

Kirkwood Community College
Pharmacy Technician
Health Evaluation Requirements 2011-2012

As a provider of care, students have a legal and ethical responsibility to make certain their health status does not jeopardize the quality of patient care. For this reason, the following will be required of students in the Pharmacy Technician Program **prior** to clinical participation. All forms may be found in Campus Health 132 Iowa Hall or on the Campus Health website at www.kirkwood.edu/campushealth.

1. Immunization Requirements: Students must show official documentation in the form of a physician signature, clinic stamp, letterhead or state public health record of the following:

- **Hepatitis B:**
 - The hepatitis B three part series is required of all Diploma Pharmacy Technician students unless there is a physician signed medical waiver or a positive blood titre.
 - Dose 1 must be given prior to clinical participation; dose 2 is required 4 weeks after dose 1, dose 3 is required 5 months after dose 2.
- **Tdap:** Health care students younger than 65 are required to obtain a 1-time dose of tetanus, diphtheria and pertussis. The Tdap is required regardless of the interval since the last Td was given. Campus health offers the Tdap vaccine for \$45 – **Cash or Check only**.
- **Influenza:** Fall /Winter only.

ANY IMMUNIZATIONS GIVEN AT KIRKWOOD CAMPUS HEALTH DURING PREGNANCY MUST HAVE A WRITTEN DOCTORS

2. Two-step and/or Annual TB testing:

- An initial two-step test (two separate TB tests placed and read 1-3 weeks apart) is required prior to clinical participation. TB documentation must include; date placed, date read, and results with health care's signature and credentials.
- After the initial two-step, an annual TB test will be required.
- Campus Health will place TB tests for \$5 each. TB's can be paid for by cash or check only. ***All TB tests administered at Kirkwood Campus Health must be read at Kirkwood Campus Health. TB tests must be read in 48-72 hours following placement.*** Failure to have TB test read within this time frame will result in having to have the TB test repeated.
- Individuals who have a positive TB result must show proof of a negative chest x-ray within the past two years of the positive TB test; an annual questionnaire will be required in place of future TB tests.

3. Privacy and Confidentiality Statement: Must be read and signed prior to clinical participation.

IMPORTANT: YOU WILL NOT BE PERMITTED TO ENTER A CLINICAL AGENCY UNTIL ALL REQUIREMENTS ARE MET AND APPROVED. NO EXCEPTIONS!

Please note that further periodic evaluations or tests may be required if indicated or if exposure to an infectious patient occurs. In addition, any change in health status must be reported to the Campus Health Director at 319-398-5588; a Healthcare Practitioner's statement may be required before a student returns to clinical participation. All records will be kept on file at the Campus Health office. The Pharmacy Technician clinical coordinator will be notified of the complete or incomplete status of your health evaluation.

General Health Physical

(To be completed by the Healthcare Practitioner)

Name _____ DOB _____ K # _____ Program _____

Allergies (drug, latex, environmental, food): _____

* Students with a latex allergy must meet with the Kirkwood Campus Nurse before attending class, call to schedule an appointment.*

HT _____ WT _____ BP _____ Pulse _____ Resp. _____ Temp. _____

Eye Exam (Snellen chart) Rt. _____ Lt. _____ Glasses / Contacts (circle one if exam with corrected vision)
(Full eye exam is NOT necessary.)

Are there abnormalities of any of the following:

Head, ears, nose, throat Yes No Assistive Hearing Device? Yes No	Eyes, visual acuity Yes No	Upper Respiratory Yes No	Lungs Yes No	Cardiovascular Yes No BP: _____	Gastrointestinal/rectal Yes No
Hernia Yes No	Genitourinary/Pelvic Yes No	Musculoskeletal Yes No	Metabolic/endocrine Yes No	Neuro Yes No	Skin Yes No

Current or history of the following illnesses, if yes please comment:

