Wisconsin Indianhead Technical College
Nursing and Allied Health Division
Health Form

Student Name:_____ Student ID: _____

Please check appropriate program:

☐ **Dental Assistant** (due the first day of Dental Health and Safety)

☐ **Health Information Technology** (due at the start of Professional Practice 1)

☐ **Medical Assistant** (due at the start of 1st semester core classes)

☐ **Nursing-Associate Degree** (due _____)

☐ **Occupational Therapy Assistant** (due 1st day of Activity Analysis and Applications/1st semester)

☐ **Pharmacy Technician** (due _____)

☐ **Phlebotomy** (due _____)

Instructions:

1. This form must be filled out within 90 days of the day it is due. The physical examination must be completed within the past year.

2. Fill out pages 2-3 of the form. Then take the form with you to your physical examination.

3. **Official** documentation is **required** for proof of history of infectious diseases or immunizations. Attach official health records documenting infectious diseases or immunizations to this form.

4. If you require accommodations as defined by the American Disabilities Act, work directly with the WITC campus Accommodation Specialist and your instructor **prior to beginning coursework.**

5. Sign the release of information at the end of the form.

6. Before submitting the health form to your instructor or academic advisor or uploading it to CastleBranch or Student Passport, **make a copy** of the completed form for your records.

WISCONSIN INDIANHEAD TECHNICAL COLLEGE
NURSING and ALLIED HEALTH DIVISION HEALTH FORM

Legal Name: Last First Middle

Date of Birth (MM/DD/YY) Gender: Male or Female

Current address

City State Zip Code

Primary phone number Cell number

E-mail Address

In case of emergency contact: Name (First and Last) Relationship to Person

Address Telephone Number

MEDICATIONS and PAST MEDICAL HISTORY: *TO BE COMPLETED BY THE STUDENT*

1. Allergies: (Medication or Agent): Describe Reaction:

2. Is an EpiPen prescribed?

3. Any reactions to latex/silicone?

Chronic diseases:

Major illnesses, hospitalizations, operations, and/or injuries in the past year:

Describe any back injuries or chronic back pain.

List all current medications:

1. Prescription

2. Non-prescription

PHYSICAL EXAMINATION: ***TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT***

	NL	ABNL	Please describe any abnormalities. Use second sheet if necessary
General			
Skin			
Head/Eyes/Ears/Nose/Mouth			
Neck and Thyroid			
Lungs/Chest			
Breasts			
Heart			
Abdomen			
Genitalia			
Back/Spine			
Extremities/Musculoskeletal			
Neurologic			
Emotional/Psychological			

A. Describe any abnormalities, limitations and regularly-used medications which may have an impact on performance in a health agency setting.

B. Describe degree of control of any chronic conditions.

C. Are there any lifting restrictions for this student? If so, specify.

D. Are there any other restrictions for this student? If so, specify.

E. Is this student free from communicable diseases?

I have reviewed the medical history and immunization record and have examined the student. The information is accurate.

MD/NP/PA Signature _____ Date _____

Provider Name (Please print) _____

Clinic Name: _____

INFECTIOUS DISEASES AND IMMUNIZATIONS

Official health records documenting these infectious diseases and/or immunizations *must accompany this form.*

Disease	Required Documentation
Measles & Mumps	Lab evidence of immunity *OR* 2 doses of MMR after 1st birthday. The 2 doses must be at least 28 days apart.
Rubella	Lab evidence of immunity *OR* 1 dose of MMR after 1st birthday
Tetanus, Diphtheria, & Pertussis	1 dose of Tdap Those who never received a Tdap vaccine should receive the vaccine regardless of time since the last Td vaccine. Tdap immunization lasts for 10 years. Td boosters should be given every 10 years after Tdap immunization. The CDC recommends that pregnant women receive a dose of Tdap during each pregnancy.
Varicella (Chickenpox)	Lab evidence of immunity *OR* 2 doses of Varicella vaccine after 1st birthday. The 2 doses must be at least 28 days apart.
Influenza	Annual influenza vaccine **is required for Nursing-Associate Degree and all Allied Health** programs. The vaccine should be obtained before November 1 for fall semester clinical or prior to spring semester clinical. Students in clinical placements between April 1st and October 1st are exempt from influenza requirement.
Hepatitis B	Lab evidence of antibodies OR evidence of the start of the immunization series. • **ADN, OTA, and HIT students** may begin clinicals after starting the Hepatitis B series. • **MA students** need to have had at least 2 of the immunizations before the start of practicum. Students should complete the Hepatitis B series. It is recommended that students receive a titer 1-2 months after completing the series.

Tuberculosis **The Mantoux test comes as a 1-step or 2-step process:** • **1-step test** consists of an injection with a follow-up reading of the injection site within 48-72 hours. • **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 1-3 weeks of the first injection. **When do you need a 1-step?** • You have documented proof that you have had a 2-step **within one year** and want to renew your Mantoux test. **When do you need a 2-step?** • You have never had a 2-step Mantoux test. • It has been **over one year** since your last 2-step. **Where can I get my Mantoux test?** This test may be available to WITC students through WITC Health Services during normal office hours. You can also receive this test at your local clinic.	Documentation of the most current TB skin test or IGRA blood test (QFT-GIT or T-Spot). This should be done **within 90 days** of the start of clinicals. For students in programs over one year in length, TB skin test should be done annually. If the most current TB test is the student's first TB test, or if the most current TB test was over 12 months ago, a 2-step TB skin test* or IGRA is required. If the TB skin test or IGRA is positive, the following is required: • 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 communicable. • Annual health symptom TB questionnaire. ***What is the 2-step TB test?** In some persons who are infected with TB, the ability to react to TB tests may wane over time. When given a TB test years after infection, these persons may have a false-negative reaction. However, the TB test may stimulate the immune system causing a positive or boosted reaction to subsequent tests. Giving a second TB test after an initial negative TB reaction is called 2-step testing. The 2nd test is usually done 1-3 weeks after the 1st test. 2-step testing is often done for healthcare workers who will be retested periodically. It can reduce the likelihood that a boosted reaction to a subsequent TB test will be misinterpreted as a recent infection.

WISCONSIN INDIANHEAD TECHNICAL COLLEGE

Annual TB Questionnaire
WITC Nursing-Associate Degree and Allied Health Programs

WITC Nursing-Associate Degree and Allied Health students with a positive TB skin test or IGRA must submit this TB questionnaire annually.

Name_____

Date_____

Date of last Chest X-Ray _____

Do you currently have any of the following symptoms?	**Check Yes or No**	
1. Persistent cough (greater than 3 weeks duration)	□ Yes	□ No
2. Unexplained weight loss	□ Yes	□ No
3. Fever	□ Yes	□ No
4. Night sweats	□ Yes	□ No
5. Loss of appetite	□ Yes	□ No
6. Coughing up blood	□ Yes	□ No
7. Shortness of breath	□ Yes	□ No
8. Fatigue or weakness	□ Yes	□ No
9. Chest pain	□ Yes	□ No
10. Hoarseness	□ Yes	□ No

I certify that all information is correct. I understand that it is my responsibility to report any changes in my health status to my WITC Program Director.

I authorize WITC to release my immunization record, which is attached to this form, to a clinical agency/agencies that require it for my participation in a clinical course.

Please Print Name _____

Student ID _____

Student Signature _____ Date_____