Health Professions Personal Medical History Form

<table>
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<tr>
<th>Full Name:</th>
<th>ECC Student ID</th>
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Health Professions students must submit evidence of meeting all medical requirements to participate in clinical experiences. Please scan and upload both sides of this form in your CastleBranch account (https://portal.castlebranch.com/EK51) under “Personal Medical History Form.”

**TB**

A 2-step skin test or Quantiferon blood test is REQUIRED. If your skin test or Quantiferon test is positive, you will need to provide evidence of a negative chest x-ray within the last six months.

**NOTES:**
- Scan and upload documentation of your TB/Quantiferon/Chest X-Ray to your CastleBranch account.
- The TB test should not be given within 4-6 weeks after receiving the MMR vaccine since it may suppress tuberculin reactivity.
- If you have previously completed a 2-step TB test and yearly TB updates for employment purposes, you must submit documentation of all test results to satisfy this requirement.
- TB testing is a yearly requirement.

**Measles, Mumps, Rubella (MMR) and Varicella**

IgG titers for Rubeola (Measles), Mumps, Rubella, and Varicella (Chicken Pox) are REQUIRED. Students with **equivocal** IgG titer results for Rubeola, Mumps, Rubella, or Varicella must obtain a booster dose. Students with **negative (non-immune)** IgG titer results for Rubeola, Mumps, Rubella, or Varicella must complete the full immunization series (two doses).

**NOTES:**
- Documentation of all titer results must be scanned and uploaded to your CastleBranch account.
- 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.

**Tetanus/Diptheria/Pertussis (Tdap)**

- Scan and upload documentation of a Tdap vaccine within the last 10 YEARS to your CastleBranch account.

**Influenza**

- Scan and upload documentation of a current flu vaccine to your CastleBranch account.
- Flu vaccination is a yearly requirement.

**Hepatitis B (HBV)**

A Hepatitis B vaccine series (three doses) or titers demonstrating immunity to HBV is strongly RECOMMENDED. Vaccines must have been completed within the last 10 years.

**NOTES:**
- Scan and upload documentation of the HBV vaccine series/titer results to your CastleBranch account.
- Physicians are asked to discuss with the student the advantages and risks of this vaccination.
- Students refusing the Hepatitis B vaccine series must sign the declination statement below.

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 infection. I have been advised of the benefits of the Hepatitis B vaccine; however, I decline the
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 this student (name): ________________________________ is able to participate in clinical experiences.

Note: A physical exam is not necessary unless recommended by the primary care provider or required by the Program Director. Please check this box if a physical exam was completed. □

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<thead>
<tr>
<th>Primary Care Provider’s Information</th>
</tr>
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<tbody>
<tr>
<td>Signature: ________________________</td>
</tr>
<tr>
<td>Printed Name: _____________________</td>
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Attach Office Stamp or Business Card below:

<table>
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<tr>
<th>Student Statement of Completion:</th>
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<tr>
<td>I have been informed of the medical requirements necessary to participate in an Elgin Community College Health Professions program. I understand that I will not be permitted to attend clinical experiences if I do not submit documentation of meeting these requirements by the program deadline.</td>
</tr>
</tbody>
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Student Signature: ________________________ Date: ____________________

Scan and upload completed form and supporting documentation to your CastleBranch account.