

## Triton College - Nursing Assistant Program Requirements

### Submit Packet to Castle Branch

#### Requirements

Completed by: Medical Provider

1. **Physical Exam** – complete attached form
2. **Quantiferon Gold Blood Test** – attach laboratory result

Completed by: Student

3. **Hospitalization Insurance** - Health Insurance Card & kept current throughout program
4. **Hepatitis B** – Titer or Waiver
5. **Tetanus, Diphtheria, and Pertussis (TDaP)** – Injection or Waiver

- **Measles (Rubeola), Mumps, & Rubella (MMR)**

Submit documentation of positive antibody titers for all 3 components of MMR (lab report required).

If your series is in process, submit where you are in the series, and a new alert will be created for you to complete the titer.

If any titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and a 2nd titer.

- **Varicella (Chicken Pox)**

Submit documentation of a positive antibody titer for Varicella (lab report required).

If your series is in process, submit where you are in the series, and a new alert will be created for you to complete the titer.

If your titer is negative or equivocal, new alerts will be created for you to submit one booster vaccine (administered after titer) and a 2nd titer.

- **Influenza (Flu)**

One of the following is required:

Documentation of a flu vaccine administered during the current flu season (August – May)

**Checklist – Nursing Assistant Students**

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Last Name	First Name	Semester Beginning
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\_\_\_\_\_ Physical Exam

\_\_\_\_\_ Quantiferon Gold Blood Test

\_\_\_\_\_ Hospitalization Insurance

\_\_\_\_\_ Hepatitis B - Titer or Waiver

\_\_\_\_\_ Tetanus, Diphtheria, and Pertussis (Tdap) – Injection

\_\_\_\_\_ Measles (Rubeola), Mumps, & Rubella (MMR)

\_\_\_\_\_ Varicella (Chicken Pox)

\_\_\_\_\_ Influenza (Flu)



**Hepatitis B - Release of Liability**

According to the Center for Disease Control (2003) Hepatitis B is caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

In 2003, an estimated 73,000 people were infected with HBV. People of all ages get hepatitis B and about 5,000 die per year of sickness caused by HBV.

HBV is spread when blood from an infected person enters the body of a person who is not infected. Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection.

*Retrieved From: [http://www.cdc.gov/ncidod/dhqp/bp\\_hepatitisb.html](http://www.cdc.gov/ncidod/dhqp/bp_hepatitisb.html)*

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Hepatitis B Virus infection is a serious health problem which affects many health care providers and can lead to lengthy illness, hospitalization, and possibly, an untimely death.

I have also been informed of the benefits of Hepatitis B Vaccine, the side effects of Hepatitis B Vaccine, and also of the modes of transmission of HBV.

Although required by the health program in which I am enrolled, I decline the Hepatitis B vaccination at this time. I understand by declining this vaccine I continue to be a risk of contracting Hepatitis B.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting Hepatitis B virus infection.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Hepatitis B vaccine.

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**Student Signature**

Guardian Signature

Relationship to the Student

**Date**

**Those who cannot show proof of an "Immune" Hepatitis B Titer must sign this waiver**

### **Tetanus/Diphtheria/Pertussis (TDaP) – Release of Liability**

The American College Health Association and the Center for Disease Control and Prevention (CDC), recommends that institutions that train health care professionals, deliver healthcare, or provide laboratory or other medical support services require students to be vaccinated against Tetanus, Diphtheria, and Pertussis (Tdap).

The Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine can protect you against all three of these serious diseases.

Tetanus, diphtheria, and Pertussis are all caused by bacteria. Diphtheria and Pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

**Tetanus (Lockjaw)** causes painful tightening of the muscles, usually all over the body. It can lead to “locking” of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 cases out of 10.

**Diphtheria** causes a thick covering in the back of the throat. It can lead to breathing problems, paralysis, heart failure, and even death.

**Pertussis (Whooping Cough)** causes severe coughing spells, vomiting, and disturbed sleep. It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the Tetanus, Diphtheria, and Pertussis infections.

I have been informed of the benefits of the Tdap vaccine, the side effects of the vaccine, and the modes of transmission of Tetanus, Diphtheria and Pertussis.

Although required by the health program in which I am enrolled, I decline the Tdap vaccination at this time. I understand by declining this vaccine, I continue to be a risk of acquiring the Tetanus, Diphtheria, and Pertussis infections.

I personally assume the risks and consequences of my refusal, and I release for myself, my heirs, executors, administrator, or personal representatives Triton College, its officers, agents and employees from any and all liability for ill effects, including death or disability, which may result from contracting the Tetanus, Diphtheria, and Pertussis infections.

I acknowledge that I have been thoroughly informed and I understand the implications of declining the Tdap vaccine.

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**Date**

C.N.A. Program

**Health Requirement Information**

**Physical Exam**

You are required to have a “school physical exam” which is less comprehensive than a traditional “adult physical”. School Physicals are valid for 2 years, while in the same health career program.

**QuantiFERON-TB Gold (QFT)**

This must be completed within 30 days, of the packet submission deadline. The QFT is a blood test used to detect Mycobacterium tuberculosis, the bacteria that causes tuberculosis (TB). QFT is a modern alternative to the tuberculin skin test (TST, PPD or Mantoux). Unlike the TST, QFT is a controlled laboratory test that requires one visit and is unaffected by previous Bacilli Calmette-Guerin (BCG) vaccination.

**Hospitalization Insurance**

You are responsible for continuous health and hospitalization insurance coverage during your enrollment in the program. You must provide proof of your insurance to the Health Services Nurse, i.e., insurance card or print out of coverage.

**Medical & Psychological Conditions/Pregnancy & Postpartum**

Students who have a medical and/or psychological condition (including lifting restrictions/pregnancy/postpartum period) which requires reasonable accommodation to participate in clinical rotations must provide written documentation from a treating provider regarding the condition and the necessary accommodation required to allow for participation in the classroom and clinical components of the program.

C.N.A. Program

Triton College

C.N.A. Program

**\*\*\*HEALTH & HOSPITALIZATION INSURANCE IS REQUIRED\*\*\***

Name	Website	Phone
First Agency, Inc.	<a href="http://www.1stagency.com">http://www.1stagency.com</a>	~ For more information call ~ (269) 381-6630

**\*\*\*Submit your health insurance card to Castlebranch\*\*\***