

Triton College - Dialysis & R.N. Refresher Program Requirements

The following requirements are to be completed, reviewed by and submitted to the Health Services Department **within 30 days of the date that this packet is due. The due date is determined by your program coordinator.**

Triton College - Health Services

Location: Building G (G-109)

Phone No: (708) 456-0300 x 3051

Hours: Monday - Friday: 8:30 a.m. to 4:00 p.m.

Requirements

Completed by: Medical Provider

1. **“School” Physical Exam** – see attached form
2. **2 step Tuberculosis (TB) test** – see attached form
~ OR ~
3. **Quantiferon Gold Blood Test** – attach laboratory result
 - For students who test positive for TB tests
 - For students who prefer to have their TB requirement drawn by blood
 - For students who previously received a BCG vaccine
4. **Rubella Titer (IGG)** – attach laboratory result
5. **Rubeola Titer (IGG)** – attach laboratory result
6. **Varicella Titer (IGG)** – attach laboratory result
7. **Mumps Titer (IGG)** – attach laboratory result
8. **Hepatitis B Titer (HBsAg or HBsAb or HBcAb)** – attach laboratory result
9. **Tetanus, Diphtheria, and Pertussis (Tdap) Booster** – attach M.D. documentation
10. **Flu Vaccine** - (Program Specific - check with instructor - attach M.D. documentation)
11. **Color Vision Test** – DIALYSIS STUDENTS ONLY - attach optometrist report
12. **10 Panel Drug & Alcohol Screening** – 2 separate tests - attach laboratory result for both

Completed by: Student

13. **State of Illinois – Personal Back Ground Check**
14. **Health Care Provider CPR** - (Program Specific: check with instructor – attach CPR card)
15. **Hospitalization Insurance** - Attach Health Insurance Card & keep current
16. **Confidential Medical History Form** – completed by the student
17. **Authorization for Release of Health Information Form** - completed by the student
18. **Indemnification and Release Form** – completed by the student
19. **Chart review** – 1:1 medical record review with a Triton College Health Services nurse

Checklist

Last Name	First Name	Middle Initial
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Dialysis / R.N. Refresher

Circle Health Program	Month/Year
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- _____ School Physical Exam
- _____ 2 step Tuberculosis (TB) test – or – Equivalent
- _____ Rubella Titer (IGG)
- _____ Rubeola Titer (IGG)
- _____ Varicella Titer (IGG)
- _____ Mumps Titer (IGG)
- Vaccine Booster (circle): *MMR or Varicella*: #1 _____ #2 _____
- _____ Hepatitis B Titer (HBsAg or HBsAb or HBcAb)
- Vaccine Booster: #1 _____ #2 _____ #3 _____ + Titer on: _____
- _____ Tetanus, Diphtheria, and Pertussis (Tdap) Booster
- _____ Seasonal Flu Vaccine
- _____ 10 Panel Drug & Alcohol Screening
- _____ Ishihara Color Vision Test – DIALYSIS STUDENTS ONLY
- _____ State of Illinois - Personal Back Ground Check
- _____ Current CPR Card
- CPR update due by:* _____
- _____ Hospitalization Insurance (Type): _____
- _____ Confidential Medical History
- _____ Authorization for Release and/or Exchange of Health and Other Information Form
- _____ Indemnification and Release Form

Reviewed by: _____	Date: _____
Reviewed by: _____	Date: _____
Student Copy: _____	Date: _____

Additional copies given to students are \$10.00

School Physical Examination

To be completed within 30 days of the due date

Last Name	First Name	Middle Initial	
	Normal	Abnormal	Comments
1. General Appearance			
2. Skin			
3. Eyes			
4. Ears/Nose/Throat			
5. Hearing			
6. Lymph Nodes			
7. Respiratory			
8. Cardiovascular			
Blood Pressure			
Pulse			
9. Abdomen/G.I.			
10. Musculoskeletal			
11. Joints/Extremities			
12. Neurological			
13. Metabolic/Endocrine			
14. Other			

Is the student receiving medication or treatment for any health-related problems that may impair his/her ability to perform their clinical duties safely?

