

# Kirkwood Community College

## Health Science/Paramedic/Phlebotomy Health Evaluation Requirements

As a provider of care, students have a legal and ethical responsibility to make certain their health status does not jeopardize the quality of patient care. For this reason, the following will be required of students in the Health Science and the Continuing Education Paramedic and Phlebotomy programs **prior** to clinical participation. All forms may be found in the Campus Health office or on the Campus Health website at [www.kirkwood.edu/campushealth](http://www.kirkwood.edu/campushealth).

1. **Health Physical:** A physical must be completed within one year of starting any Health Science program, the Paramedic program or the Phlebotomy program (form attached).
2. **Immunization Requirements:** Students must show **official documentation** in the form of a physician signature, clinic stamp, or state public health record of the following:
  - **Hepatitis B:**
    - The hepatitis B three part series is required of all health science students, **EXCEPT HIT**, unless there is a physician signed medical waiver.
    - Dose 1 must be given prior to clinical participation; dose 2 is required 4 weeks after dose 1, dose 3 is required 5 months after dose 2.
  - **MMR:**
    - Proof of two Rubeola (Measles) immunizations for those born during or after 1957; proof of one for those born prior to 1957.
    - Proof of two Mumps immunizations for those born during or after 1957; proof of one for those born prior to 1957.
    - Proof of one Rubella (German Measles) immunization for all students.
    - **NOTE: IF YOU NEED TWO MMR'S PLEASE ALLOW FOR A MINIMUM OF 28 DAYS BETWEEN THE DOSES.**
  - **Tetanus:** Proof of one dose of tetanus is necessary every 10 years.
  - **Varicella:** Students must present with a reliable history of having chicken pox or official documentation of having completed two doses of the vaccination.

**NOTE: LAB RESULTS WITH TITERS DEMONSTRATING IMMUNITY WILL BE ACCEPTED IN PLACE OF ANY OF THE ABOVE IMMUNIZATIONS.**

3. **Two-step and/or Annual TB testing:**
  - An initial two-step test (two separate TB tests placed and read 1-3 weeks apart) is required of all students prior to clinical participation.
  - After the initial two-step, an annual TB test will be required.
  - Campus Health will place TB tests for \$5.00 each or accept signed results from outside facilities.
  - Individuals who have a positive TB result must show proof of a negative chest x-ray; an annual questionnaire will be required in place of future TB tests.
4. **Privacy and Confidentiality Statement:** Must be read and signed prior to clinical participation (form attached).

**IMPORTANT: YOU WILL NOT BE PERMITTED TO ENTER A CLINICAL AGENCY UNTIL ALL REQUIREMENTS ARE MET AND APPROVED. NO EXCEPTIONS!**

Please note that further periodic evaluations or tests may be required if indicated or if exposure to an infectious patient occurs. In addition, any change in health status must be reported to the Campus Health Director at 319-398-5588; a Healthcare Practitioner's statement may be required before a student returns to clinical participation. All records will be kept on file at the Campus Health office and the Program Director will be notified of the complete or incomplete status of your health evaluation.

# General Health Physical

(to be completed by the Healthcare Practitioner)

Name \_\_\_\_\_ DOB \_\_\_\_\_ KCC ID # \_\_\_\_\_

Allergies (drug, latex, environmental, food): \_\_\_\_\_

\* Students with a latex allergy must meet with the Kirkwood Campus Nurse before attending class, call to schedule an appointment.\*

HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_

Eye Exam (Snellen Chart) Rt. \_\_\_\_\_ Lt. \_\_\_\_\_ Glasses / Contacts (circle one if exam with corrected vision)  
(Full eye exam is NOT necessary.)

Are there abnormalities of any of the following:

<b>Head, ears, nose, throat</b> Yes No  Assistive Hearing Device? Yes No	<b>Eyes, visual acuity</b> Yes No	<b>Upper Respiratory</b> Yes No	<b>Lungs</b> Yes No	<b>Cardiovascular</b> Yes No  BP: _____	<b>Gastrointestinal/rectal</b> Yes No
<b>Hernia</b> Yes No	<b>Genitourinary/Pelvic</b> Yes No	<b>Musculoskeletal</b> Yes No	<b>Metabolic/endocrine</b> Yes No	<b>Neuro</b> Yes No	<b>Skin</b> Yes No

Current or history of the following illnesses, if yes please comment:

- Rheumatic Fever \_\_\_\_\_
- Hepatitis \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Kidney / Urinary condition \_\_\_\_\_
- Epilepsy / Seizures \_\_\_\_\_
- Seizure-free for 6 months? Yes / No Date of last seizure: \_\_\_\_\_
- Heart Disorder/Attack/Disease \_\_\_\_\_
- Tuberculosis / Asthma / other respiratory disorder or disease \_\_\_\_\_
- Varicosities \_\_\_\_\_
- Mental Illness / Condition (diagnosed) \_\_\_\_\_
- Abnormal Menstrual History / Pap / Pelvic \_\_\_\_\_
- Skeletal injury or condition \_\_\_\_\_
- Chicken pox disease as a child? Yes / No (Circle one)
- Other current medical condition: \_\_\_\_\_

Please list current prescription and frequent use over-the-counter medications: \_\_\_\_\_  
Please list surgery types / years: \_\_\_\_\_

Do you have any recommendations, precautions, or limitations for this student in his/her role in patient contact?  Yes  No  
If yes, please comment \_\_\_\_\_

Based on your findings, should this student be restricted from patient contact?  Yes  No

**VERIFICATION:**

**Your signature below indicates that this student is able to participate in the Health Science program at Kirkwood Community College.**

Healthcare Practitioner's signature \_\_\_\_\_ Print last name: \_\_\_\_\_

Clinic / Office Name and Location \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Student's name \_\_\_\_\_

Kirkwood ID # \_\_\_\_\_

**Student Health Record**  
**Privacy and Confidentiality Statement**  
**and**  
**Illness and Injury Reporting and Treatment Policy Statement.**

Maintenance of Student Health Records

All student health information is retained by Campus Health and maintained by the Campus Health Director. Student health records are kept in locked cabinets and in a locked office. These records will be maintained on file for 10 years after a student graduates from Kirkwood Community College.

