

WITCC Clinical Health Evaluation



Student Complete:

Name: _____
Last Name (Please Print) First Name Middle Initial

Student ID: _____ Date of Birth: _____

E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete the Following:

Immunizations: Electronic Proof of Student's Vaccination Record is Required, or Equivalent Titres.

*Titre results must prove immunity and include numerical value – not just “positive, negative, or immune”.

- **MMR** – Completed series (2 vaccinations) or titre
- **Tdap** – Vaccination within the last 10 years
- **Varicella** – Completed series (2 vaccinations) or titre
- **Hep B** – Completed series (3 vaccinations), titre, or signed Declination to Accept form
- **Influenza** – Seasonal vaccination due October thru April annually
- **Tuberculosis** – Completed initial 2 Step Skin Test, QuantiFERON, or for past positive test – documentation of a Chest X-Ray or treatment received is required.

#1 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

#2 TB Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given date/time: _____ Signature: _____

Read date/time: _____ PPD result (state reaction in mm): _____ Professional Signature: _____

OR Proof of a negative QuantiFERON test **OR** Chest X-ray (Provide these documents separately)

Core Performance Standards:

Please refer to the attached **Iowa Core Performance Standards for Health Career Programs** and indicate if the above named student may have difficulty meeting any of the standards outlined.

At this time, this individual is capable of meeting the performance standards:

_____ Agree

_____ Disagree. The following limitations are present: _____

_____ Additional evaluation suggested: _____

Questions:

1 - **Have recommendations for limited physical activity been made?** Yes No

If “Yes”, for how long and why? _____

2 - **Do you recommend this individual for full participation in clinical?** Yes No

If “No,” please comment: _____

3 - **Date of Last Physical Exam:** _____ (current upon program entry or as needed by program)
mm/dd/yyyy

Health Care Provider Name (please print): _____

Health Care Provider Signature (MD, DO, ARNP, PA): _____ Date: _____

Address: _____ Phone #: _____

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> • Identify changes in patient/client health status • Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> • Identify cause-effect relationships in clinical situations • Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> • Establish rapport with patients/clients and members of the healthcare team • Demonstrate a high level of patience and respect • Respond to a variety of behaviors (anger, fear, hostility) in a calm manner • Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> • Read, understand, write and speak English competently • Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods • Explain treatment procedures • Initiate health teaching • Document patient/client responses • Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> • Retrieve and document patient information using a variety of methods • Employ communication technologies to coordinate confidential patient care
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> • The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> • Position patients/clients • Reach, manipulate, and operate equipment, instruments and supplies • Electronic documentation/keyboarding • Lift, carry, push and pull • Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> • Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> • Observes patient/client responses • Discriminates color changes • Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> • Performs palpation • Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> • Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> • Adapt to rotating shifts • Work with chemicals and detergents • Tolerate exposure to fumes and odors • Work in areas that are close and crowded • Work in areas of potential physical violence • Work with patients with communicable diseases or conditions

WITCC Clinical Health Evaluation Information

Student completes all personal information and signs on the top of the WITCC Clinical Health Evaluation.

Healthcare provider completes the portion under “*Health Care Provider Completes The Following:*” This part of the WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician’s assistant - ***No other forms will be accepted.***

Measles/Mumps/Rubella (MMR) – You will need to provide one of the following:

- two vaccination dates
- positive titre for measles, positive titre for mumps and a positive titre for rubella

Tetanus/Diphtheria/Pertussis (Tdap) – A Tdap is current for 10 years.

Varicella (Chickenpox) – You will need to provide one of the following:

- two vaccination dates
- positive titre

Hepatitis B (Hep B) – You will need to provide one of the following:

- vaccination dates
- positive titre
- signed decline form, which will be approved or declined by affiliate

Influenza (Flu):

- Required to be uploaded during flu season, October through April (optional for Dental Assisting students)

Tuberculosis - All students must complete baseline TB screening upon entrance to program, prior to the start of clinical.

- **Baseline TB Screening consists of:** Testing using the two-step TB Skin Test (TST) or single IGRA (QuantiFERON or T-Spot test) blood test. *Note: the blood test is required if you may have received BCG (Bacillus Calmette-Guérin) vaccine in the past.*
 - If the first TST is negative, the second is recommended at least one week after the first was read, but cannot exceed 12 months following the first test being read. *Note: Step 1 and Step 2 must both be completed prior to the start of clinical.*
 - For a NEW positive, medical evaluation with a healthcare provider is required. For history of a positive TB test: chest X-Ray dated after the positive test, and proof of treatment (if applicable) should be provided.
- A TB Symptom Eval is **required of all students** annually. This includes students with negative baseline TB screening, as well as those with history of positive test.
- Failure to adhere to TB requirements would prevent you from attending clinical/preceptor, therefore inability to complete program.

*Note: COVID vaccination is not required. However, vaccination status information could be requested by program coordinator for specific clinical sites.

Students: Please upload completed health forms to the electronic health tracking compliance system.

