



STUDENT HEALTH FORM

NOTE: This form is only for use by the Physician
Assistant Studies Program

SEND COMPLETED FORM TO:

Christian Brothers University
Health Resources, Office of Student Life
650 East Parkway South, Box T-4
Memphis, TN 38104

QUESTIONS?

Please contact the Departmental Assistants at (901) 321-3388

Name (print) _____ Birth date ____/____/____
Last First MI

Entry year into PA Program: _____

Phone () _____

Current mailing address _____
Street City State Zip

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize Christian Brothers University to obtain professional medical treatment for me in the event of an emergency. I also authorize the Department of Physician Assistant Studies to release a copy of the form to the Admissions Office and the Athletics Department in the event that the student chooses to participate in college athletics.

Signature _____ Date ____/____/____

Health Insurance

Students are responsible for obtaining and maintaining health insurance coverage throughout both phases of the program. Verification of personal health insurance will be kept on file in the PA Program. All clinical experiences require health and immunization information to be provided to clinical preceptors 4 weeks prior to a clinical rotation. Students should also have a copy of this form available the first day of each rotation.

Please note that students without health insurance will not be permitted to participate in patient contact activities in both the didactic and clinical phases. Failure to maintain current health insurance will result in suspension of all clinical activities and may put the student at risk of dismissal.

Immunizations

Prior to entering the program, all students entering the CBU PA program must submit health provider proof of a health examination and updated information of immunization (letter from provider/health certificate) indicating TB testing results and HBV immunization series. Required immunizations are in compliance with the US Centers for Disease Control and Prevention. For more information about immunization of Health Care Workers go to: <http://www.cdc.gov/mmwr/>. Students should be aware that failure to undergo required immunizations may preclude participation in many patient care experiences and rotations. If there are medical reasons precluding safe administration of vaccines, such as allergy to the vaccine or components thereof, documentation from a licensed provider must be submitted. Specific related requirements include:

MEASLES [RUBEOLA/RUBELLA/MUMPS] (MMR)

TENNESSEE STATE LAW requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. This record must be completed before registration and reflect proof of 2 MMR vaccinations administered on or after your first birthday, or documented proof of immunity to measles.

Contraindications to receiving the vaccines may include pregnancy, allergy to a vaccine component, other valid medical conditions, or religious tenets prohibiting vaccinations. If you believe you are entitled to an exemption based on one of the preceding grounds, you must provide a physician’s statement or an official clergy statement. If an exempted student contracts measles or if a measles outbreak occurs, it shall be the student’s responsibility to remain off campus until a physician gives written permission for the student to return to campus.

The following students are not required to provide MMR documentation.

If you were born before 1957 or if you graduated from a Tennessee public high school in 1999 or thereafter, you are exempt from these requirements. Please mark the appropriate option.

I am exempt from these requirements because:

- I was born prior to 1957.
- I graduated from a Tennessee public high school in 1999 or after.

Name of school/City _____

If exemption requirements above do not apply, you MUST submit one of the following documents: immunization cards or documents from Public Health Departments, WHO International Shot Records, or official documentation from prior universities, military health records or personal physician, etc. Photocopies are accepted, as originals will not be returned.

Check appropriate box and record date(s) given

Dates immunized with MMR vaccine (2 DOSES REQUIRED) #1 ____/____/____ #2 ____/____/____

Medically contraindicated because of medical condition

List reason(s) _____ (attach physician’s statement)

Refuses immunization because of religious objections (attach official clergy statement)

Had disease. Confirmed by health care provider office record ____/____/____

Has immune titer confirmation of diseases (MMR) ____/____/____

Specify type of titer _____

VARICELLA (CHICKENPOX)

On December 9, 2009, the Tennessee Department of Health (TDH) made changes to the immunization requirements for students entering higher education, effective for students enrolling in Tennessee institutions on or after July 1, 2011. This change requires proof of immunity to varicella virus for all new full time students born after 1979. Proof of immunity to varicella (chickenpox) is required meeting one of the four criteria.

