

MIAMI DADE COLLEGE MEDICAL CAMPUS Student Health Record Form

Name:				MDID:	
	Last	First	Middle Initial		

I understand that student health information is protected and confidential under State of Florida and federal laws. I voluntarily provide, and consent to my medical provider or physician providing, the medical information contained in this document to the Miami Dade College and health care facilities that I am assigned to as part of Miami Dade College's medical program requirements. I also understand that all requested Student Health Record information is a prerequisite to enrollment in the clinical training of any Medical Campus program. Failure to complete this record will prevent my participation in the clinical training. The student and Health Care Examiner (MD, DO, PA, ARNP) must sign in the appropriate spaces provided on the form. This form and documentation of all titers, vaccines, drug screening, TB testing, and x-rays requested on this form must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

SECTION 1: PERSONAL INFORMATION

All areas of this section must be completed. This information will be kept on file and used in the event that the student must be contacted or an emergency contact is required.

SECTION 2: REQUIRED INFLUENZA INJECTION (FLU SHOT)

Students participating in a clinical rotation must receive the influenza injection as soon as it is available and show proof to the school and the health care facility. Students that cannot participate in the influenza injection process as a result of a medical condition or refuse to participate in the influenza injection may be required to participate in additional measures established by a clinical site. Additionally, it may jeopardize the student's ability to participate in the clinical portion of a Medical Campus program. It is highly recommended that all students receive the influenza injection.

SECTION 3: REQUIRED TITERS/TESTS

A. Varicella (Chicken Pox): A Varicella Titer must be drawn and the results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html. A record of the Varicella Vaccine will not be accepted as documentation of the required titer. The date of the titer and results must be indicated in the appropriate area. (INDICATING THE DISEASE PROCESS OR IMMUNIZATION DATES IS NOT ACCEPTABLE FOR DOCUMENTATION IN THIS AREA).

Mumps, Rubeola (Measles), and Rubella (German Measles): A Mumps, Rubeola, and Rubella Titer must be drawn and the results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html. A record of the MMR (Mumps, Measles, Rubella) Vaccine will not be accepted as documentation of the required titer. The dates of the titers and the results must be indicated in the appropriate area. (INDICATING THE DISEASE PROCESS OR IMMUNIZATION DATES IS NOT ACCEPTABLE FOR DOCUMENTATION IN THIS AREA).

B. TB Skin Test: Two consecutive TB Skin Tests are required. The TB Skin tests can be repeated a minimum of seven days apart. The dates and results of each TB Skin Test must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html. The Skin Tests must have been performed within the last three (3) months to be considered a recent test. Results from QuantiFERON are acceptable within the last three (3) months.

Chest X-ray: A recent Chest x-ray is required if a positive TB skin Test or QuantiFERON is reported or there is a history of a positive TB skin Test. The chest x-ray must have been completed within the last three (3) months to be considered current. Results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

C. Drug Screening: A minimum of a 10-panel drug screen is required. A second drug screen test may be required by some health care facilities. A positive result on this test will result in the student's inability to participate in the clinical portion of any Medical Campus program at Miami Dade College. The results must be indicated and uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

Section 4: Hepatitis B Vaccine

Students must provide documentation of the initiation or completion of the Hepatitis B vaccine series at the time of application. It is highly recommended that the student complete the series while enrolled in the program. Further information of the Hepatitis B Vaccine is provided on the Student Health Record Form on page 3. A record of the Hepatitis B Vaccine or antibody test results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

Section 5: Tdap (Tetanus, Diphtheria, Pertussis) Vaccination

Students must provide documentation of the Tdap vaccination within the last ten (10) years. *Documentation must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html*.

