# Certified Nursing Assistant

Health Assessment Form

Workforce Development and Continuing Education

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<tr>
<th>PGCC Student ID #</th>
<th>Date</th>
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<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Date of Birth)</th>
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<th>Phone</th>
<th>(Home)</th>
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Street Address

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<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Prince George’s Community College
Medical Expense Waiver – To be completed by student and returned to instructor.

Overview
Students entering Nursing/Allied Health courses at Prince George’s Community College (PGCC) need to be aware, by virtue of the clinical nature of this training, that they may be exposed to infectious disease processes.

PGCC does not provide or sponsor health insurance to the students. The college does have a resource list of various companies that provide health insurance. Students can obtain health insurance pamphlets in Admissions, Student Life, and the Wellness Center. In the event that a student sustains an injury while on campus or in clinical, it is the responsibility of the student to utilize his/her own health insurance plan to cover the cost of treatment and/or follow-up care. Students are strongly encouraged to obtain their own health insurance policy as Prince George’s Community College will not cover student health care costs, injury, and their inherent risks.

Change in Health Status
Students experiencing a change in health status, including pregnancy, while enrolled at PGCC will be required to submit a written statement from his/her health care provider as to the student’s ability to perform all expected functions fully, safely, and without jeopardizing the health and/or well being of the student or others. Pregnant students must submit a written statement from their health care provider prior to the beginning of the course. The documentation must state the student’s ability to perform all expected functions fully, safely, and without jeopardizing the health and well being of the student, fetus, and/or others. Students must be able to lift 40 pounds. After delivery, the student must submit a written release statement from the health care provider. The release of care must be presented prior to resuming classes and clinical.

Student Waiver
I am fully aware and recognize that I will be completely responsible for my own health and safeguards in the classroom and clinical areas. I understand that students enrolled in Nursing/Allied Health courses, which include clinical/practicum experiences are expected to have their own personal health insurance. I recognize that if I require emergency treatment for illness or injury due to needle punctures, lacerations, contact with infectious diseases, or other causes, while carrying out my patient care assignments or other clinical assignments, I will be responsible for payment for emergency treatment rendered and any and all costs that may result from injury and/or illness.

I also recognize that some clinical facilities may require additional immunizations such as seasonal flu or H1N1 and/or health screening tests before accepting me as a student. Examples of tests include screening for HIV and/or for drug and substance usage. I have the right to refuse being tested. However, I understand that if the clinical site requires certain tests and if I refuse to be tested, then I will not receive a certificate of completion.

__________________________________________________________________________  __________________________________________________________________________
Student Signature  Date

__________________________________________________________________________  __________________________________________________________________________
Parent/Guardian Signature (for students under 18)  Date

__________________________________________________________________________  __________________________________________________________________________
Instructor Signature  Date
Prince George’s Community College
Hepatitis B Vaccination, Verification, and WAIVER –
To be completed by student.

Check the appropriate statement:

______ I have completed the Hepatitis B vaccination series and have proof of immunity from a blood titre test. Submit documentation.

______ I have completed the Hepatitis B vaccination series and have decided not to receive a Hepatitis B booster vaccination at this time.

______ I am in the process of obtaining the series of 3 Hepatitis B vaccinations. Submit documentation.

______ I have decided not to receive the Hepatitis B vaccination series at this time. I understand that this choice will put me at risk for acquiring Hepatitis B. I accept full responsibility for the consequences of my decision.

I have read the Hepatitis B Fact sheet and understand that this infection is potentially life threatening. I understand that due to exposure to blood, body fluids, and potential infective material during my clinical experience, I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have discussed this with my health care provider and have checked the appropriate statement above.

__________________________________________________________
Student Signature (required)                     Date

Tuberculosis Test

Students entering clinical programs at Prince George’s Community College can have the PPD skin test done by the nursing staff at the Prince George’s Community College Health Center. This testing will be arranged for your class.
Prince George’s Community College
Laboratory Studies and Immunization Status (Please indicate result or action and date)

1. Hepatitis Vaccine

Hepatitis B Antibody Titer
Dates of Hepatitis Vaccines:

#1 / / 
#2 / / 
#3 / / 
____ Waiver Attached

2. Measles, Mumps, Rubella (MMR) Immunization

Titters indicating immunity will be accepted in lieu of MMR immunization.