Access to Student Health Records

Access to student health information is granted only to Campus Health staff, including student workers and student nurses, for the maintenance and compliance of immunization, TB test and health physical requirements. Limited health information, for the purpose of compliance with clinical rotation participation, is granted to Health Science, EMS / Paramedic, Phlebotomy and CNA Department coordinators and Computer Systems management for record / audit management. Requests for release of immunization and TB test information for job or clinical placement will be granted with verbal verification of 2 forms of identification (i.e. KCC ID # and DOB).

Student health records, including immunization and TB test records, are released to persons other than the student and those listed above **only with written consent.**

*Exceptions will be made to release student health information only when a student is a threat to themselves or others or in medical emergencies. In case of a medical emergency, including Bloodborne Pathogen exposures, medical information will be released to health professionals who will continue the treatment of a student.*

Protected Health Information

Health information protected by state and / or federal law, regarding Substance Abuse, Mental Health and HIV / AIDS related information is not released without specific, written authorization. This written authorization form can be obtained at Campus Health as needed.

Injury and Illness Reporting and Treatment Policy

Your signature below indicates that you have read and understand the policy on page 2 this form. ALL non-emergent care for injuries at clinical sites must be provided by St. Luke's Work Well Clinic to be eligible for payment by Kirkwood Community College. Please read the policy.

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My signature below indicates that I have read and understand the Student Health Record Privacy and Confidentiality Statement and Injury and Illness Reporting and Treatment Policy. I have had an opportunity to have my questions answered.

\_\_\_\_\_ Student's signature

\_\_\_\_\_ Date

The following **Illness and Injury Treatment and Insurance Claims Reporting Policy and Procedure** is applicable to all Kirkwood Community College students participating in clinical programs.

## **I. Treatment and Reporting Procedure and Requirements**

- A. Any Kirkwood student in a clinical setting, having knowledge of an incident, should report the incident **immediately** to their clinical instructor.
- B. **Non-Emergency and Non-Urgent Illness / Injury Incidents**  
These incidents include those where an appointment is required and there is not an obvious concern of the threat of loss of life or limb if care is not urgently or emergently provided. Some examples of these incidents include minor sprains, strains, minor back pain, minor burns, and **follow-up appointments for blood borne pathogen exposures**.
- If the incident occurred on main campus, the employee or student should report to Campus Health for evaluation by the Campus Health Director and completion of the required documentation (letter “D” below). The incident needs to be reported within 24 hours (or the next business day).
  - After evaluation, the Campus Health Director and student will complete a Kirkwood Illness and Injury Report form. One copy of this form will remain in Campus Health office in the student medical file. A second copy of this form will be sent to the Insurance Program Manager in Kirkwood Business Services within 24 hours (or the next business day). The student can also be given a copy upon request.
  - **All non-emergency or non-urgent healthcare evaluations related to the incident must be scheduled at St. Luke’s Corporate Health / Work Well Clinic located at 830 1<sup>st</sup> Ave NE, 319-369-8153. Failure to use St. Luke’s Corporate Health/ Work Well Clinic may result in loss of benefits for payment of services.**
  - If off-campus (clinical sites, outreach centers), the Kirkwood Illness and Injury Report form (available @ <http://www.kirkwood.edu/campushealth>) should be completed and sent to Campus Health (132 Iowa Hall, Main Campus) within 24 hours of the incident and a phone call to report the incident to Campus Health should be made within 24 hours. All non-emergency / non-urgent healthcare evaluations related to the injury **must** be scheduled at **St. Luke’s Corporate Health/ Work Well Clinic** located at 830 1<sup>st</sup>. Ave NE, 319-369-8153. **Failure to use St. Luke’s Corporate Health/ Work Well Clinic may result in loss of benefits for payment of services.**
- C. **Urgent and Emergency Medical Care Incidents**  
These include incidents where there is a concern of the loss of life or limb. Some examples would include suspected heart conditions, severe back injury with neurological changes or severe pain, or a laceration needing stitches, blood borne pathogen exposures.
- In the Cedar Rapids / metro area, the designated emergency department is St. Luke’s Emergency Department located at 1026 A. Ave NE, Cedar Rapids, 319-369-7105.
  - At the outreach centers and clinical sites, a St. Luke’s or Iowa Health Systems medical facility is preferred, but the **nearest** facility should be used for a true emergency. The student should be triaged as if they were an employee of that facility.
- D. When a health insurance claim is received, an investigation will commence to determine the type of claim, severity of the incident, and the identification of the people and / or property involved.
- E. All students should submit all bills and / or receipts of medical services or care as a result of the incident to the Kirkwood Insurance Program Manager, 219 KH, Main Campus.
- F. The student should notify the Kirkwood Insurance Program Manager of any claim they feel is not being resolved either as quickly as it should or in the manner they feel it should.
- G. Kirkwood students will be responsible for all costs deemed not covered by Kirkwood Community College after the claim has been adjusted and payment has been authorized.

**Kirkwood students may be held responsible for all costs of non-emergency or non-urgent healthcare services related to a clinical injury or illness not provided by St. Luke’s Corporate Health / Work Well Clinic.**