

**Health Packet Requirements for Division Health and Wellness Nursing Program:
Information Sheet & Check-Off Sheet:**

Physical Exams. are accepted from a physician's office, practitioner's office, or any Walgreen's/CVS Clinic. Walgreen/CVS will also administer **some** immunization. You **must** have your health packet with you at the time of your physical exam. If you have questions concerning Health Requirements, please contact: **Jamesha Amerson** at (440) 366-4178, or at jamerson@lorainccc.edu. Health Packets will be uploaded into ACE MAPP, upon completion of health requirements (instructions attached for upload)

CPR. All Students are required to have an **American Heart Association – Healthcare Provider or BLS CPR Card**. No other CPR Card will be accepted. Classes are offered through LCCC in HPER as Credit or the Division of Health and Wellnesses Sciences as Non-Credit. Please contact **Thomas Sgro** at: **(440) 366-7160** or tsgro@lorainccc.edu for a current schedule of AHA Courses for Non-Credit Courses. Please make sure you do not let your CPR Card lapse. The BLS CPR Card is a clinical requirement.

Background Check. Walk-in fingerprinting services are available: Offered the day of orientation and at the following LCCC Site (Please fill out the attached Form for Background Check and bring a Photo ID to the site). Please call before reporting to site. **Days and times are subject to change.** Contact UPRC at (440) 366-4800 for availability. **Students should not be fingerprinted at any other facilities:**

Friday
9 a.m. to noon
University Partnership Ridge Campus
32121 Lorain Rd., Room 130
N. Ridgeville, OH

Pregnancy Waiver Form. If you are or become pregnant during the time of clinical you must sign a **Pregnancy Waiver Form**. Your physician must also state on your physical exam form that you may participate in clinical without restrictions. If you have any restrictions, if you are restricted from receiving any immunizations due to pregnancy **only**, this form will waive them until the end of your pregnancy. Once your child is delivered, you must have required immunizations for program.

Drug Testing. Forms are given the day of orientation. Testing is done through LabCorp. Locations are provided on the Drug Test Packet. The Forms are located in HS 223. Please pick up a 10 Panel Drug Test Form. Drug Test should be performed every semester. You will be advised of completion of this requirement at the time of orientation. See ADN Student Handbook for additional information.

Flu Shot. Required for all students in Health Sciences and Nursing Programs. Flu Shots are available October-March only. If you are an incoming student in the fall you will not need to show proof of vaccine until the end October (You will be tracked in October). If you are an incoming student in the spring you will need to show proof of vaccine when turning in Health Packet.

Note: If attended an HLWL Program previously please contact Jamesha Amerson at (440) 366-4178. Student's old packet will be reviewed and student will be contacted with updated information to be completed. *YOU MUST KEEP A COPY OF THE HEALTH PACKET FOR YOUR RECORDS*

CHECK-OFF SHEET

Student Use Only

All forms and supporting documents should be loaded into ACEMAPP: Please see continuing pages for loading instructions and what documents are needed for each requirement.

Items Needed:	Complete	
	Yes	No
1. CPR Card – American Heart Association – Healthcare Provider or BLS CPR Card-Load into BLS Space in ACEMAPP		
2. Physical Exam – Complete LCCC Health Exam Form – Load into Lorain CCC Physical Exam Form Space in ACEMAPP –Also Load Medical Waiver along with the Health Exam Form in Same Space		
3. Tetanus/Tdap (Pertussis) – Load Form into the Tdap Space in ACEMAPP		
4. MMR – Load Into MMR Space in ACEMAPP		
5. 1- Step TB – Load into TB Space in ACEMAPP		
6. Hepatitis B – Load into Hepatitis B Space in ACEMAPP		
7. Varicella – Load into Varicella Space in ACEMAPP		
8. Flu Shot – Required October – March Only -		
9. Medical Expense Waiver – Load into ACEMAPP Along with your LCCC Health Exam Form		
10. Statement of Non-Conviction – Load into the Background Check Space. Please Do Not Sign if You Have an Conviction		
<p>11. Background Check – Provided the day or orientation. <i>Walk-in fingerprinting services are available.</i> Please call before reporting to site. Days and times are subject to change. Contact UPRC at (440) 366-4800 for availability. <i>(Please fill out the attached Form for Background Check and bring a Photo ID to the site):</i></p> <p style="text-align: center;"> Friday 9 a.m. to noon University Partnership Ridge Campus 32121 Lorain Rd., Room 130 N. Ridgeville, OH </p>		
12. Drug Test – Forms will be given at Orientation, Forms are also Located in HS 223 Office (MUST BE 10 PANEL DRUG TEST), Load Form in the Lorain CCC Drug Screen Release Form Space.		