Name:		MDID: _	
Last	First	Middle Initial	
Section 6: Student's Statem Student must read and sign		of the Student Health Record.	
	MD, DO, PA, and ARNP) m	ust read, sign, and confirm that the student of ent Area on page 4 of the Student Heath Rec	
	Diogra Diogra Hanish Co	vo Drouidov Offico Stamp ov Attach Business Condi	Horo (Paguirod)
	Please Place Health Ca	re Provider Office Stamp or Attach Business Card	nere (requirea):
SECTION 1: PERSONAL	. INFORMATION		
		Apt.#	
Address			E-mail address Gender: M F
City		itate Zip Code	
Date of Birth	Hom	ne Telephone Number	Cellular Phone Number
Person to Noti	fy in Emergency	Relationship	Contact Telephone Number
SECTION 2: INFLUENZA http://www.mdccompliand		tation must be uploaded to Complio by Ame	rican Data Bank at
Date of injection:			
	ed to participate in addit	ional measures established by a clinical sit	condition or refuse to participate in the influenza e. Additionally, it may jeopardize my ability to
STUDENT SIGNATURE: DATE:			DATE:
SECTION 3: REQUIRED	TITERS/TESTS		
		PLETED BY AUTHORIZED MEDICAL P	ERSONNEL ONLY
A. REQUIRED TITERS:	: (Documentation must be	uploaded to Complio by American Data Bank	at http://www.mdccompliance.com/index.html.)
	• •	· ·	ust be drawn and the results attached. <u>A record</u> ne titers and the results must be indicated in the
appropriate area belov AREA).	N. (INDICATING THE DISEA	SE PROCESS OR IMMUNIZATION DATES IS N	OT ACCEPTABLE FOR DOCUMENTATION IN THIS
·		LAB RESULTS (Documentation must be Complio by American Data Ban	
TITER	DATE	http://www.mdccompliance.com/inc	ex.html.)
		(Numerical Value of Results Must Below)	se керогтеа
Varicella	/ /	,	Immune/ Not Immune
(Chickenpox) Titer	Month Day Year		

(Rev. 05/ 2016 for SOHS ADB Version)

Month Day Year

Mumps Titer

Immune/ Not Immune

Name:		MDID:		
Last	First	Middle Initial		
Rubeola (Measles) Titer	Month Day Year		Immune/ Not Immune	
Rubella (German Measles) Titer	Month Day Year		Immune/ Not Immune	

B. TB SKIN TEST/ QUANTIFERON /CHEST X-RAY

Two consecutive TB Skin Tests are required. The TB Skin tests can be repeated a minimum of seven days apart. The dates and results of each TB Skin Test must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html. The Skin Tests must have been performed within the last three (3) months to be considered a recent test. Results from QuantiFERON are acceptable. In the event the results indicate a positive skin test or QuantiFERON, or the student has a history of a positive TB skin test, a chest x-ray is required. The chest x-ray must have been completed within the last three (3) months to be considered current. Results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

TEST	DATE	RESULTS	Results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.
TB Skin Test 1st Test	Month Day Year	Positive Negative	If positive skin test, current chest x-ray is required.
TB Skin Test 2 nd Test	Month Day Year	Positive Negative	If positive skin test, current chest x-ray is required.
QuantiFERON	Month Day Year	Positive Negative	If positive, current chest x-ray is required.
Chest X-ray	Month Day Year	Positive Negative	Results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.

C. DRUG SCREENING

A <u>minimum</u> of a 10-panel drug screen is required. A positive result on this test will result in the student's inability to participate in the clinical portion of any Medical Campus program at Miami Dade College. The results must be indicated and <u>uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.</u>

TEST	DATE	RESULTS	
Drug Screen (10 Panel)		Positive	Results must be uploaded to Complio by American Data Bank at http://www.mdccompliance.com/index.html.
	Month Day Year	Negative	

SECTION 4: HEPATITIS

<u>Introduction:</u> Health care professionals are at risk of exposure to blood and body fluids contaminated with the viruses that cause HIV and Hepatitis. Consistent use of Standard Precautions is the best known means to avoid transmission of these viruses or other contaminants. Students will be taught Standard Precautions before they provide care to any patient in the clinical setting. Although it is rare, a health care worker may become exposed to one of these viruses through accidental transmission. Currently, there is no vaccine that protects against the HIV virus. However, the Hepatitis B vaccine is an effective means of preventing Hepatitis B. As a student who will be providing direct patient care, you should discuss this vaccine with your health care provider.

