

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. If you have questions concerning Health Requirements, please contact: **Jamesha Amerson** at (440) 366-4178, or at jamerson@lorainccc.edu.

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		
3. Tetanus/Tdap (Pertussis) – Load Form into the Tdap Space in ACEMAPP		
4. MMR – Load Into MMR Space in ACEMAPP		
5. 2- 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 in the Medical Waiver Form Space		
10. Statement of Non-Conviction – Load into the Background Check Space. Please Do Not Sign if You Have an Conviction		
<p>11. Background Check – Offered at the following LCCC Site (Please bring a Photo ID to the site). Currently, all background checks are by appointment only. A link will be sent to your student email to schedule your day and time.</p> <p style="text-align: center;">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), Complete the Release 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 Hepsivax-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 communicated 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 VARICELLA 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.**

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 ATTACH 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 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

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 under the Statement of Non-Conviction 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 in ACEMAPP. 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 a Health & Wellness program from licensure/certification eligibility or employment in a healthcare facility. If you have had the 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 career program. Any information shared during these meetings will be kept confidential.

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. 2903.15 - Permitting child abuse
10. R.C. 2903.21 - Aggravated menacing
11. R.C. 2903.211 - Menacing by stalking
12. R.C. 2903.22 - Menacing

Patient abuse and neglect

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

Kidnapping and related issues

14. R.C. 2905.01 - Kidnapping
15. R.C. 2905.02 - Abduction
16. R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
17. R.C. 2905.05 - Criminal child enticement
18. R.C. 2905.32 - Trafficking in persons

Sex offenses

19. R.C. 2907.02 - Rape
20. R.C. 2907.03 - Sexual battery
21. R.C. 2907.04 - Corruption of a minor
22. R.C. 2907.05 - Gross sexual imposition
23. R.C. 2907.06 - Sexual imposition
24. R.C. 2907.07 - Importuning
25. R.C. 2907.08 - Voyeurism
26. R.C. 2907.09 - Public indecency
27. R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
28. R.C. 2907.19 - Commercial sexual exploitation of a minor
29. R.C. 2907.21 - Compelling prostitution
30. R.C. 2907.22 - Promoting prostitution
31. R.C. 2907.23 - Procuring
32. R.C. 2907.24 - Soliciting - after positive HIV test driver's license suspension
33. R.C. 2907.25 - Prostitution
34. R.C. 2907.31 - Disseminating matter harmful to juveniles
35. R.C. 2907.32 - Pandering obscenity
36. R.C. 2907.321 - Pandering obscenity involving a minor
37. R.C. 2907.322 - Pandering sexually oriented matter involving a minor

38. R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

39. R.C. 2909.02 - Aggravated arson
40. R.C. 2909.22 - Soliciting or providing support for act of terrorism
41. R.C. 2909.23 - Making terroristic threat
42. R.C. 2909.24 - Terrorism
43. R.C. 2909.03 - Arson

Robbery and Burglary

44. R.C. 2911.01 - Aggravated robbery
45. R.C. 2911.02 - Robbery
46. R.C. 2911.11 - Aggravated burglary
47. R.C. 2911.12 - Burglary

Theft and Fraud

48. R.C. 2913.02 - Theft; aggravated theft
49. R.C. 2913.03 - Unauthorized use of a vehicle
50. R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
51. R.C. 2923.02 - Attempt
52. R.C. 2913.041 - Possession or sale of unauthorized cable television device
53. R.C. 2913.05 - Telecommunications fraud
54. R.C. 2913.06 - Unlawful use of telecommunications
55. R.C. 2913.11 - Passing bad checks
56. R.C. 2913.21 - Misuse of credit cards
57. R.C. 2913.31 - Forgery; identification card
58. R.C. 2913.32 - Criminal simulation
59. R.C. 2913.33 - Making or using slugs
60. R.C. 2913.34 - Trademark Counterfeiting
61. R.C. 2913.40 - Medicaid fraud
62. R.C. 2913.41 - Prima facie evidence of purpose to defraud
63. R.C. 2913.42 - Tampering with records
64. R.C. 2913.43 - Securing writings by deception
65. R.C. 2913.44 - Personating an officer
66. R.C. 2913.441 - Law Enforcement emblem display
67. R.C. 2913.45 - Defrauding creditors
68. R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
69. R.C. 2913.47 - Insurance fraud
70. R.C. 2913.48 - Worker's compensation fraud
71. R.C. 2913.49 - Identity fraud

Offenses against the family

72. R.C. 2919.12 - Unlawful abortion
73. R.C. 2919.22 - Endangering children
74. R.C. 2919.224 - Misrepresentation relating to provision of child care
75. R.C. 2919.225 - Disclosure and notice regarding death or injury of child in facility
76. R.C. 2919.23 - Interference with custody

77. R.C. 2919.24 - Contributing to unruliness or delinquency of a child

78. R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

79. R.C. 2921.11 - Perjury
80. R.C. 2921.13 - Falsification
81. R.C. 2921.14 - Making or causing false report of child abuse or neglect

Weapons control

82. R.C. 2923.12 - Carrying a concealed weapon
83. R.C. 2923.13 - Having a weapon while under disability
84. R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
85. R.C. 2923.01 - Conspiracy
86. R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A)(5)
87. R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A)(5)

Drug offenses

88. R.C. 2925.02 - Corrupting another with drugs
89. R.C. 2925.03 - Trafficking in drugs
90. R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
91. R.C. 2925.05 - Funding of drug or marijuana trafficking
92. R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
93. R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

94. R.C. 959.13 - Cruelty to animals
95. R.C. 2151.421 - Reporting child abuse or neglect
96. R.C. 2905.11 - Extortion
97. R.C. 3716.11 - Placing harmful objects in food or confection
98. R.C. 2909.04 - Disrupting public services
99. R.C. 2909.05 - Vandalism
100. R.C. 2917.01 - Inciting to violence
101. R.C. 2917.02 - Aggravated riot
102. R.C. 2917.03 - Riot
103. R.C. 2917.31 - Inducing panic
104. R.C. 2921.03 - Intimidation
105. R.C. 2921.34 - Escape
106. R.C. 2921.35 - Aiding escape or resistance to authority
107. R.C. 2927.12 - Ethnic intimidation
108. R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

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: _____