IMPORTANT GUIDELINES TO FOLLOW FOR VACCINES

Hepatitis B

- Documentation of anti-HB titers of at least 10mIU/ml must be provided as proof of immunity if previously immunized. If the titer is less than 10mIU/ml, the student needs to be revaccinated with another 2-dose or 3-dose series.
- Unvaccinated students need to complete either a 2-dose series of Heplisav-B at 0 and 1 month or a 3-dose series of either Engerix-B or Recombivax-HB at 0, 1, and 6 months. Students need to submit proof at least one dose prior to clinical

Tdap/Td

- Documentation of a single dose of Tdap vaccination within 10 years of entering the nursing program must be provided. Proof of Td booster must be submitted if Tdap booster expires while in the nursing program.

Varicella

- Documentation of vaccination with 2 doses of varicella vaccination 28 days apart.
- Laboratory evidence of immunity can be submitted if cannot provide proof of vaccination or in the case of unvaccinated individuals who have history of varicella disease.
- History of disease is no longer considered proof of immunity for healthcare workers
- Students without documentation of prior vaccination and without serologic evidence of immunity need to have 2 doses of varicella vaccination 28 days apart. **(HAVE ALL TB TESTING COMPLETED BEFORE VACCINATION)**

Influenza

- Required annually. Period for flu vaccination is determined by clinical agencies each season. This will be communicate to students via email. Incoming fall students will need to provide proof of vaccination by date established. Incoming spring students will need to provide proof of vaccination when turning in all other health requirements.

TB Testing

- Documentation of TB blood test within 1 year of starting program. Will need to provide proof of retesting annually. **OR**
- Documentation of TB skin test within 1 year of starting program. Will need to provide proof of retesting annually.
- If cannot provide proof of TB blood or TB skin test within 1 year of program start date, student must complete the two-step TB skin testing. Once this is completed, the TB blood test or TB skin test can be submitted annually. There is no need for a two-step for annual TB testing.
- Students with latent TB infection (positive reactors without symptoms) must submit a normal chest x-ray result annually in place of TB testing.
- **TB TESTING MUST BE DONE PRIOR TO RECEIVING VARICELA OR MMR VACCINATION**

Measles, Mumps, Rubella

- Measles: Documentation of two doses of live measles vaccine (or MMR) given on or after 12 months of age and separated by at least 28 days.
- Mumps: Documentation of two doses of live mumps vaccine (or MMR) given on or after 12 months of age and separated by at least 28 days.
- Rubella: Documentation of one dose of live rubella vaccine (or MMR) given on or after 12 months of age
- Laboratory evidence of immunity for all three diseases can be submitted if cannot provide proof of vaccination or in the case of unvaccinated individuals who have history of disease.
- Students without documentation of prior vaccination and without serologic evidence of immunity need to have 2 doses of MMR administered 4 weeks apart. **(HAVE TB TESTING COMPLETED PRIOR TO VACCINATION)**
- History of disease is no longer considered proof of immunity for healthcare workers

Free or Low Cost Clinics for Lorain County Residents:

LORAIN COUNTY GENERAL HEALTH DISTRICT
ADULT IMMUNIZATION CLINIC
9880 SOUTH MURRAY RIDGE ROAD, ELYRIA
(440) 322-6367
Please Call for Hours of Operation

ELYRIA CITY HEALTH DEPARTMENT
ADULT IMMUNIZATION CLINIC
202 CHESTNUT STREET, ELYRIA
(440) 323-7595
Please Call for Hours of Operation

1. This is a walk in clinic, no appointment is necessary; we will not administer vaccines any other day or time.
2. Fees are available via phone call – prices are subject to change; we do not take credit cards or debit card; cash, check, Medicaid accepted – bring your Medicaid card with you.
3. IMMUNIZATION RECORDS MUST BE PRESENTED AT THE TIME OF YOUR VISIT
 - a. If you do not have a shot record; ask for one from a parent, your physician; or your high school.
 - b. Having a shot record helps eliminate duplicated vaccination.
4. We do not consider any person immune against a disease unless they have a current vaccination record, or proof of immunity through titers (blood tests).
5. We do not do blood tests to verify immunity; your physician must write an order for that and it has to be drawn at a lab.
6. Timing of vaccination is important for many vaccines and coordination with TB testing – do not wait until school is about to start to contact us for your immunizations.
7. TB testing must be done first if receiving live virus vaccines such as Varicella (chicken pox) and MMR.
8. See reverse for particulars of vaccines you might receive.

