CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM (CT-CCNP)
Capital Community College, Gateway Community College,
Naugatuck Valley Community College, Northwestern Connecticut Community College,
Norwalk Community College, Three Rivers Community College

Three Rivers Community College
574 New London Turnpike
Norwich, CT 06360

HEALTH ASSESSMENT FORM
for
Students participating in Clinical Activities

COMPLETED FORM IS DUE ON OR BEFORE:

July 1, 2018 for fall students
December 1, 2018 for spring students

All requirements are to be submitted through
Castlebranch.com
A confidential document tracking system
Specific instructions to follow

Three Rivers Community College / Division of Nursing & Allied Health

Student Name: _____ Date of Birth: ___/____/____ Date of Physical Exam: _____
Banner ID@_____ Phone: 1)_____2)_____
Emergency Contact Name_____ Phone: 1)_____ 2)_____

TO THE EXAMINING PHYSICIAN / HEALTH CARE PROVIDER (HCP):
Based on my health assessment and physical exam:
□ Student **DENIES** Latex Allergy □ Student **CONFIRMS** Latex Allergy

Student is clear to participate in clinical courses **with no restrictions^**.

□ *yes*   □ *no**   *If no, please explain the nature of the restrictions/limitations related to the delivery of patient care:

_____
^See Technical Standards, a sample of abilities & characteristics needed to complete program requirements, attached.

IMMUNIZATION RECORD
Refer to the CDC *Healthcare Personnel Vaccination Recommendations* at http://www.immunize.org/catg.d/p2017.pdf

REQUIRED TITERS MUST BE POSITIVE PER LABORATORY STANDARD and MUST ACCOMPANY THIS FORM

If not immune, immunization series may need to be administered and a second titer may be required.

1. **MMR: MEASLES (RUBEOLA), MUMPS & RUBELLA (GERMAN MEASLES),** *see https://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf*

   Evidence of vaccination per the schedule below on or after first birthday:
   Dose 1: _____/_____/_____ Dose 2: _____/_____/_____ (4 weeks after Dose 1)
   OR
   Titer results (attached): _____POSITIVE_____NEGATIVE   (Qualitative or Quantitative titer, laboratory report attached)

   > *For HCP born before 1957 see http://www.immunize.org/catg.d/p2017.pdf*

2. **VARICELLA** (CHICKEN POX)

   □ History of Disease, Date: _____/_____/_____   Note: documentation must be provided by a healthcare provider

   OR

   Titer results (attached): _____POSITIVE_____NEGATIVE   (Qualitative or Quantitative titer, laboratory report must be attached)

   OR

   Dose 1: _____/_____/_____   Dose 2: _____/_____/_____(at least 28 days apart)
   Booster: _____/_____/_____ (if needed)

3. **TETANUS/DIPHTHERIA/PERTUSSIS** (**Tdap**) see https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

   Tdap Dose: _____/_____/_____ (within last 10 years)
   OR
   Td (Tdap) Booster: _____/_____/_____ (if Tdap was > 10 years ago)

4. **HEPATITIS B:** *Quantitative titer is required following vaccination series:*

   Titer results (attached): _____POSITIVE (anti-HBs >_ 10 mIU/ml) _____NEGATIVE   (at least 2 months after final dose)

   OR   vaccination with a 2-dose series of Heplisav-B OR a 3-dose series of Engerix-B or Recombivax HB, followed by a titer

   Dose 1: _____/_____/_____
   Dose 2: _____/_____/_____ (~1 month later)
   Dose 3: _____/_____/_____ (~ 5 months later) for Engerix-B or Recombivax HB only

   > *For Hep B Non-responders see http://www.immunize.org/catg.d/p2017.pdf*

ANNUAL IMMUNIZATION REQUIREMENTS:

1. **Tuberculosis Testing** is required every year, options as below:
   TB Skin Test (TST): **INITIAL TST MUST be a two-step test** #1 Date Given: _____Date Read:____ **Result** ___negative___positive
   #2 Date Given: _____Date Read:____ **Result** ___negative___positive

   OR   TB Blood Test (IGRA, i.e. Quantiferon)   Date of Blood Draw:_____Results (attached):_____

   OR
   If either test is positive a chest x-ray required   Date of X-Ray: _____Result: normal   abnormal

2. **Influenza (Flu) Vaccination** is required each year, contact your college for the due date

_____   _____   _____   _____
Healthcare Provider Print Name   **Healthcare Provider Signature**   **DEA Number**   **DATE**

Address:_____**Telephone** (   )_____

Technical Standards

The *CT-CCNP Technical Standards* reflect a sample of performance abilities and characteristics necessary to successfully complete the requirements of the nursing program; these standards are not admission requirements. The student is responsible for notifying the nursing director and the *Disability Services Coordinator* of conditions that may impact the student's ability to meet the *Technical Standards*.