- ☐ Rheumatic Fever _____
- ☐ Hepatitis _____
- ☐ Diabetes _____
- ☐ Kidney / Urinary condition _____
- ☐ Epilepsy / Seizures _____
- ☐ Seizure-free for 6 months? Yes / No Date of last seizure: _____
- ☐ Heart Disorder/Attack/Disease _____
- ☐ Tuberculosis / Asthma / other respiratory disorder or disease _____
- ☐ Varicosities _____
- ☐ Mental Illness / Condition (diagnosed) _____
- ☐ Abnormal Menstrual History / Pap / Pelvic _____
- ☐ Skeletal injury or condition _____
- ☐ Chicken pox disease as a child? Yes / No **Must have Dr. signature for verification** _____
- ☐ Other current medical condition: _____

Please list current prescription and frequent use over-the-counter medications: _____

Please list surgery types / years: _____

Do you have any recommendations, precautions, or limitations for this student in his/her role in patient contact? ☐ Yes ☐ No

If yes, please comment _____

Based on your findings, should this student be restricted from patient contact? ☐ Yes ☐ No

VERIFICATION:

Your signature below indicates that this student is able to participate in the Health Science program at Kirkwood Community College.

Healthcare Practitioner's signature _____ Print last name: _____

Clinic / Office Name and Location _____

Date: ____/____/____ Telephone Number (____) _____

KIRKWOOD COMMUNITY COLLEGE IMMUNIZATION RECORD

NAME _____ K# _____ DOB _____ Program _____

Immunization requirements: Students must show **official documentation** in the form of a provider signature, clinic stamp, or state public health record of the following:

Vaccine	Date of Administration	Clinic Where Administered	Signature or Stamp of Provider: <i>Invalid without signature or stamp</i>
*Hep B #1 Required before clinical experiences			
*Hep B #2			
*Hep B #3			
Measles #1			
Measles #2 Not required if born prior to 1957			
Mumps #1			
Mumps #2 Not required if born prior to 1957			
Rubella #1			
Td- One booster in last 10 years.			
Tdap- 1 dose required for 65 yrs and younger with direct patient care.			
Varicella #1 if no documentation of chickenpox disease			
Varicella #2 if no documentation of chickenpox disease			
Seasonal Influenza Fall/Winter only			

*Hep B not required for HIT program.

Phone Number of Clinic/Facility Filling Out Top Portion of Form (_____) _____

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PROOF OF TB TESTING

The following are also required:

Initial 2-Step Mantoux (TB) test (Two separate TB test placed 1-3 weeks apart and read within 48-72 hours after each TB test).

If the 2-Step test has been previously carried out please provide information below and evidence of the most recent Mantoux if the 2-Step test was completed more than 12 months previously.

Test	Date Placed	Date Read	Results	Clinic where administered	RT or LT arm Intradermally	Signature of Provider: <i>Invalid without signature</i>
2-Step: Test #1			mm			
2-Step: Test #2			mm			
Annual Test if longer than 12months since test #2 above			mm			

Telephone Number of Clinic/Facility Where TB Was Performed (_____) _____

KDP 2/17/11

Student's name _____ Kirkwood ID # _____ Program _____

Student Health Record
Privacy / Confidentiality Statement
and
Illness and Injury Reporting and Treatment Policy Statement.

Maintenance of Student Health Records

All student health information is retained by Campus Health and maintained by the Campus Health Director. Student health records are kept in locked cabinets and in a locked office. These records will be maintained on file for 10 years after a student graduates from Kirkwood Community College.

Access to Student Health Records

Access to student health information is granted only to Campus Health staff, including student workers and student nurses, for the maintenance and compliance of immunization, TB test and health physical requirements. Limited health information, for the purpose of compliance with clinical rotation participation, is granted to Allied Health, CNA, EMS / Paramedic, Pharmacy Technician, Phlebotomy and Nursing Department coordinators and Computer Systems management for record / audit management. Requests for release of immunization and TB test information for job or clinical placement will be granted with verbal verification of 2 forms of identification (i.e. KCC ID # and DOB).

Student health records, including immunization and TB test records, are released to persons other than the student and those listed above **only** with **written** consent.

Exceptions will be made to release student health information only when a student is a threat to themselves or others or in medical emergencies. In case of a medical emergency, including Bloodborne Pathogen exposures, medical information will be released to health professionals who will continue the treatment of a student.