Other County Facilities for Physicals & Immunizations:

Mercy Occupational Health
1800 Livingston Ave, Suite B
Lorain, Ohio
(440) 233-1068

-OR-

Mercy Occupational Health
39263 Center Ridge Road
North Ridgeville, Ohio
(440) 366-5577

Open M-F 8:30 a.m. – 5:00 p.m.
Must schedule appointment for physicals (Cost \$55)

HEALTH / PHYSICAL EXAMINATION RECORD-LOAD THE HEALTH EXAM FORM ALONG With THE MEDICAL WAIVER FORM INTO ACEMAPP UNDER Lorain CCC Physical Exam Form Space

STUDENT INFORMATION (To be completed by student)

Name: _____ Student #: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Phone Number (_____) _____ Date of Birth Month: ____ Day ____ Year ____

Program: _____

Term: _____

Physical Examination (To be completed by physician)

Your patient has been accepted into the Health and Wellness Nursing Program at Lorain County Community College. It is important for the College to know if a student's health status would prevent safe clinical performance. If you believe laboratory tests are necessary to evaluate the overall health of the student, do so at your discretion. The student must be able to participate in clinical without restriction.

Please answer each of the following after you have examined or treated the patient.

1. ____ Yes ____ No Is able to meet demands (lifting, standing, etc.) of the Health and Wellness Nursing Program.
2. ____ Yes ____ No Is free of communicable disease.
3. ____ Yes ____ No Is in a state of physical and mental health that would allow safe clinical practice.
4. ____ Yes ____ No Is free from disability or condition that might interfere with attendance and progress in the program.

If any statement is marked NO, Please list and complete the following:

____ Yes ____ No This condition is temporary – DATE of Release: _____

____ Yes ____ No This condition is permanent.

Physician's Name (Please Print)

Date

Physician's Signature

Address (Number and Street)

Telephone Number

City/State

REQUIRED TUBERCULOSIS – One-Step Mantoux: PLEASE LOAD TB RESULTS INTO TB SPACE IN ACEMAPP
 Signatures of the person administering the PPD and of those reading the results must be submitted in spaces provided. Results must be read and documented by qualified personnel from the agency administering the PPD.

Step #1: PPD-5TU

Date Administered	Administered By (Signature Required)	Date Read	Results	Results Read By (Signature Required)
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- Documentation of TB blood test within 1 year of starting program. Will need to provide proof of retesting annually. OR
- If cannot provide proof of TB blood or TB skin test within 1 year of program start date, student must complete the two-step TB skin testing. Once this is completed, the TB blood test or TB skin test can be submitted annually. There is no need for a two-step for annual TB testing.
- Students with latent TB infection (positive reactors without symptoms) must submit a normal chest x-ray result annually in place of TB testing.
- TB TESTING MUST BE DONE PRIOR TO RECEIVING VARICELLA OR MMR VACCINATION

Step #2: PPD-5TU

Date Administered	Administered By (Signature Required)	Date Read	Results	Results Read By (Signature Required)
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CPR Card:

AMERICAN HEART ASSOCIATION HEALTHCARE PROVIDER-BLS CARD: NO OTHER FORM OF CPR CARD WILL BE ACCEPTED

PLEASE LOAD HEALTHCARE PROVIDER-BLS CPR CARD INTO THE BLS SPACE IN ACEMAPP. PLEASE LOAD COPY OF THE FRONT AND BACK OF YOUR CPR CARD INTO ACEMAPP

Classes are offered through LCCC in HPER Division as Credit or the Division of Health and Wellnesses Sciences as Non-Credit. Please contact **Thomas Sgro** at: **(440) 366-7160** or **tsgro@lorainccc.edu** for a current schedule of AHA Courses for Non-Credit Courses. Please make sure you do not let your CPR Card lapse. The BLS CPR Card is a clinical requirement.