Yes ____ **No** ____ If Yes; list and indicate necessary and reasonable accommodations to permit the student to perform clinical duties.

Does the student have restrictions or limitations in performing their clinical duties safely?

Yes ____ **No** ____ If Yes; list and indicate necessary and reasonable accommodations to permit the student to perform clinical duties.

Physician Signature: _____ Date: _____

Health Care Provider Stamp

2 Step Tuberculosis Test or Quantiferon Gold Blood Test

To be completed within 30 days of the due date & kept current annually

Last Name

First Name

Middle Initial

- The TB skin test is the standard method of determining whether a person is infected with Mycobacterium tuberculosis, a highly contagious lung infection.
- **The First TB Test** is given & read by the same health care facility within 48-72 hours.
***Note – if you are in need of a **LIVE VACCINE; IT MUST NOT BE ADMINISTERED ON THE SAME DAY AS THE 1st TB INJECTION**. See Health Requirement Information in the back of this packet.
- **The Second TB Test** is to be completed within 7 to 21 days from the First TB Test. It is given & read by the same health care facility within 48-72 hours.

Have you ever had a positive TB test? Yes ___ No ___

Have you ever had a BCG injection? Yes ___ No ___

TB step 1:

Date Given: _____ Time Given _____ Lot No. _____ R. /L. Forearm Nurse: _____

Date Read: _____ Time Read _____ Results _____ Nurse: _____

TB step 2:

Date Given: _____ Time Given _____ Lot No. _____ R. /L. Forearm Nurse: _____

Date Read: _____ Time Read _____ Results _____ Nurse: _____

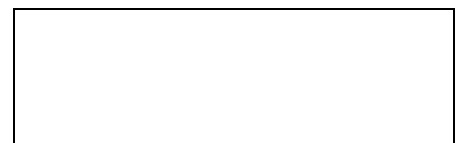
TB Update:

Date Given: _____ Time Given _____ Lot No. _____ R. /L. Forearm Nurse: _____

Date Read: _____ Time Read _____ Results _____ Nurse: _____

Quantiferon Gold Blood Test - attach laboratory results

- For students who test positive for TB tests
- For students who prefer to have their TB requirement drawn by blood
- For students who previously received a BCG vaccine, as this identifies latent TB, which a CXR cannot.



Health Care Provider Stamp

Authorization for Release and/or Exchange of Health Information

I, _____, authorize Triton College's Health Services Department to release and/or exchange the following information about me (check one):

- Any information in my health services record.
- Other (please specify) _____

Person or agency with which Triton College Health Services may exchange information:

- Person/Agency: Triton College/Clinical Sites/CCMSI/Guardian/Personal Healthcare Providers/Illinois State Police Bureau of Identification/U.S. Department of Justice Federal Bureau of Investigation
- Other: _____

THIS CONSENT IS VALID UNTIL (check one):

- The completion of my academic career at Triton College
- Specific date ____/____/____

I understand that I may revoke this consent at any time and that the above named person/agency with which Health Services is authorized to exchange information has the right to inspect or copy the information to be disclosed.

It has been explained to me and I understand that if I refuse to consent to this release of information, the Triton College Health Services staff's ability to assist me may be hindered.

By signing this release, I further agree to hold harmless and indemnify Triton College, its officers, agents, trustees and employees against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton College, its officers, agents, trustees or employees, including reasonable attorneys' fees and expenses, arising out of a release of health information consistent with this Release Form.

Student Signature	Guardian Signature	Relationship to the Student	Date
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Witness signature	Date
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NOTE TO PERSON/AGENCY EXCHANGING INFORMATION; under the provisions of the Illinois Mental Health and Development Disabilities Confidentiality Act you may not re-disclose any of this information unless the above signed client specifically consents to such disclosure. Under the Federal Act of July 1, 1975, confidentiality of alcohol and drug abuse patient records, no such records or information from such records may be further disclosed without specific authorization for such re-disclosure.