<u>About the Vaccine</u>: The Hepatitis B Vaccine is a genetically engineered "yeast" derived vaccine. It is administered in the deltoid muscle (arm) in a series of three doses over a six month period. You should seek additional information about the vaccine from your health care provider; especially if you have an allergy to yeast or may be pregnant, or are a nursing mother.

Name:		MDID:		
Last	First	Middle Initial		
I have initiated the Hepatitis B		-	elow: (Documentation must be <u>uploaded to Complio</u>	
1 st Dose: Date:/	2 nd Dose:	(One month after 1 st dose)	3 rd Dose:/	
		<u>OR</u>		
I have already completed a He Complio by American Data Bank	-		jections listed below: (<i>Results must be <u>uploaded to</u></i> <u>tml.</u>)	
1 st Dose: Date:/	2 nd Dose:	(One month after 1st dose)	3 rd Dose://	
Antibody testing has revealed (Results must be uploaded to Co.	•	-	No .mdccompliance.com/index.html.)	
SECTION 5: Tdap (Tetanus, Diphtheria, Pertussis) Vaccination				
Students must provide docum	•	_	e last ten (10) years.	
Received:				
(Documentation must be upload	ed to Complio by Amer	<i>ican Data Bank at</i> http	://www.mdccompliance.com/index.html.)	
SECTION 6: STUDENT'S STATE	MENT			
In order to satisfy medical program requirements, I hereby consent to the release and disclosure of my personal health information provided on the Student Health Record Form to Miami Dade College and any health care facility in which I am assigned for on-site clinical training. I understand that my personal health information is required to facilitate my participation in the clinical training, which is required for program completion. I also hereby release and hold harmless Miami Dade College and receiving health care facilities from any claim of violation of HIPAA or any other medical privacy rights that may arise for the release of my personal health information provided in the Student Health Record Form . Print Name:				
				
Student Signature:			Date:	

		PHYSICAL DEMANDS
The state of the s		h Information Technology and Health Care Informatics Specialist
		st be able to meet the physical demands associated with the profession.
Examples of these requirements inc	lude but ar	e not limited to the following:
Code: F = frequently O = Occasion	nally	NA = Not Applicable
Physical Demands	Code	Comments
Standing	0	Time is spent sitting for entering and analyzing data. Aptitude required
Walking	F	for work of this nature requires body conditions that would not be
Sitting	F	adversely affected by lifting, carrying and balancing of time. Carrying
Lifting (up to 125 pounds)	N/A	and moving of files is frequently required.
Carrying	0	
Pushing	0	
Pulling	0	
Balancing	0	Moving of medical data from one location to another is possible only
Climbing	N/A	through the stooping, kneeling and reaching of the practitioner.
Crouching	0	Electronic data entry is frequently required.
Crawling	N/A	
Stooping	0	
Kneeling	0	
Reaching	0	
Manual Dexterity	F	
Tactile Sensitivity	0	
Talking	F	Responding to physicians, co-workers and health care workers through
Hearing		hearing is necessary in the transmitting of patient information. Sight is
Seeing	F	used to enter, collect and analyze data.
Communicating	F	
•		with the Health Information Technology/Health Care Informatics
Specialist Programs please contact I	Mary Worsi	ey, Program Coordinator at 305-237-4156.)
Limitations:		
·		
SECTION 7: EXAMINER'S STATEMEN	NT	
I have verified that the individual I	have exam	ined is the named individual on this document and that the information
about the test results are correct.	This indiv	ridual can participate in all activities required to provide health care to
	-	emergency setting or any other situation that is part of the learning
•		gram. The student is able to meet THE PHYSICAL DEMANDS that are listed
above. (List any limitations associa	leu with th	is student in the area provided).
MD/DO/PA/ARNP Sign	ature	Date
Office Telephone Numl	oer	 License Number

MDID:

Middle Initial

Name:

Last

First