</th>
<th>HbsAb (Hepatitis B)</th>
<th>Rubeola (Measles)</th>
<th>Mumps</th>
<th>Rubella (German measles)</th>
<th>Varicella (Chicken Pox)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Blood Drawn:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Two-Step TB skin test

<table>
<thead>
<tr>
<th>Step</th>
<th>Date Given:</th>
<th>R/L Time</th>
<th>Date Read:</th>
<th>Results mm</th>
<th>Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Quantiferon TB Gold test (Optional)

<table>
<thead>
<tr>
<th>Date:</th>
<th>Result:</th>
<th>Nurse</th>
</tr>
</thead>
</table>

Positive TB test?  Yes ___________ No___________  Date: _________________

Positive TB Test Referred for Chest X-ray to: ________________________________

Report following positive TB attached: Date: _________________ Facility: ________________________________

TB test update by (MM/DD/YYYY): ____________________

Stamp of Provider of this information (Name, Address, Phone) ________________________________

Health Requirements: BNA
Updated 08/16/2017 kb/dk/kb
EDWARD CORPORATE HEALTH CLEARANCE FORM

CHART REVIEW

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

College of DuPage
Program Name: BNA - Basic Nurse Assistant (only)

LAST NAME: ___________________________________________ FIRST NAME: ______________________________________

(PLEASE PRINT)

☐ Physical Exam/ Basic: Date: __________________________
   The student is medically cleared to perform essential functions defined by the health programs of College of DuPage.

☐ Tdap Vaccine Date: __________________________

☐ Td Booster if applicable: __________________________
   (Original Tdap vaccine date required)

☐ Flu Vaccine: Date: __________________________
   Lot#: ___________________ Exp. Date: ___________________

Clinic Name & Address:
________________________________________________________________________
________________________________________________________________________

☐ 2-Step TB Skin Test or QuantiFERON TB Gold
   (Must be completed within 90 days of class-clinical start)

2-Step TB Skin Test:
#1 Date: ______________ Reading _______mm
#2 Date: ______________ Reading _______mm

QuantiFERON TB Gold:
(Must be completed within 90 days of class-clinical start)

Date: ______________ Result: ______________

ONLY if medically necessary:

☐ Chest X-Ray: Date: __________________________
   (Must be completed within 90 days of clinical start)
   Result: __________________________

☐ Annual TB Questionnaire: Date: ____________
   “Negative” Chest X-Ray in past? (circle) Yes OR No
   Date of “Negative” Chest X-Ray: ______________

Immunity (status) – Positive Antibody Titers Required for Hepatitis B, Varicella, and MMR.

HEPATITIS B: For negative or equivocal titer results:
   • The complete vaccine series must be completed.
   • Titer is to be completed 4 weeks subsequent to completion of series.

☐ Hepatitis B Titer
   Titer date: ______________ Result: ______________

Negative or Equivocal Hepatitis Titer:

☐ Hepatitis B vaccine series (note dates):
   ☐ 1st Administration _______________________
   ☐ 2nd Administration _______________________
   ☐ 3rd Administration _______________________
   ☐ Titer date ______________ Result ____________

VARICELLA & MMR: For negative or equivocal titer results:
1. If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster.
2. 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

☐ Varicella Titer
   Titer date: ______________ Result: ______________

Negative or Equivocal Varicella Titer:

☐ 1. Booster date: ___________________________
   ☐ Repeat Titer date: _______________ Result: __________

   2. Varicella vaccine series:
      ☐ 1st Administration _______________________
      ☐ 2nd administration _____________________
      ☐ Titer date: _______________________ Result: __________
### Immunity (status) -- Positive Antibody Titers Required for Hepatitis B, Varicella, and MMR. (Continued)

#### 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: ___________

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

<table>
<thead>
<tr>
<th>Initial</th>
<th>Date</th>
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1. Records have been review and/or examination has been performed by physician. Based on the information, student is clear to perform 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.

<table>
<thead>
<tr>
<th>Signature</th>
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Student Instructions: Complete Drug Screen through Castle Branch.

Castle Branch is a secure platform that allows you to order your medical document manager and drug screen online. Once you have placed your order, you may use your login to access additional features, including document storage, portfolio builders and reference tools. Castle Branch also allows you to upload any additional documents required by your school.

Place Your Order:

1. Go to: CastleBranch.com and enter the appropriate package code from the list below.

2. You will then be directed to set up your Castle Branch account and profile. (Reference pages 3-4 for pricing).

3. Please visit the Medical Document Manager Student Video Link for detailed instructions: http://video.certifiedbackground.com.s3.amazonaws.com/meddocmgr.html

<table>
<thead>
<tr>
<th>Program</th>
<th>Classes (Academic Term)</th>
<th>Code</th>
<th>Type of Package</th>
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</thead>
<tbody>
<tr>
<td>Basic Nurse Assistant (B.N.A.)</td>
<td><strong>First</strong> 8 week and 16 week classes (Fall &amp; Spring ONLY)</td>
<td>CY64one</td>
<td>Medical Document Manager and Drug Screen</td>
</tr>
<tr>
<td>Basic Nurse Assistant (B.N.A.)</td>
<td><strong>Second</strong> 8 week classes (Fall &amp; Spring ONLY)</td>
<td>CY64two</td>
<td>Medical Document Manager and Drug Screen</td>
</tr>
<tr>
<td>Basic Nurse Assistant (B.N.A.)</td>
<td><strong>Summer ONLY</strong></td>
<td>CY64summer</td>
<td>Medical Document Manager and Drug Screen</td>
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</table>