Protected Health Information

Health information protected by state and / or federal law, regarding Substance Abuse, Mental Health and HIV / AIDS related information is not released without specific, written authorization. This written authorization form can be obtained at Campus Health as needed.

Injury and Illness Reporting and Treatment Policy

Your signature below indicates that you have read and understand the policy on page 2 this form. ALL non-emergent care for injuries at clinical sites must be provided by St. Luke's Work Well Clinic to be eligible for payment by Kirkwood Community College. Please read the policy.

My signature below indicates that I have read and understand the Student Health Record Privacy and Confidentiality Statement and Injury and Illness Reporting and Treatment Policy. I have had an opportunity to have my questions answered.

Student's signature

Date

The following **Illness and Injury Treatment and Insurance Claims Reporting Policy and Procedure** is applicable to all Kirkwood Community College students participating in clinical programs.

I. Treatment and Reporting Procedure and Requirements

- A. Any Kirkwood student in a clinical setting, having knowledge of an incident, should report the incident immediately to their clinical instructor.
- B. **Non-Emergency and Non-Urgent Illness / Injury Incidents**
These incidents include those where an appointment is required and there is not an obvious concern of the threat of loss of life or limb if care is not urgently or emergently provided. Some examples of these incidents include minor sprains, strains, minor back pain, minor burns, and follow-up appointments for blood borne pathogen exposures.
- If the incident occurred on main campus, the employee or student should report to Campus Health for evaluation by the Campus Health Director and completion of the required documentation (letter “D” below). The incident needs to be reported within 24 hours (or the next business day).
 - After evaluation, the Campus Health Director and student will complete a Kirkwood Illness and Injury Report form. One copy of this form will remain in Campus Health office in the student medical file. A second copy of this form will be sent to the Insurance Program Manager in Kirkwood Business Services within 24 hours (or the next business day). The student can also be given a copy upon request.
 - All non-emergency or non-urgent healthcare evaluations related to the incident must be scheduled at St. Luke’s Corporate Health / Work Well Clinic located at 830 1st Ave NE, 319-369-8153. Failure to use St. Luke’s Corporate Health/ Work Well Clinic may result in loss of benefits for payment of services.
 - If off-campus (clinical sites, outreach centers), the Kirkwood Illness and Injury Report form (available @ <http://www.kirkwood.edu/campushealth>) should be completed and sent to Campus Health (132 Iowa Hall, Main Campus) within 24 hours of the incident and a phone call to report the incident to Campus Health should be made within 24 hours. All non-emergency / non-urgent healthcare evaluations related to the injury **must** be scheduled at St. Luke’s Corporate Health/ Work Well Clinic located at 830 1st Ave NE, 319-369-8153. Failure to use St. Luke’s Corporate Health/ Work Well Clinic may result in loss of benefits for payment of services.
- C. **Urgent and Emergency Medical Care Incidents**
These include incidents where there is a concern of the loss of life or limb. Some examples would include suspected heart conditions, severe back injury with neurological changes or severe pain, or a laceration needing stitches, blood borne pathogen exposures.
- In the Cedar Rapids / metro area, the designated emergency department is St. Luke’s Emergency Department located at 1026 A. Ave NE, Cedar Rapids, 319-369-7105.
 - At the outreach centers and clinical sites, a St. Luke’s or Iowa Health Systems medical facility is preferred, but the nearest facility should be used for a true emergency. The student should be triaged as if they were an employee of that facility.
- D. When a health insurance claim is received, an investigation will commence to determine the type of claim, severity of the incident, and the identification of the people and / or property involved.
- E. All students should submit all bills and / or receipts of medical services or care as a result of the incident to the Kirkwood Insurance Program Manager, 2nd Floor Kirkwood Hall, Main Campus.
- F. The student should notify the Kirkwood Insurance Program Manager of any claim they feel is not being resolved either as quickly as it should or in the manner they feel it should.
- G. Kirkwood students will be responsible for all costs deemed not covered by Kirkwood Community College after the claim has been adjusted and payment has been authorized.

Kirkwood students may be held responsible for all costs of non-emergency or non-urgent healthcare services related to a clinical injury or illness not provided by St. Luke’s Corporate Health / Work Well Clinic.