Indemnification and Release Form

I, _____, agree to hold harmless and indemnify Triton College, its officers, agents, trustees and employees against any losses, damages, judgments, claims, injuries, expenses, costs and liabilities imposed upon or incurred by or asserted against Triton College, its officers, agents, trustees or employees, including reasonable attorneys' fees and expenses, arising out of my acts or omissions while participating in my clinical rotation as a part of my educational program at Triton College.

I fully release Triton College and shall assume all such costs, losses, damages, injuries, claims, demands and expenses of any lawsuit, legal proceeding, defense or settlement. Additionally, I shall pay all judgments entered in any such suit or other legal proceedings.

My obligations under this indemnity and release form shall continue and remain in full force and effect beyond the conclusion of the clinical rotation and Triton College's academic year.

Student Signature Guardian Signature Relationship to the Student **Date**

Witness signature **Date**

Triton College - Confidential Medical History

Have you had/ Do you have	Yes	No		Yes	No		Yes	No		Yes	No
Rheumatic Fever			Lung Disease			Stomach Problems			Back Problems		
Scarlet Fever			Tuberculosis			Bowel/Colon Problems			Knee Problems		
Mumps			Asthma			Recent weight Gain			Ankle/Foot Problems		
Rubella (German Measles)			Chronic Cough			Recent weight Loss			Wrist Problems		
Rubeola (Measles)			Hay fever			Seizures/Epilepsy			Elbow Problems		
Varicella (Chicken Pox)			Sinus Problems			Dizziness			Shoulder Problems		
Epilepsy			Seasonal Allergies			Fainting			Arthritis		
Head Injury			Heart Disease			Depression			Weakness		
Stroke			High Blood Pressure			Anxiety			Paralysis		
Migraine			Low Blood Pressure			Insomnia			S.T.D.'s		
Gallbladder Problems			Pain/Pressure in Chest			Mental Illness			Surgery		
Liver Disease			Heart Palpitations			Eye Problems			Cancer/Tumor		
Hepatitis			Kidney Disease			Ear Problems			Food/Rx Allergies		
Jaundice			Frequent Urination			Nose Problems					
Pancreatitis			Bone Problems			Throat Problems			Other		
Diabetes			Joint Problems			Gum/Teeth Problems					

If you have answered yes to any of the above please explain on a separate sheet of paper

1. Which diagnosis you had/have?
2. When you were diagnosed with the medical condition?
3. List any treatment you had or are currently undergoing for the medical condition.

Signature

Guardian Signature

Relationship to the Student

Date

Triton College - Confidential Medical History

Last Name _____ First Name _____ Middle Initial _____ Health Career Program _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Height _____ Weight _____ Drug Allergies _____ Phone _____

In case of an Emergency please notify: _____ Relationship _____ Phone _____

Are you fit to perform clinical duties required of you, physically, emotionally and mentally, with or without a reasonable accommodations, when assigned to patients in multiple participating health care settings? Yes No

If you require accommodations, provide a statement from your medical provider stating the type of accommodations necessary to fulfill your clinical rotations in a safe manner.

Medications you are currently taking: _____

Are you Pregnant? Yes No N/A

If yes, do you have any restrictions related to your pregnancy? Yes No N/A

If yes, provide a statement from your medical provider regarding your restrictions and the type of accommodations necessary to fulfill your clinical rotations in a safe manner.

I am aware of the physical, emotional and mental requirements of the allied health program in which I am enrolled and certify that my confidential medical history given to both Triton College and my Medical Doctor is both current and accurate. I understand that any false answers or statements made by me in this application will be grounds for immediate dismissal from my enrollment in the Health Career program in which I am enrolled.