REQUIRED IMMUNIZATIONS (Documentation Is Required)

TDAP – Tetanus/diphtheria (Must have been administered within past 10 years): PLEASE LOAD Tdap INTO THE Tetanus, Diphtheria and Pertussis (TDAP) SPACE IN ACEMAPP

MMR – Measles (Rubeola)/Mumps/ Rubella: PLEASE LOAD MMR INTO THE Measles, Mumps & Rubella (MMR) SPACE IN ACEMAPP

- Current MMR(immunized within past 30 days), or
- Two MMR immunizations, or
- Mumps, Rubeola, Rubella IgG titer lab reports indicating immunity (**PLEASE ATTACHED RANGE CHART w/ LAB REPORTS**)

Name: _____ Student #: _____
Last First Middle

REQUIRED IMMUNIZATIONS (Documentation Is Required)

Hepatitis B Series: PLEASE LOAD HEPATITIS B IN THE HEPATITIS B SPACE IN ACEMAPP.

- Documentation of anti-HB titers of at least 10mIU/ml must be provided as proof of immunity if previously immunized. If the titer is less than 10mIU/ml, the student needs to be revaccinated with another 2-dose or 3-dose series.
- Unvaccinated students need to complete either a 2-dose series of HEPISAV-B at 0 and 1 month or a 3-dose series of either ENGERIX-B or RECOMBIVAX-HB at 0, 1, and 6 months. Students need to submit proof at least one dose prior to clinical

Varicella – Chicken Pox: PLEASE LOAD VARICELLA INTO THE VARICELLA SPACE IN ACEMAPP

- Documentation of vaccination with 2 doses of varicella vaccination 28 days apart.
- Laboratory evidence of immunity can be submitted if cannot provide proof of vaccination or in the case of unvaccinated individuals who have history of varicella disease.
- History of disease is no longer considered proof of immunity for healthcare workers
- Students without documentation of prior vaccination and without serologic evidence of immunity need to have 2 doses of varicella vaccination 28 days apart. (HAVE ALL TB TESTING COMPLETED BEFORE VACCINATION)

Flu Shot – REQUIRED Months October through March

- Please Upload Flu Documentation into Annual Influenza Vaccination Space in ACEMAPP

Lorain County Community College
Division of Health and Wellness Sciences

Medical Expense Waiver

Students entering Health and Wellness Sciences Programs need to be aware, by virtue of the clinical nature of the training that they may be exposed to infectious disease processes, injury, and their inherent risks.

Students enrolled in training programs , which involve clinical/practicum experiences, are expected to have their own personal health insurance.

Lorain County Community College and the clinical agency are not responsible for medical expenses related to disease or injury incurred during training programs.

I, the undersigned, understand the above and agree to be responsible for any medical expenses incurred during training at Lorain County Community College or at clinical/practicum sites.

Signature

Student number

Program

Date

Please upload this form into ACEMAPP in the Background Check Space. Note: Please DO NOT sign this form if you have a Conviction. Please do not load any forms into the Background Check Needs More Info Space. Background Needs More Info Space is filled in by LCCC Staff, ONLY if you have a criminal record report on file.

Lorain County Community College
Division of Health & Wellness Sciences

STATEMENT OF NONCONVICTION

The conviction of a crime might prevent a student in an Health & Wellness program from licensure/certification eligibility or employment in a healthcare facility. If you have had past convictions or pleaded guilty to any of the crimes listed below, it is very important that you meet with the Division Director or Program Director to obtain accurate information concerning your specific situation before entering an Health & Wellness Information shared during these meetings will be kept confidential.

Section 5104.09 Prohibitions Against Employment

Homicide

1. R.C. 2903.01 - Aggravated murder
2. R.C. 2903.02 - Murder
3. R.C. 2903.03 - Voluntary manslaughter
4. R.C. 2903.04 - Involuntary manslaughter

Assault

5. R.C. 2903.11 - Felonious assault
6. R.C. 2903.12 - Aggravated assault
7. R.C. 2903.13 - Assault
8. R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

9. R.C. 2903.21 - Aggravated menacing
10. R.C. 2903.22 - Menacing

Patient abuse and neglect

11. R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

12. R.C. 2905.01 - Kidnapping
13. R.C. 2905.02 - Abduction
14. R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
15. R.C. 2905.05 - Criminal child enticement

