STUDENT HEALTH REQUIREMENTS — Public Health

Student Health Requirements *(Check with site for site-specific requirements)*

Attached is the NCC health form that must be completed and **uploaded** to myRecordTracker®. All health-related information must be uploaded by the due date given in order to continue in the program. **Failure to upload all of the required information by the due date will result in dismissal from the program.**

The Health and Wellness Center at Northampton Community College is operated by St. Luke's University Health Network, Bethlehem, PA. Physical examinations and some of the required immunizations may be obtained at the Health and Wellness Center. Please call 610-861-5365 for more information or to schedule an appointment. You may also contact St. Luke's Urgent Care Center, 153 Brodhead Road, Bethlehem, PA, 610-954-3220, to make an appointment for health services if you do not have your own family physician.

Health insurance is **required** for all Health Career Programs and must be maintained throughout the duration of the Program. It is the student's responsibility to upload a copy of the front and back of the new insurance card immediately.

The checklist below provides an overview of what must be completed on the Health Form. Please be sure to check form BEFORE leaving Medical Provider's Office to ensure all items are completed.

PAGE 1 – Student Information (to be completed by student)		
☐	Personal Information	• Student to complete and sign first page of health form
☐	Health Insurance	• Students must have personal health insurance • Complete health insurance section on first page
AGE 2 – Physical (to be completed by physician)		
☐	Physical Performed by Medical Provider	• Bring health form and OSHA form to scheduled appointment • Medical provider MUST clear student for N95 fit testing • Be sure provider initials all boxes on Page 2 of Health Form and also signs form
AGE 3 – Immunizations, Vaccinations, and Titers (Bloodwork)		
☐	Varicella	• Must show proof of two Varicella vaccinations – *OR* – • Titer to prove immunity • Proof of disease is NOT acceptable
☐	MMR	• Must provide proof of two MMR vaccinations – *OR* – • Three titers to prove immunity (Measles, Mumps, Rubella)
☐	Hepatitis B	• Must provide proof of three Hepatitis B vaccinations
☐	Hepatitis B Surface Antibody – QUANTITATIVE Titer ****REQUIRED****	• All students are required to obtain Hep B Surface Antibody in addition to Hep B vaccination dates to show immunity level • Should be done now in case further vaccinations are necessary
☐	Hepatitis B Booster or Repeat Series	• Start immediately ONLY if antibody titer shows no (repeat all 3 doses) or low (get booster dose) immunity.
☐	Hepatitis C Antibody with Reflex to PCR	• All students are required to obtain a Hepatitis C Antibody Titer • If the result is positive, a Hepatitis C RNA test will be required • Test results must be dated within the past six months
☐	TDAP	• Proof of TDAP dated within 10 years
☐	Influenza Vaccination *(Seasonal)*	• Required for all classes
☐	COVID-19 Vaccination	• Must provide proof of COVID-19 vaccination(s) as mandated and boosters warranted (see myRecordTracker instructions)
AGE 4 – TB Testing (to be completed by physician or clinical staff)		
☐	Step #1 TB Test Results *(must be within 12 months of clinical)*	• 1st TB test must be administered, and results documented 48-72 hours later
☐	Step #2 TB Test Results *(must be within 3 months of clinical)*	• One week after 1st test is read, have second test administered, and results documented 48-72 hours later
☐	IMPORTANT NOTE REGARDING TB TESTING: • QuantiFERON® blood testing may be administered in place of the two-step TB testing. • QuantiFERON® or chest x-ray must be performed in the event of any positive results from the skin testing.	

NORTHAMPTON
COMMUNITY COLLEGE

NCC Health & Wellness Center

Main Campus ♦ College Center ♦ Room 120
3835 Green Pond Road ♦ Bethlehem, PA 18020
Phone: 610-861-5365 ♦ Fax: 610-861-4545

IMPORTANT: STUDENTS MUST OBTAIN ORDERS FROM THE HEALTH CENTER OR THEIR MEDICAL PROVIDER BEFORE GOING FOR LAB TESTING.