Signature _____ **Guardian Signature** _____ **Relationship to the Student** _____ **Date** _____

Health Requirement Information

TB Test & Live Vaccines

If you are in need of a **LIVE VACCINE; IT MUST NOT BE ADMINISTERED ON THE SAME DAY AS THE 1st TB INJECTION**, as it may cause a false negative TB result. Live Vaccines may be given during or after the 2nd TB test injection. Examples of live vaccines are: MMR (measles, mumps and rubella), Attenuvax (rubeola), Varivax (varicella) and Pneumovax (pneumonia).

TB test administered with a Live Vaccine

If a live vaccine is given with the 1st step TB injection; it will be necessary to re-administer the 2 step TB test after waiting a 4-6 weeks after the live vaccination administration. If this sequence of events occurs; it will cause a delay in the start of your clinical rotation. If you are unable to wait 4-6 weeks to re-start the 2 step TB process - a negative chest x-ray or a negative Quantiferon Gold blood test within 30 days of the start of your clinical will suffice.

Quantiferon Gold Blood Test/BCG Vaccines/Positive TB Tests

Many people born outside of the United States have received a BCG vaccine, which may cause a false positive reaction to a TB skin test. A positive reaction to a TB skin test may be due to either the BCG vaccine or to infection with the TB bacteria. Quantiferon Gold Blood testing is the preferred method of TB testing for people who have received the BCG vaccine.

Titers

Titers are laboratory results that confirm immunity against viruses such as the Measles, Mumps, Rubella, Varicella and the Hepatitis B viruses found in your blood. The presence of IgG antibodies (Not IgM antibodies) indicates a history of past exposure to the virus or vaccination. A positive IgG result indicates that the person tested should be immune to the virus. Titers are valid for your lifetime. If your titers were drawn previously i.e.; previous health career program, job or prenatal care; we will accept these.

Live Vaccine's

If your Blood Titers (Measles, Mumps, Rubella or Varicella) are either "negative" or "equivocal" you must receive 2 "booster vaccines" 6-8 weeks apart. Students in need of 2 boosters may start their clinical rotation with evidence of one of the two live vaccines needed. The 2 vaccine boosters are recommended for Healthcare Personnel by the CDC; visit: <http://www.immunize.org/catg.d/p2017.pdf> for more information.

Tdap Booster

You must submit evidence of receiving a Tetanus, Diphtheria, and Pertussis (Tdap) Booster within 8 years of the start of your clinical rotation.

Physicals

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

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.

Healthcare Resources

prices and services are subject to change without notice

Drug & Alcohol Testing

10 Panel Drug & Alcohol Test

Clinic	Location	Phone	Cost
Uni-Lab	418 N. Austin # 2 A. Oak Park	708-848-1556	\$35
InOut Labs	6449 Dempster St. Morton Grove	847-657-7900	\$52
The Vaccine Center	Chicago *call for multiple locations*	312-997-5522	\$79
U.S. HealthWorks	Schiller Park/Bellwood &	See location	\$82
Elmhurst Occ. Health	1200 S. York Road, Elmhurst	331-221-0570	\$85
Advocate	Downers Grove/Niles/Elk Grove Village	See location	\$89

Titers/Quantiferon Gold/Drug & Alcohol

InOut Labs

6449 Dempster St. Morton Grove, IL. 847- 657-7900

Physical		Vaccines		TB or Equivalent	
Titers		MMR		TB Test – 2 Steps	\$48
Rubeola	\$20	Rubella		Quantiferon Gold	\$90
Mumps	\$20	Varicella		CXR	
Rubella	\$20	TDaP		Drug Testing	
Varicella	\$20	Hepatitis B		10 Panel & Urine Alcohol	\$52
Hepatitis B	\$37	Seasonal Flu			
Rubella, Rubeola, Mumps, Varicella & Hepatitis B	\$99				

