

Health Form Instructions and Student Checklist

Student Name _____ Northwood Tech Student ID _____
Date of Birth _____ Northwood Tech Program _____

Purpose of the Health Form

Northwood Tech students enrolled in Health Sciences programs are required to complete the Health Form (See Health Sciences Policy HS-20).

Timeline and Due Dates

Wait until after your program's orientation to complete the Health Form and physical health exam.

Do not complete the Health Form earlier than 90 days before it is due.

Health Form due dates by program

- Dental Assistant—due by the first day of Dental Radiography (first semester)
- Health Information Technology—due by the start of Professional Practice (fourth semester)
- Medical Assistant—due by the start of Clinical Procedures 1 (first semester)
- Medical Laboratory Technician—due by the first day of Basic Skills (first semester)
- Nursing-Associate Degree—due date provided by the program. (prior to the semester start of core nursing courses)
- Occupational Therapy Assistant—due by the first day of Activity Analysis and Applications (first semester)
- Pharmacy Technician—due October 1 for fall semester or March 1 for spring semester
- Phlebotomy—due October 1 for fall semester or March 1 for spring semester
- Surgical Technology—due by the first day of apprenticeship (first semester)

Submit the following documents in Clinician Nexus

- Physical Health Exam Verification** (View/print form below)
- Official Immunization/Vaccination** records (View/print requirements below)
- Annual TB Questionnaire** (View/print form below)

Physical Health Exam Verification

Student Name _____ Northwood Tech Student ID _____
 Date of Birth _____ Northwood Tech Program _____

Purpose of the Physical Health Examination

The purpose of the physical health examination is to establish a baseline of health, identify potential health concerns that could impact performance in health care, and provide an opportunity to discuss healthy lifestyle practices with a medical professional.

The physical health examination must be completed by a physician, nurse practitioner, or physician’s assistant.

To be completed by the healthcare provider:

Latex or Silicone Allergy

- No known allergy to latex or silicone
 Yes If Yes, please describe:

Health Limitations

- No health limitations noted
 Yes If Yes, please identify restrictions:

I completed a physical health examination of this student, including a review of their medical history and immunization records.

I have determined this student is capable of full participation in the healthcare profession and is free from communicable diseases.

MD/DO/NP/PA name (please print): _____ Credential _____

MD/DO/NP/PA signature: _____ Date: _____

Clinic or Facility Name: _____

Immunizations and Communicable Diseases

Northwood Technical College cannot guarantee clinical placement or the ability to progress in a program if the student is not able to meet the clinical site requirements, including but not limited to immunization status. Some settings may have additional requirements, like an interview or proof of health insurance.

Vaccine-Preventable Diseases

You will need to submit your official immunization records to show you meet the requirements for your program, as listed in the chart below.

You may be able to get your official immunization record from your healthcare provider or from a state immunization registry. [Wisconsin Immunization Registry—Public Immunization Record Access](https://www.dhfswir.org/PR/portalHeader.do)
<https://www.dhfswir.org/PR/portalHeader.do>

Vaccine requirements are based on recommendations from U.S. Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/>, Wisconsin Department of Health Services (WI DHS) <https://www.dhs.wisconsin.gov/immunization/index.htm>, and clinical partners.

Vaccine-Preventable Disease	Required Documentation
Hepatitis B	<p>Hep B vaccine:</p> <ul style="list-style-type: none"> • 2, 3, or 4 doses, depending on the vaccine used <p>OR</p> <ul style="list-style-type: none"> • Lab evidence of immunity to Hep B <p>ADN, DA, MLT, OTA, HIT, Phlebotomy, Pharm Tech, and Surg Tech students may begin clinical/fieldwork after starting the Hepatitis B series.</p> <p>MA students must have had at least 2 of the doses before the start of their practicum.</p> <p>Students should complete the Hepatitis B series. It is recommended by CDC that healthcare providers receive a titer 1-2 months after completing the series.</p>
Measles (Rubeola) Mumps Rubella (German Measles)	<p>MMR (measles, mumps, and rubella) vaccine:</p> <ul style="list-style-type: none"> • 2 doses (at least 28 days apart) after first birthday <p>OR</p> <ul style="list-style-type: none"> • Lab evidence of immunity to measles, mumps, and/or rubella
Tetanus (Lockjaw) Diphtheria Pertussis (Whooping Cough)	<p>Tdap (tetanus, diphtheria, and pertussis)/Td (tetanus and diphtheria) vaccine:</p> <ul style="list-style-type: none"> • 1 dose Tdap • After initial Tdap, then Td or Tdap booster every 10 years

