Elgin Community College
Bright Choice. Bright Future.

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Health Professions - Personal Medical History Form

Last Name:		**First Name:**		**MI:**	
Address:					
City:		**State:**		**Zip Code:**	
Social Security #:		**Student ID:**		**Date of Birth:**	
Phone Number:					

Indicate Program of study:	**BNA**	**CLT**	**CT**	**DEA**	**EMT-P**	**HST**	**MAM**	**MR**	**NUR**	**PBT**	**PTA**	**RAD**	**SGT**

TB Clearance

A 2-step skin test or a record of a positive skin test and a negative chest x-ray within the last 6 months is REQUIRED.

The 2-step skin test is described below:
Step 1: 1st injection given; have results read 48-72 hours later
Step 2: 2nd injection given in the other arm (this must occur 7 to 21 days after the 1st test results are read); have results read 48-72 hours later

*The TB test should not be given within 4-6 weeks of receiving the MMR vaccine since it may suppress the tuberculin reactivity. The result of each TB test is to be read and documented by a qualified healthcare professional.
*Note: If you have previously completed a 2 step TB test and yearly TB updates for employment purposes, you may submit documentation of all test results to satisfy TB clearance.

TB Testing (PPD/Mantoux) Once admitted students are responsible for submitting annual one step TB results to the Health Professions office, A106.								
PPD #1 Result:		Date: (mm/dd/yy)		OR	Quantiferon Result: (mm/dd/yy)		Date: mm/dd/yy	
PPD #2 Result:		Date: (mm/dd/yy)			Chest X-Ray Result: (mm/dd/yy)		Date: mm/dd/yy	

Measles, Mumps, Rubella, and Varicella

IgG titers** are ***REQUIRED for Rubeola (Measles), Mumps, Rubella, and Varicella (Chicken Pox). ****IgG titer lab results must be attached to this document before submission to the Health Professions office.***
*Students with **equivocal** IgG titer results for Rubeola, Mumps, Rubella, or Varicella are **REQUIRED** to obtain a single booster.
*Students with **negative (non-immune) IgG** titer results for Rubeola, Mumps, Rubella, and Varicella are **REQUIRED** to complete the full immunization series.
*Students receiving the MMR vaccine must obtain the second dose at least 28 days after the first dose.
*Students receiving the Varicella vaccine must obtain the second dose at least 4-8 weeks after the first dose.

IgG Titer Results REQUIRED of ALL students.		
	IgG titer date (mm/dd/yy)	Status
Rubeola:		
Mumps:		
Rubella:		
Varicella:		

Immunizations required only if non-immune proven in IgG titer.		
	MMR	Varicella
First dose: (mm/dd/yy)		
Second dose: (mm/dd/yy)		

Tdap Vaccine:	(mm/dd/yy)	*Tetanus Diphtheria (Td) Booster:*	(mm/dd/yy)	*Flu Vaccine:*	(mm/dd/yy)
ATTACH Evidence of Vaccination (Typically administered at age 11 or 12)		**ATTACH** Evidence of Vaccination (Must be within the last 10 years. Note: if Tdap is given at start of program Td is not required)		**ATTACH** Evidence of Annual Vaccination (Must be completed yearly between July 1 and October 31)	

Hepatitis B

Hepatitis B vaccination OR titer are strongly **RECOMMENDED**. The complete series of three injections must be completed within 10 years for maximum protection. (**ATTACH** evidence) Physicians are asked to discuss with the student the advantages and risks of this vaccination. Students refusing the Hepatitis B vaccine MUST sign the declination statement below.

Immune (proven by titer results)			*Non-immune (or have received the Hep B series)*		
Titer result:				(mm/dd/yy)	Lot#
			Dose #1:		
Date:			Dose #2:		
			Dose #3:		

I understand that during my clinical training I may be exposed to blood or other potentially infectious materials and may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been advised to be vaccinated with the Hepatitis B vaccine; however, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Declination statement (signature):____Date: _________________

Physician or Nurse Practitioner's Recommendation

I certify that the student (name): ____ is eligible to attend clinical experiences.

*Note: Physical exam is not required, unless recommended by the primary care provider.

Primary Care Provider's Information					
Signature:					
Printed Name:					
Address:					
City:		State:		Zip Code:	
Office stamp or attach business card:					

Student Statement of Completion:			
I have read all the requirements necessary to participate in an Elgin Community College Health Professions program. I understand that I will not be permitted to attend clinical, if I am missing any information on this form.			
Student Signature:		Date:	

Turn completed forms into Health Professions Division Office (A106) or in lock box outside of the office.