Titers/Drug & Alcohol

Uni-Lab

418 N. Austin # 2 A. Oak Park, IL. 708-848-1556 - Lab Draw Fee = \$10.00

Bring this handout with you for prices listed

Physical		Vaccines		TB or Equivalent	
Titers		MMR		TB Test	
Rubeola	\$10	Rubella		Quantiferon Gold	\$85
Mumps	\$10	Varicella		CXR	
Rubella	\$10	TDaP		Drug Testing	
Varicella	\$15	Hepatitis B		10 Panel & Breathalyzer	\$35
Hepatitis B	\$15	Seasonal Flu			

Physical/TB/Titers/Vaccines/Flu/Drug & Alcohol

e7 Health

29 E. Madison St., Suite 1640, Chicago, IL. 60602

Phone: 312-997-5522

Bring your student ID with you

Physical	\$59	Vaccines		TB or Equivalent	
Titers		MMR	\$104	2 TB Test's	\$50 (\$40 with another service)
Rubella, Rubeola & Mumps	\$69	Varicella	\$154	Quantiferon Gold	\$89
Varicella	\$69	TDaP	\$76	CXR	\$89
Hepatitis B	\$69	Hepatitis B	\$85	Drug Testing	
		Seasonal Flu	\$35	10 Panel & Alcohol Test	\$79

Titers/TB/Vaccines/Flu/Drug & Alcohol

Elmhurst Memorial Occupational Health Services

1200 S. York St. Elmhurst 331- 221-0570

Physical	\$60	Vaccines		TB or Equivalent	
Titers		MMR	\$90	TB Test	\$20
Rubeola	\$20	Rubella		Quantiferon Gold	\$80
Mumps	\$25	Varicella	\$140	CXR	
Rubella	\$25	TDaP	\$75	Drug Testing	
Varicella	\$65	Hepatitis B	\$80	10 Panel & Breathalyzer	\$85
Hepatitis B	\$80	Seasonal Flu	\$25		

Physical/TB/Vaccines/Flu

Edward-Elmhurst Walk-In Clinics

(630)-527-3645

10203 W. Grand Ave., Franklin Park, IL.

1127 S. York Rd., Bensenville, IL

7525 Lake St., River Forest, IL

Located inside Jewel-Osco

Physical	\$89	Vaccines		TB or Equivalent	
Titers		MMR	\$100	TB Test	\$28
Rubeola		Rubella		Quantiferon Gold	
Mumps		Varicella		CXR	
Rubella		TDaP	\$64	Drug Testing	
Varicella		Hepatitis B	\$115	10 Panel & Breathalyzer	
Hepatitis B		Seasonal Flu	\$32		

Physical/TB/Titers/Vaccines/Flu/Drug & Alcohol

Concentra/U.S. HealthWorks Medical Group

Schiller Park - 4200 N. Mannheim Rd. 847-801-5170

Bellwood - 2615 W Harrison St 708-493-0299

Chicago - 614 W Monroe St 708-258-0700

*****Lab Draw Fee = \$17.00*****

Physical	\$48	Vaccines		TB or Equivalent	
Titers		MMR	\$102	2 TB Test's	\$34
Rubeola	\$44	Rubella		Quantiferon Gold	\$138
Mumps	\$49	Varicella	\$179	CXR	\$52
Rubella	\$41	TDaP	\$77	Drug Testing	
Varicella	\$59	Hepatitis B	\$94	10 Panel & Breathalyzer	\$89
Hepatitis B	\$62	Seasonal Flu	\$27		

Physical/TB/Titers/Vaccines/Flu/Drug & Alcohol

Advocate Occupational Health

3551 Highland Avenue Suite 200 Downers Grove, IL 630-275-2900

7255 N. Caldwell Niles, IL 847-647-0355

1502 S. Elmhurst Rd. Elk Grove Village, IL 847-228-0515

****\$10.00 Lab Draw Fee****

Physical	\$58	Vaccines		TB or Equivalent	
Titers		MMR	102	TB Test	\$33
Rubeola	\$61	Rubella	\$60	Quantiferon Gold	\$81
Mumps	\$68	Varicella	\$162	CXR	\$128
Rubella	\$58	TDaP	\$88	Drug Testing	
Varicella	\$58	Hepatitis B	\$83	10 Panel & Breathalyzer	\$89
Hepatitis B	\$58	Seasonal Flu	\$55		