Vaccine-Preventable Disease, continued	Required Documentation, continued
Varicella (Chickenpox)	Varicella vaccine: <ul style="list-style-type: none"> • 2 doses (at least 28 days apart) after first birthday OR <ul style="list-style-type: none"> • Lab evidence of immunity to varicella
Influenza (Flu)	Influenza (Flu) vaccine: <ul style="list-style-type: none"> • Vaccines should occur before the onset of influenza in the community—typically Fall through Spring months • Annual dose is required for ADN, HIT, MA, MLT, OTA, Phlebotomy, Pharm Tech, and Surg Tech students. Annual dose is recommended for DA students.
COVID-19	COVID-19 vaccine: <ul style="list-style-type: none"> • 1 or more doses of the current COVID-19 vaccine are recommended for all Health Sciences programs.

Tuberculosis (TB)

You will need to submit proof that you are not contagious with tuberculosis (TB), as listed on the chart below.

Required TB skin tests (Mantoux) may be available to Northwood Tech students through Northwood Tech Health Services during normal office hours. You can also receive this test at your local clinic or public health department.

The TB skin test (Mantoux) can be either a 1-step or 2-step process:

- The 1-step test consists of an injection with a follow-up reading of the injection site within 48-72 hours. Results must report dates and mm of induration.
- The 2-step test consists of an injection with a follow-up reading of the injection site within 48-72 hours, followed by a second injection and reading within 48-72 hours. The second injection is received within 1-3 weeks after the first injection is read. Results must report dates and mm of induration.

Tuberculosis (TB), continued

These requirements are based on recommendations from U.S. Centers for Disease Control and Prevention (CDC) <https://www.cdc.gov/>, Wisconsin Department of Health Services (WI DHS) <https://www.dhs.wisconsin.gov/tb/index.htm>, and clinical partners.

Communicable Disease	Required Documentation
Tuberculosis	<p>Results of 2-step TB skin test (Mantoux) or IGRA blood test (QFT-GIT or T-SPOT) completed 90 days or less before the due date for your program</p> <p>After the initial 2-step Mantoux or IGRA blood test (QFT-GIT or T-SPOT), students are required to have a 1-step TB skin test or IGRA annually.</p> <p>If any TB skin test or IGRA is positive, the following additional documents are required as part of the student health record:</p> <ul style="list-style-type: none">• Negative chest X-ray dated after positive TB skin test conversion.• Written verification from a healthcare provider that the student is free of TB symptoms and is not contagious.• Annual health symptom TB questionnaire.

Annual TB Questionnaire

Student Name _____ Northwood Tech Student ID _____
Date of Birth _____ Northwood Tech Program _____

All Health Sciences students must submit this TB questionnaire annually.

To be completed by the student:

Have you ever had a positive TB skin test or positive IGRA?

No

Yes → If **Yes**, you must provide current written verification from a healthcare provider that you have had a negative chest X-ray, are free of TB symptoms, and are not contagious.

Do you currently have any of the following symptoms?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Persistent cough (greater than 3 weeks duration) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Unexplained weight loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Night sweats | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Loss of appetite | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Coughing up blood | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Fatigue or weakness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Chest pain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Hoarseness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer **Yes** to any of these questions, you must provide current written verification from a healthcare provider that you are not contagious.

Student Signature: _____
(typed signature is acceptable)

Date: _____