

REQUEST FOR HEALTH STATUS UPDATE REPORT

Student Name: _____
Program: _____ **Date:** _____

According to the Anne Arundel Community College School of Health Professions requirements, students are not permitted in the clinical setting unless they meet the qualification of "Good physical and mental health" and the definitive technical standards (listed below). Our primary concerns are the health and safety of both the student and the patient. Safety in the college laboratory may also be included in this policy.

We request our health professions students to seek a physician, nurse practitioner or physician assistant assessment of their health status and a statement verifying that the student can meet the clinical objectives without jeopardy to the patient or self if one of the following occurs:

- (1) The student is admitted to the program with an identified health problem requiring a periodic progress report on the student's health status
OR
- (2) A health problem occurs after the student is enrolled in the program requiring either a one-time or a periodic report of the student's health status.
OR
- (3) An exposure to sharps or blood or body fluids occurs in the clinical setting. In such a case an Incident Report must be completed and submitted to the director/chair or clinical coordinator of the program within 24 hours of the incident

We would appreciate your assistance in completing the attached Report. The form will be returned by the student to the Health Professions Admissions Coordinator. The Health Professions Coordinator will notify the program coordinator/director of any restrictions. If you have any questions regarding the information requested, please call the School of Health Professions main office at 410-777-7310.

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Technical Standards Required for Admission to the Health Programs ***To be reviewed by Physician***

Qualification: Good physical and mental health

ADMISSION CRITERIA: Student must be free of contagion and possess sufficient stamina with or without reasonable accommodations, as may be required by law, and mental stability to fulfill the requirements of the program and the customary requirements of the profession.

- Work for 8 - 12 hours performing physical tasks requiring sufficient strength and motor coordination without jeopardy to patient and student safety as, for example, bending, lifting, turning and ambulating patients.
- Perform fine movements and be able to manipulate instruments and wide variety of equipment according to established procedure and standards of speed and accuracy.
- Establish and work toward goals in a consistently responsible, realistic manner.
- Have auditory ability sufficient to monitor and assess health needs. (For example: communicate verbally, in an effective manner, with patients and other personnel)

Have visual ability sufficient for observation and assessment necessary for patient care. (For example: read and process patient related information like patient charts and requisitions)

HEALTH STATUS UPDATE REPORT

DIRECTIONS: Please fill in or check (✓) the appropriate blank.

1. STUDENT INFORMATION *(To be filled in by STUDENT)*

• STUDENT NAME _____

• COURSE NUMBER: _____ • DATE _____

• HEALTH PROBLEM/PHYSICAL LIMITATION such as orthopedic injury, surgery, pregnancy, and medication change. (please specify details) _____

☐ Periodic check for existing health problem/limitation ☐ Recent onset (specify date) _____

☐ Other (specify) _____

RELEASE OF INFORMATION

I hereby authorize _____ to release the medical information
PHYSICIAN/NP/PA
requested by the School of Health Professions, Anne Arundel Community College, regarding my health status.

STUDENT SIGNATURE/DATE _____

2. PHYSICIAN/HEALTH CARE PROVIDER EVALUATION OF HEALTH PROBLEM/LIMITATION
(To be filled in by physician/NP/PA)

• NATURE OF HEALTH PROBLEM/LIMITATION (please describe your findings) _____

• RECOMMENDED TREATMENT: DIAGNOSTIC PROCEDURES, MEDICATIONS, ETC. (please indicate if student is advised to withdraw from the program at this time) _____

• FOLLOW-UP VISITS SCHEDULED (dates) _____

• RESPONSE FROM HEALTH CARE PROVIDER (information requested by the Program) _____

--see next page--

3. RESTRICTIONS *(Please indicate restrictions if appropriate)*

• MAY ATTEND CLINICAL/COLLEGE LABORATORY WITH: _____ RESTRICTIONS
 _____ NO RESTRICTIONS

• IF RESTRICTIONS, CHECK (✓) THOSE THAT APPLY AND FILL IN DATES WHEN STUDENT CAN RESUME COMPETENCY EXPECTATIONS DESCRIBED ON FRONT OF THIS FORM, ITEM NUMBER 1 (COMPETENCY EXPECTATION)

RESTRICTION	DATES
<input type="checkbox"/> LIMITED OR NO HEAVY LIFTING, TURNING, AMBULATING PATIENTS (specify) _____ _____	_____ _____
<input type="checkbox"/> LIMITED OR NO PHYSICAL EXERTION--BENDING, PUSHING WHEELCHAIRS, STRETCHERS (specify), LIFTING (specify) _____ _____	_____ _____
<input type="checkbox"/> LIMITED HOURS IN CLINICAL. Specify number of hours: _____	_____ _____
<input type="checkbox"/> NO PATIENTS IN ISOLATION	_____ _____
<input type="checkbox"/> OTHER (specify) _____ _____	_____ _____
<input type="checkbox"/> _____ _____	_____ _____
<input type="checkbox"/> _____ _____	_____ _____
<input type="checkbox"/> _____ _____	_____ _____

Physician: Please note students must be able to lift at least 50 pounds to perform the normal duties for an allied health student in the clinical and laboratory settings

 Physician/NP/PA Name
 (PLEASE PRINT)

 PHYSICIAN SIGNATURE/DATE

 STREET ADDRESS

 PHONE NUMBER

 CITY

 STATE

 ZIP CODE

DISTRIBUTION: Student submits updated Health Status Form to Health Professions Admissions Coordinator in FLRS 306 or FAX: 410-777-4217. Admissions Coordinator places form in student health examination record.