Physical/TB/Vaccines/Flu

Walgreens - Take Care Health Clinic

Central Phone: 800-323-8622

Physical	\$70	Vaccines		TB or Equivalent	
Titers		MMR	\$122	TB Test	\$22
Rubeola		Rubella		Quantiferon Gold	
Mumps		Varicella	\$166	CXR	
Rubella		TDaP	\$74	Drug Testing	
Varicella		Hepatitis B	\$62	10 Panel & Breathalyzer	
Hepatitis B		Seasonal Flu	\$45		

Physical/TB/Vaccines/Flu

CVS Pharmacy – Minute Clinic

Central Phone: 866-389-2727 #4

Physical	\$89	Vaccines		TB or Equivalent	
Titers		MMR	\$135	TB Test	\$65
Rubeola		Rubella		Quantiferon Gold	
Mumps		Varicella		CXR	
Rubella		TDaP	\$95	Drug Testing	
Varicella		Hepatitis B	\$145	10 Panel & Breathalyzer	
Hepatitis B		Seasonal Flu	\$45		

Vaccines/Flu

Costco Pharmacy

8400 W. North Ave. Melrose Park, IL. 708-397-2905 #4

Physical		Vaccines		TB or Equivalent	
Titers		MMR	\$97	TB Test	
Rubeola		Rubella		Quantiferon Gold	
Mumps		Varicella	\$141	CXR	
Rubella		TDaP	\$55	Drug Testing	
Varicella		Hepatitis B	\$59	10 Panel & Breathalyzer	
Hepatitis B		Seasonal Flu	\$20		

State of Illinois – Personal Background Checks

*****Submit your State of IL. (Personal Background Check) to Health Services*****

Name	Address/Phone/Hours	Cost
Illinois Premier Fingerprinting Service	Multiple: www.accuratebiometrics.com 1. Select a location 2. Bring 2 forms of I.D. (1 must be a government-issued PHOTO I.D.) 3. You must print your results via their website	Prices Vary <ul style="list-style-type: none"> • Credit Card • Cashier's Check • Money Order

Hospitalization Insurance

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

*****Submit your health insurance card to Health Services*****

Name	Website	Phone
Health Insurance Marketplace	http://www.healthcare.gov/marketplace	(800) 318-2596
First Agency, Inc.	http://www.1stagency.com	~ For more information call ~ (269) 381-6630

CPR Resources

***Acceptable Card: Health Care Provider CPR Card (Online CPR courses will NOT be accepted) ***

*****Submit your CPR card to Health Services*****

Name	Address	Phone	Cost
CPR Associates, Inc.	2616 W. Peterson Ave. Chicago, IL 60659 www.cprassociatesinc.com	773-973-6933	\$45
	7240 W Foster Ave, Chicago, IL 60656 www.cprassociatesinc.com	773 - 467-1300	\$45
	9415 S. Western Ave, Chicago, IL 60656 www.cprassociatesinc.com	773-973-6933	\$45
American Heart Association	Triton College	708-456-0300 x 3489	\$68
Illinois Safety LLC	Visit website or call for times & locations www.IllinoisSafety.com	630-290-4280	\$50
Living Healthy, Inc.	7234 W. North Ave. Elmwood Park, IL. 60707 www.livinghealthyinc.com	708-395-5519	\$45
Chicago CPR Now	3717 N. Ravenswood Suite 209, Chicago, IL. 60613 www.chicagocprnow.com	773-981-2772	\$50
CPR Training Center, Inc.	240 E. Lake St. Suite 305, Addison, IL 60101 http://www.mycprtrainer.com	630-833-2852	\$60
American Heart Association	http://www.heart.org/eccclassconnector	877-242-4277	Prices Vary