I was born prior to 1980, therefore presumed immune through past illness or

History of chickenpox illness,

verified by licensed provider.

Year of illness: _____or

Documentation of blood test [serology (IgC)] showing immunity to varicella: Year: _____, or

Two (2) doses of varicella vaccine (given no earlier than 4 days before the first birthday, given at least 28 days apart)

DOSES: #1 ____/____/____ #2 ____/____/____

HEPATITIS B (HBV)

The requirements of the MSPAS program mandate that all students complete the Hepatitis B vaccination series. This vaccination series has been proven to reduce the risk of contraction of Hepatitis B. Federal law requires all health care institutions to provide the series to their employees. All health care institutions now require students in health care programs be protected prior to engaging in any clinical education experience. The program has adopted the recommendations of the CDC and is in agreement with our clinical affiliates that all students **MUST** complete the Hepatitis B vaccine as a prerequisite for participation in the Clinical Phase.

I hereby certify that:

I have previously been vaccinated for Hepatitis B (Dates given)

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

I have received the initial vaccine and plan to complete the series (Date given)

Dose #1 ____/____/____

Signature _____ Date ____/____/____

Name (print) _____ Birthdate ____/____/____

MENINGOCOCCAL MENINGITIS

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention is required to avoid serious illness or death. There are 5 different subtypes (called serogroups) of the bacteria that cause Meningococcal meningitis. The current vaccine does not stimulate protective antibodies to serogroup B, but it does protect against the most common strains of the disease, including serogroups A, C, Y, and W-135. The duration of protection is approximately 3-5 years. The vaccine is safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the injection site lasting up to 2 days.

Date of Immunization: ____/____/____

TETANUS/DIPHTHERIA/PERTUSIS (Tdap)

Students must provide proof of immunization within the past ten years. If you had Tetanus/Diphtheria (Td) vaccine only, and not Tdap, you must obtain Tdap, regardless of the date of last dose.

Date of Immunization: ____/____/____

ANNUAL INFLUENZA VACCINATION

Students are required to obtain annual flu vaccination to include H1N1. Failure to maintain immunization may preclude participation in clinical activities to include rotations.

Date of Most Recent Flu Immunization: ____/____/____.

TUBERCULOSIS SCREENING

A two-step PPD skin test is required for the PA program entry. The second part of the PPD is administered within 1-3 weeks of initial testing. Note: if both PPD and MMR are given, they must be given on the same day for the PPD to be accurate, or given 30 days apart. *PPDs must be*

read between 48-72 hours of administration. The result must be listed in millimeters (mm) and results must indicate whether positive or negative according to current medical standards. If the PPD is positive, further medical evaluation is required. Students must submit a copy of the chest xray report done as part of the evaluation or results of the Interferon-based assay (QFT or Tspot) along with provider certification that the student is disease-free.

Initial 2-Step PPD:

Date of test: ____/____/____ Date Read: ____/____/____ Result: (+) (-)

Annual 1-Step PPD:

Date of test: ____/____/____ Date Read: ____/____/____ Result: (+) (-)

HEALTH CARE PROVIDER:

Name _____ Address _____

Signature _____ Phone (____) _____

RECOMMENDED VACCINES

Polio Date of last dose ____/____/____ () OPV () IPV

TECHNICAL STANDARDS FOR ENTRY INTO CBU PA PROGRAM

Essential Functions and Technical Standards [A3.15e]

The Christian Brothers University Physician Assistant Program considers it essential that all physician assistant students have the knowledge and skills necessary to function in a variety of clinical settings. To meet this goal, every student must master a body of knowledge in the basic and medical sciences as well as the clinical medicine principles and technical skills necessary in a broad variety of clinical situations enabling them to render a wide spectrum of patient care. [A3.15e]

Completion of the PA program requires that each student independently demonstrate the ability to meet these standards continuously while enrolled. Surrogates may not be used nor may the student have undue dependence of technology or intermediaries. Students are required to acknowledge that they meet these standards at the time of matriculation into the program and prior to entering the clinical year.