Requirements	Standards	Examples
Acquiring fundamental knowledge	1. Ability to learn in classroom and educational settings 2. Ability to find sources of knowledge and acquire the knowledge 3. Ability to be a life-long learner 4. Novel and adaptive thinking	• Acquire, conceptualize and use evidence-based information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through online coursework, lecture, group seminar, small group activities and physical demonstrations • Develop health care solutions and responses beyond that which is rote or rule-based
Developing communication skills	1. Communication abilities for sensitive and effective interactions with patients (persons, families and/or communities) 2. Communication abilities for effective interaction with the health care team (patients, their supports, other professional and non-professional team members 3. Sense-making of information gathered from communication 4. Social intelligence	• Accurately elicit or interpret information: medical history and other info to adequately and effectively evaluate a client or patient's condition • Accurately convey information and interpretation of information using one or more means of communication (verbal, written, assisted (such as TTY) and/or electronic) to patients and the health care team • Effectively communicate in teams • Determine a deeper meaning or significance in what is being expressed • Connect with others to sense and stimulate reactions and desired interactions

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Requirements	Standards	Examples
Interpreting data	1. Ability to observe patient conditions and responses to health and illness 2. Ability to assess and monitor health needs 3. Computational thinking 4. Cognitive load management	• Obtain and interpret information from assessment maneuvers such as assessing respiratory and cardiac function, blood pressure, blood sugar, neurological status, etc. • Obtain and interpret information from diagnostic representations of physiologic phenomena during a comprehensive assessment of patients • Obtain and interpret information from assessment of patient's environment and responses to health across the continuum • Obtain and interpret for evaluation information about responses to nursing action • Translate data into abstract concepts and to understand data-based reasoning
Integrating knowledge to establish clinical judgment	1. Critical thinking, problem-solving and decision making ability needed to care for persons, families and/or communities across the health continuum and within (or managing or improving) their environments – in one or more environments of care 2. Intellectual and conceptual abilities to accomplish the essential of the nursing program (i.e. CT-CCNP Student Learning Outcomes & Competencies) 3. New-media literacy 4. Transdisciplinarity 5. Design mindset	• Accomplish, direct or interpret assessment of persons, families and/or communities and develop, implement and evaluate of plans of care or direct the development, implementation and evaluation of care • Critically assess and develop content that uses new media forms, and to leverage these media for persuasive communication • Literacy in and ability to understand concepts across disciplines • Represent and develop tasks and work processes for desired outcomes

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Requirements	Standards	Examples
Incorporating appropriate professional attitudes and behaviors into nursing practice	1. Concern for others, integrity, ethical conduct, accountability, interest and motivation 2. Acquire Interpersonal skills for professional interactions with a diverse population of individuals, families and communities 3. Acquire Interpersonal skills for professional interactions with members of the health care team including patients, their supports, other health care professionals and team members 4. Acquire the skills necessary for promoting change for necessary quality health care 5. Cross-cultural competency 6. Virtual collaboration	• Maintain effective, mature, and sensitive relationships with clients/patients, students, faculty, staff and other professionals under all circumstances • Make proper judgments regarding safe and quality care • Function effectively under stress and adapt to changing environments inherent in clinical practice • Demonstrate professional role in interactions with patients, intra and inter professional teams • Operate in different cultural settings (including disability culture) • Work productively, drive engagement, and demonstrate presence as a member of a virtual team

The *CT-CCNP Technical Standards* have been adapted from Marks, B., & Ailey, S. A. (2014) *White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs.* Sacramento, CA: California Committee on Employment of People with Disabilities (CCEPD).

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Student Statement of Responsibility

I understand that I must submit a completed Health Assessment form prior to participation in any clinical experiences.

I am aware that if my health status should change in a way that would impact my ability to perform in the nursing program, I must notify the Director/Administrator of the program immediately. The need for additional clearance will be determined at that time.

_____
Student Name (Please Print)

_____   _____
Student Signature   Date