WITCC Clinical Health Evaluation

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 Vaccination Record Required.

MMR #1:	MMR #2:	
Measles titre results:	Mumps titre results:	Rubella titre results:
Tetanus/Diphtheria/Pertusis (Tdap)	Date Given:	
Hepatitis B #1: #2: #3:		Hepatitis B *titre results:
Chickenpox #1: #2:		Chickenpox *titre results:

*Titre results must include numerical value – not just "positive, negative, immune".

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____

PPD result (state reaction in mm): _____ Professional Signature: _____

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____

PPD result (state reaction in mm): _____ Professional Signature: _____

OR Results of a negative QuantiFERON test: _____ **OR** Chest X-ray Date: _____ Chest X-ray Results: _____

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.	• 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.	• 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.	• 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.	• 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.	• 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.	• 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	• 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	• Hears monitor alarms, emergency signals, ausculatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	• 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	• 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	• Move quickly and/or continuously • Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	• 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

Reviewed and Approved April 2018

Student Information
Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

Health Care Provider Completes The Following:
This part of your 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.**

Flu:
- Required to be uploaded during flu season, September through March (optional for Dental Assisting students)

Covid-19 – May be required by clinical affiliates. You will need to provide one of the following:
- vaccination dates
- signed decline form, which will be approved or declined by affiliate

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/Pertusis (Tdap) – A Tdap is current for 10 years.

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

Tuberculosis – You will need to provide one of the following:
- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST, as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron

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