NCC Health & Wellness Center Physical Exam and Health Requirement Options		
Physical Exams	$25.00 *(by appointment only at the Health & Wellness Center)*	$50.00 *(at St. Luke's North*)*

Required Vaccines/Titers		
IMMUNIZATION	**VACCINE PRICES**	**TITER PRICES**
	*Available at both the Health & Wellness Center and St. Luke's North**	*Prices apply if paid at time of service*
Hepatitis B (per dose)	$50.00 *(3 doses needed for series)*	$29.15
Hepatitis B Surface Antibody		$29.15
Hepatitis C Antibody with Reflex		$20.00 *(Price will be higher if Antibody is positive)*
Meningitis (Menactra)	$135.00	
MMR (per dose)	$85.00 *(2 doses needed)*	Measles $26.82 Mumps $35.64 Rubella $26.82
Tetanus (Tdap)	$40.00 *(includes pertussis)*	
Tuberculin Skin Test (PPD)	$15.00 *(per test)*	QuantiFERON Gold® $80.00
Varicella (per dose)	$150.00 *(2 doses needed)*	$27.36
Venipuncture –		$4.50 *(One-time draw charge)*

** St. Luke's North may also charge an administration fee.*

Health and Wellness Center

Northampton Community College
College Center, Room 120
3835 Green Pond Road
Bethlehem, PA 18020

NORTHAMPTON COMMUNITY COLLEGE

PUBLIC HEALTH FIELD EXPERIENCE HEALTH FORM

For questions about health requirements, please contact:

610-861-5365
or
HealthCenter@Northampton.edu

PART I – REPORT OF MEDICAL HISTORY

Please complete *(print all sections)*. **International students**: please provide all health documents translated into English.

Student Name: _____ **Student ID #:** _____
Last *First* *Middle*

Home Address: _____ Gender: ☐ Male ☐ Female ☐ Other _____

City/State/Zip: _____ Preferred: ☐ He/Him ☐ She/Her ☐ They/Them

Home Phone: _____ Cell Phone: _____

Email Address: _____ **Date of Birth**: ____/____/____

Program/Major: **Public Health** On Campus Housing: ☐ Yes ☐ No

Semester: ☐ FA ☐ SP ☐ SU Year _____ Campus: ☐ Main ☐ Fowler ☐ Monroe

I. EMERGENCY NOTIFICATION

Name of Contact: _____ Relationship: _____

Home Address: _____ City/State/ Zip: _____

Primary Phone: _____ Alternate Phone: _____

II. MEDICAL HISTORY – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

ACCIDENT AND HEALTH INSURANCE (Required) – Student must upload a copy of current health insurance card (front and back) to myRecordTracker®. Student is required to have valid health insurance for the duration of the program, and must notify the Program Director and the Health and Wellness Center of any change in health insurance which occurs during the program, and upload a copy of the new insurance card.

If the above-named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above-named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Program Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency in which I am completing clinical requirements, and/or to the above-named emergency contact.

_____ _____
Student signature (Parent/Guardian if under 18 years of age) *Date*

PART II-REPORT OF MEDICAL EXAMINATION

A physical examination completed **within 6 months of the start of the clinical experience** by a licensed medical provider (MD, DO, CRNP, or PA-C) is **required** prior to entry into clinical practice. Clinical work is **PROHIBITED** until the required medical forms are uploaded and verified.

Name:_____ Student ID:_____ DOB:_____

I. Height_____ Weight_____ Blood Pressure_____ Pulse_____

II. Vision Uncorrected R_____ L_____
Corrected R_____ L_____

III. Clinical Examination: *Describe details of abnormalities* **Date of Examination**:_____

	Normal	Abnormal	Comments
Skin			
Head and scalp			
Eyes			
Ears/Hearing			
Mouth, Nose, Throat			
Neck			
Heart			
Lungs			
Abdomen			
Genitourinary			
Musculoskeletal			
Neurological			
Psychiatric			
Exposure to Hepatitis A, B, or C			*If positive for exposure, please submit titers.*

Allergies	
Medications taken on a regular basis	

****IMPORTANT** LICENSED PROVIDER, PLEASE INITIAL TO CERTIFY THE FOLLOWING:**	**INITIALS**
I certify that the applicant is free from communicable diseases in the communicable state.	
I certify that the applicant has no medical conditions or restrictions which will prevent the applicant from performing the essential functions of the job. (If the applicant has restrictions that require accommodation, please note them in the comments section below.)	
Comments *(if applicant has any limitations, please explain)*:	

Please print, type or stamp:

Name of Licensed Provider_____

Address:_____

_-

Signature of Licensed Provider_____ **Date**_____

CLINICAL REQUIREMENTS

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests before beginning your experience at Clinical Sites.