NOTE: If born before 1957, you are considered immune to Measles, Mumps and Rubella. However, titters indicating immunity is required (CDC).

After 1969 and after 12 months of age:

a. Measles/MMR—Two Measles (or MMR) immunizations are required. Received after 1st birthday.
   #1 / / #2 / / 

b. Rubeola (Measles) Titer: / / 
   immune □ non-immune □ 
   Measles immunization: / / 

c. Mumps Titer: / / 
   immune □ non-immune □ 
   Mumps immunization: / / 

d. Rubella (German Measles) Titer: 
   / / 
   immune □ non-immune □ 
   Rubella immunization: / / 

*Available free of charge at Health Center, Bladen Hall, Room 132; call 301-322-0845 for appointment

3. TB Test (Mantoux PPD): ___mm in duration
   Due yearly
   a. PPD Planted / / 
   PPD Read / / 
   b. CXR (required for current positive reaction)
   normal □ abnormal □ Date __________

NOTE: A history of positive PPD skin test requires

a. Documented Negative CXR
   Date __________

b. Annual Review of TB Symptoms by health care provider
   positive □ negative □ Date __________

4. Varicella: (Chicken Pox)

Varicella Titer:
   immune □ non-immune □ / / 
   Varicella Immunization #1 / / 
   #2 / / 

5. Tetanus/Diphtheria (required within last 10 years)
   Date of last booster: / / 

This student is cleared on the basis of the immunizations, and laboratory test results to participate in clinical laboratory experience.

_________________________________________________________
   ____________________________
   (Signature, Health Representative)  (Date)
Hepatitis B

What is hepatitis B?

Hepatitis B is a liver disease caused by the hepatitis B virus. Symptoms may include fever, lack of energy, nausea, vomiting, abdominal discomfort, and jaundice (yellow color to the whites of the eyes or skin and darkening of urine). Some persons who have hepatitis B, particularly younger children, have no symptoms. A small number of hepatitis B infections are rapidly fatal. Although most infected persons recover completely, some develop chronic, long-term hepatitis B (carriers) and can spread this infection. Cirrhosis (scarring of the liver) and liver failure are serious risks with this disease, but may take decades to develop.

Where does it come from?

Hepatitis B is a disease of humans. Acute hepatitis B infection is usually followed by complete recovery but the infection may become chronic and causes symptoms for years. An infected person with no symptoms can still spread hepatitis B to others.

How common is hepatitis B?

There are 100 to 200 newly diagnosed acute hepatitis B cases in Washington each year and an estimated 20,000 persons chronically infected.

How is it spread?

The virus is spread by direct contact with the blood, serum, or sexual fluids of an infected person. This can happen by sharing needles or having sex with somebody infected with hepatitis B. Transmission can also occur for people living together for a long time in the same household or institution. Infected women can pass the virus to their babies. Blood is now tested before transfusion to prevent spreading hepatitis B but in the past some cases resulted from blood transfusion. Medical personnel are at risk of exposure due to needle sticks.

Is there a vaccine available?

Yes, there is a three dose vaccine for hepatitis B. A dose is given at day 1, one to two months later, and a final dose six months after the first.

What is the treatment?
For acute HBV infection: rest and avoiding liver toxins including alcohol. For chronic HBV infection and some degrees of cirrhosis: specific antiviral drugs. Treatment requires care from a liver disease specialist. End stage liver disease: transplantation.

**How soon do symptoms appear?**

Usually within 60 to 90 days of infection, but can take as long as six months.

**How can infected persons prevent the spread of hepatitis B?**

- Do not share any blood testing devices, needles, or drug equipment.
- Do not donate blood or organs.
- Do not share razors, toothbrushes, nail care devices, or any other personal items that might have your blood on them.
- Let health care professionals who may be exposed to your blood know that you have hepatitis B.
- If you are chronically infected, recommend that everybody in your household be vaccinated against hepatitis B.
- If you are chronically infected, recommend that any regular sexual partner be vaccinated for hepatitis B, and always use latex condoms or barriers for any unvaccinated partners.
- Cover cuts or open sores on your skin.
- Infected mothers should make sure their babies receive hepatitis B immunoglobulin and three doses of hepatitis B vaccine.

**What should I do if I suspect someone in my family has hepatitis B?**

Contact your primary health care provider or call your local health department.