RESPIRATORY CARE PRACTITIONER PROGRAM

TO PHYSICIAN

Student listed below is part of the Respiratory care Program at St. Augustine College. As part of the program, it must be ascertained that the student is in generally good health and does not have any condition which would limit the student's ability to interact with assigned patients at the clinical level.

As part of the program, it is mandatory that the students have the following laboratory tests done and submit a print out of the results.

1. Measles (Rubeola) titer
2. Mumps titer
3. Rubella titer
4. Varicella titer
5. Hepatitis B titer

NOTE: If the student is not immune to any of the above titers, there must be proof of the corresponding vaccination. No results with negative and positive check will be accepted without actual test results.

In addition we require the student to have a **PPD or TB skin test and Drug screening.** PPD test results should include measurements and should be dated. If a PPD is positive, then an X-ray report must be submitted. Drug test result has to be within the last 3 months' time period. All of the above is **Mandatory.**

Your promptness in completing this information will be greatly appreciated.

Thank You

Victor Lara Rivas (Program Director- Phone: (773) 878 3856 E-mail: vlara@staugustine.edu)

Joseph Roy (Director of Clinical Education- Phone: (773) 878 E-mail: jroy@staugustine.edu)

Student Name: _____

Social Security Number (Last Four digits only): _____

Date: _____

MEDICAL RECORD

GENERAL INFORMATION

Date: _____

Student Name: _____

Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

General Health: _____

_____

Past History: (if any) _____

Vital Signs: Pulse: _____Blood Pressure: _____ Respiratory Rate: _____

Allergies: (if any) _____

Physician Number: _____

Physician Signature and Seal: _____

LAST NAME	FIRST NAME AND M.I.	DATE

CERTIFICATE OF COMPLIANCE

Infection Control Policies

All students who will be rotating to various clinical locations who have contact with patients must adhere to the same infection control policies. These requirements follow Center for Disease Control (CDC) guidelines for infection control in healthcare personnel.

ALL PERTINENT LABORATORY RESULTS MUST BE ATTACHED

TUBERCULOSIS: Tuberculin Skin Test (TST)

TST reading must be done from 48-72 hours after application. Students must submit the TST done during the previous 60 days. If there is a positive TST, a baseline chest X- ray is required. Quantiferon test result can be submitted for review.

TST Step 1	Date Placed	Date Read / Result	TST Step 2	Date Placed	Date Read / Result
		mm induration			mm induration
CXR (if required)		Date:	Result (Attached)		

Quantiferon Test	Date:	Results	○ Positive ○ Negative

If history of positive TST, individual must be evaluated by their health care provider concerning signs and symptoms of illness possibly related to tuberculosis, including unexplained fever, cough, weight loss and night sweats. For individuals with previous documented history of positive TST, a baseline Chest X- ray is required. The Chest X-ray must have been performed within the past 6 months.

Fever	Yes /No	Weight Loss	Yes/ No
Cough	Yes/No	Night Sweats	Yes/No

_____

Initial of the Health Care Provider

SEROLOGY RESULTS- ATTACH LABORATORY RESULTS

MEASLES (RUBEOLA), MUMPS & RUBELLA

Antibody titters indicating immunity to measles and rubella must be provided. It is advised that healthcare personnel have immunity to mumps.

MEASLES (RUBEOLA)	○ IMMUNE	○ NOT IMMUNE	DATE:
MUMPS	○ IMMUNE	○ NOT IMMUNE	DATE:
RUBELLA	○ IMMUNE	○ NOT IMMUNE	DATE:

HEPATITIS B IMMUNITY It is strongly advised by CDC that health care personnel have immunity to Hepatitis B. Hepatitis B Surface Antibody titers are required post immunization to prove immunity. If the Hepatitis B Surface Antibody titer is negative, Hepatitis B Surface Antigen is required.

DATE:	HB Surface Antibody	○ Positive	○ Negative
DATE:	HB Surface Antigen	○ Positive	○ Negative

VARICELLA

It is advised that healthcare personnel have immunity to Varicella.

Date	Varicella	○ IMMUNE	○ NOT IMMUNE

Annual Influenza Vaccination is optional.

○ Annual Influenza Vaccination is administered
○ Annual Influenza Vaccination is medically contraindicated
○ Annual Influenza vaccination is refused

_____

Initial of the Health Care Provider

DRUG TEST

Results should be within the last 3 months' time period.

Date	Drug test	○ Positive	○ Negative

CERTIFICATION OF RESULTS

I certify that the above information of (Name)_____

D.O.B (_____, _____, _____) herein is complete and correct to the best of my knowledge.

Signature of Health Provider, Title	**Name of Institution or Agency***	**Phone Number**

Printed Name	**Address**	**Date**

*OFFICIAL STAMP OR SEAL OF INSTITUTION OR AGENCY IS REQUIRED

*Physician should initial all the pages of this form.

EXPLANATORY INFORMATION

TUBERCULOSIS

- Tuberculin Skin Test (TST) is required. Standard TST testing of 5 TU intradermal is given.
- If positive (>10 mm induration), a chest X-ray is obtained.
- If TST is positive, the individual must be assessed for the signs/symptoms of active tuberculosis and a chest X-ray obtained.
- Individuals with a documented history of positive TST or active tuberculosis are not required to undergo TST testing.

- A baseline Chest X-ray result from within the past 6 month should be sufficient.
- Tuberculosis screening must be updated annually.

RUBELLA (German Measles)

All students must have evidence of Rubella immunity documented by antibody titer.

RUBEOLA (Measles)

All individuals must have evidence of measles immunity as documented by antibody titer.

MUMPS

It is advised that all healthcare personnel have immunity to Mumps.

HEPATITIS B

Hepatitis B Surface antibody status is required.

- It is strongly recommended that all students complete the immunization series for hepatitis B.
- Once completed, immunization status must be CONFIRMED by repeating the Hepatitis B antibody titer test.

VARICELLA

- Varicella IgG Antibody testing is required.
- It is strongly recommended that non-immune students be vaccinated.

TETANUS

DOCUMENTATION NOT REQUIRED

Vaccination or booster within 10 years is recommended.

DRUG TEST

Drug test result has to be within the last 3 months' time period.

IMPORTANT

STUDENTS MAY HAVE TO UNDERGO ADDITIONAL TESTS OR PROCEDURES DEPENDING ON INDIVIDUAL CLINICAL FACILITIES WHERE THEY WILL BE ASSIGNED FOR CLINICAL ROTATIONS.