IMMUNIZATIONS (Vaccinations)

All students are required to UPLOAD **immunization records** to myRecordTracker® for the following:

- **Varicella** (Chickenpox) – 2 doses after age 12 months
- **MMR*** – 1st dose after age 12 months, and 2nd dose after age 4 years
- **Hepatitis B** – 3 doses
- **TDAP** – Tetanus Diphtheria Acellular Pertussis *(Dated within 10 years)*
- **Influenza** – Current Season *(Required if participating September – April)*

HEPATITIS B SURFACE ANTIBODY, QUANTITATIVE TITER

- **All Students** are required to obtain the **Hepatitis B Surface Antibody, QUANTITATIVE Titer** to determine immunity status and UPLOAD the **lab report** to myRecordTracker®**.**
- **Titer results must be dated within the past three years.**

HEPATITIS B REPEAT SERIES OR BOOSTER *(Required if titer shows no or low immunity)*

- If the Hepatitis B Surface Antibody, Quantitative Titer shows no immunity, the repeat series of three doses should be started immediately.
- If the titer shows low immunity, a booster dose should be given immediately. The repeat titer should be given one month after the booster or last dose.
- Any repeat doses, booster, and titer reports must be uploaded to myRecordTracker® each time they are received.

HEPATITIS C ANTIBODY WITH REFLEX TO PCR

- **All Students** are required to obtain the **Hepatitis C Antibody Titer.**
- If the result is positive, a Hepatitis C RNA test will be required.
- **Hepatitis C titer results must be dated within the past six months.**

COVID-19 VACCINATION AND BOOSTER RECORDS

- COVID-19 Vaccinations are required by major healthcare networks to protect yourself and others while working in healthcare. Please upload proof of full vaccination (one dose of J & J, or two doses of the Pfizer or Moderna vaccines). You will be required to provide a copy of your COVID-19 vaccination card to your internship/externship site.
- If you have received a COVID-19 booster, please provide proof, although not mandatory at this time.

TITERS (Bloodwork)

- **If immunization records are not available,** students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within three years.**
- Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

SUPPORTING DOCUMENTATION OPTIONS

- Immunization records can include your childhood and/or school immunization records – or a printout from your medical provider.
- Lab reports must contain titer results **dated within the past three years** showing level of immunity.

Name:_____ Student ID #_____
Last First Middle

TUBERCULOSIS SCREENING REQUIREMENTS

In order for any student to observe in any area of the Clinical Site, Tuberculosis screening must be administered and documented and may be obtained by skin testing or blood test. **Two** TB skin tests are required **within 12 months, the most recent within 3 months, of the start of your Clinical Experience**. A QuantiFERON-TB Gold blood test may be administered **within 3 months of the start of your Clinical Experience,** in lieu of the two TB skin tests. **Document the results below and/or upload relevant documentation.**

***** If results are positive (greater than 10mm induration), or if there is any history of a previous positive TB test, either the QuantiFERON-TB Gold blood test or chest x-ray must be performed.***

A. **Two TB Skin Tests** - within 12 months, **the most recent within 3 months**, of the start of the clinical experience.

STEP 1	Date	Arm	Results (mm)	Signature
Administered				
Results Read			☐ (+) ☐ (-) ____mm	

***** AND *****

STEP 2	Date	Arm	Results (mm)	Signature
Administered				
Results Read			☐ (+) ☐ (-) ____mm	

- OR -

B. **QuantiFERON-TB Gold or T-SPOT-*TB* blood test** - within **3 months** of the start of the clinical experience:
MUST UPLOAD COPY OF LAB REPORT.

- OR -

C. **Chest X-Ray** - within **6 months** of the start of the clinical experience:
MUST UPLOAD COPY OF CHEST X-RAY REPORT.

NOTE: *TB testing can be administered at the location of the student's choice (i.e., private physician's office, NCC Health and Wellness Center, or at any clinic.) The student is responsible for any and all charges.*

TO BE COMPLETED BY MEDICAL PROVIDER WHEN TB RESULTS ARE VERIFIED:

Please print, type or stamp:

Name of Licensed Provider_____

Address:_____

_ -

Signature of Licensed Provider_____ **Date**_____