Sex offenses

16. R.C. 2907.02 - Rape
17. R.C. 2907.03 - Sexual battery
18. R.C. 2907.04 - Corruption of a minor
19. R.C. 2907.05 - Gross sexual imposition
20. R.C. 2907.06 - Sexual harassment
21. R.C. 2907.07 - Importuning
22. R.C. 2907.08 - Voyeurism
23. R.C. 2907.09 - Public indecency
24. R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
25. R.C. 2907.21 - Compelling prostitution
26. R.C. 2907.22 - Promoting prostitution
27. R.C. 2907.23 - Procuring
28. R.C. 2907.25 - Prostitution
29. R.C. 2907.31 - Disseminating matter harmful to juveniles
30. R.C. 2907.32 - Pandering obscenity

31. R.C. 2907.321 - Pandering obscenity involving a minor
32. R.C. 2907.322 - Pandering sexually oriented matter involving a minor
33. R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

34. R.C. 2909.02 - Aggravated arson
35. R.C. 2909.03 - Arson

Robbery and Burglary

36. R.C. 2911.01 - Aggravated robbery
37. R.C. 2911.02 - Robbery
38. R.C. 2911.11 - Aggravated burglary
39. R.C. 2911.12 - Burglary

Offenses against the family

40. R.C. 2919.12 - Unlawful abortion
41. R.C. 2919.22 - Endangering children
42. R.C. 2919.24 - Contributing to delinquency of a child
43. R.C. 2919.25 - Domestic violence

Weapons control

44. R.C. 2923.12 - Carrying a concealed weapon
45. R.C. 2923.13 - Having a weapon while under disability
46. R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school

Drug offenses

47. R.C. 2925.02 - Corrupting another with drugs
48. R.C. 2925.03 - Trafficking in drugs
49. R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
50. R.C. 2925.05 - Funding of drug or marijuana trafficking
51. R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
52. R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

53. R.C. 2905.11 - Extortion
54. R.C. 3716.11 - Placing harmful objects in food or confiction
55. R.C. 2909.04 - Disrupting public services
56. R.C. 2909.05 - Vandalism
57. R.C. 2917.01 - Inciting to violence
58. R.C. 2917.02 - Aggravated riot
59. R.C. 2917.03 - Riot
60. R.C. 2917.31 - Inducing panic
61. R.C. 2921.03 - Intimidation
62. R.C. 2921.34 - Escapes
63. R.C. 2921.35 - Aiding escape or resistance to authority
64. Or an existing or former offense of any municipal corporation, this state, any other state, or the United States that is substantially equivalent to any of these offenses.

Section 109.572 - Additional crimes and codes that could prevent working with the elderly

65. R.C. 2905.12 - Coercion
66. R.C. 2911.13 - Breaking and Entering
67. R.C. 2913.02 - Theft
68. R.C. 2913.03 - Unauthorized use of property, computer, cable, or telecommunication property or services
69. R.C. 2913.11 - Passing bad checks
70. R.C. 2913.21 - Misuse of credit cards
71. R.C. 2913.31 - Forgery, identification card offenses
72. R.C. 2913.40 - Medical fraud
73. R.C. 2913.43 - Securing writings by deception
74. R.C. 2913.47 - Insurance fraud
75. R.C. 2913.51 - Receiving stolen property
76. R.C. 2921.36 - Illegal conveyance of weapons or prohibited items onto grounds of detention facility/institution
77. R.C. 2925.13 - Permitting drug abuse
78. R.C. 2925.22 - Deception to obtain a dangerous drug
79. R.C. 2925.23 - Illegal possession of drug documents

By signing the statement below, you are attesting that you have NOT been convicted or pleaded guilty to these crimes. (If you cannot sign this form, make an appointment with the division director or appropriate program director.)

I, (please print) _____, hereby attest that I have never been convicted of a felony or convicted or pleaded guilty to the above-listed crimes or other crimes of violence.

Signature:	Date:
Street Address:	
City, State, and Zip Code:	

Lorain County Community College
Division of Health and Wellness Sciences

Pregnancy Waiver

I, _____

Student Name	Student Number
_____	_____
Name of Program	Expected Due Date

am aware, by virtue of the clinical/laboratory nature of the training, that I may be exposed to infectious disease processes, injury, and their inherent risks.

I acknowledge that I am currently pregnant. However, I choose to continue clinical practice without restrictions and take full responsibility for any negative consequences.

I release the Division of Health and Wellness Sciences and Lorain County Community College and individuals connected therewith from all liability in connection with my clinical practice and pregnancy.

I understand the above and agree to be responsible for any medical expenses incurred during training at Lorain County Community College or at clinical/practicum sites.

_____ Student Signature	_____ Date
_____	_____
Witness Signature	Date