Observation includes the ability to perceive, using senses and mental abilities, information presented in both educational and clinical settings. Educational information will be presented through lectures, small groups and one-on-one interactions, as well as written and audiovisual materials.

- The student must possess sufficient sensory (visual, auditory, tactile, olfactory) and mental abilities to accurately perceive information provided in the educational settings. This includes written and audiovisual materials, laboratories, diagnostic images, microscopic and physical examination.
- The student must be able to accurately observe (using visual, auditory, tactile, and/or olfactory senses) a patient's medical condition, including patient affect, up close and at a distance, with and without medical instrumentation. This includes but is not limited to radiography, electrocardiograms, sonograms, monitors and other graphic images.

Communication includes the ability to speak, hear, read, and write sufficiently to achieve adequate exchange of information with other healthcare professionals, patients and their support network.

- The student must have the ability to receive and process auditory information, and speak and write clearly for all communications with patients, their families, and other healthcare professionals.
- The student must communicate effectively through written and electronic media.
- The student must be able to communicate sensitively with patients and their families.
- The student must be able to read sufficiently to comprehend complex medical literature, and convey this information in easy to understand terms.
- The student must be able to perceive forms of non-verbal interpersonal communications including facial expressions, body language, and affect.

Motor/Tactile Function

- A student must have sufficient motor function to directly perform palpation, percussion, auscultation, and other diagnostic and therapeutic maneuvers.

- A student must be able to reasonably execute movements required to provide general and emergency medical care to patients. These skills require coordination of fine and gross motor skills, equilibrium and functional sensation.
- A student must have the capability to manipulate equipment and instruments for the performance of basic laboratory tests and procedures.
- A student must have the ability to move oneself from one setting to another and negotiate the patient care environment in a timely fashion.
- A student must have sufficient physical stamina to perform the rigorous course of didactic and clinical study. This includes long periods of sitting, standing and moving which are required for classroom, laboratory, and clinical experiences.

Cognitive/Intellectual Function

- A student must be able to demonstrate cognitive and problem solving skills in an efficient and timely manner in order to meet the Program Competencies. Problem solving is one of the critical skills demanded of physician assistants. It requires all of these intellectual abilities:
 - Comprehension of visual-spatial relationships.
 - Reading and understanding the medical literature and the patient's chart.
 - Learning, measuring, calculating, retrieving, prioritizing, analyzing, organizing, assimilating, integrating, and synthesizing technically detailed and complex information and applying this information appropriately.

Behavioral and Social Attributes

- The student must possess emotional stability for full utilization of her/his intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to both didactic studies and patient care.
- The student must be able to develop mature, sensitive, and effective relationships with patients and their family members, staff and colleagues.
- The student must be able to work collaboratively and effectively as a small group member as well as a health team member.
- The student must have sufficient interpersonal skills to relate positively with people across society, including all ethnic backgrounds, economic levels, sexual orientation, and belief systems.

PROVIDER CERTIFICATION OF GOOD PHYSICAL HEALTH

Student Name: _____ Date: ____/____/____

After conducting a personal medical history and physical exam and a review of all health information, I certify that this student is found to be in good physical and mental health and meets the above described technical standards for admission into the Christian Brothers University Physician Assistant Program.

Check appropriate line: with accommodations _____ without accommodations _____

_____, MD/PA/NP Date: ____/____/____

Address: _____

CHRISTIAN BROTHERS UNIVERSITY
PHYSICIAN ASSISTANT PROGRAM
STUDENT HEALTH SERVICES CERTIFICATION STATEMENT

MUST BE COMPLETED BY STUDENT HEALTH SERVICES

I HEREBY CERTIFY THAT _____ DOB ____/____/____
has an up-to-date student health record (securely maintained in the Student Health Office) including all Physician Assistant Program required immunizations (or proof of immunity) and 2-step PPD test. Based upon review of these records, I find the student meets all technical standards for participation in PA program activities.

Director of Student Health Services Signature

Date