

**COLUMBUS STATE COMMUNITY COLLEGE
HEALTH HISTORY**

Nurse Aide Training Program

NURC 101

Previously Mult 120

To be completed by the Student

PLEASE PRINT ALL INFORMATION

COUGAR I.D. _____

Name: _____ SS#: _____
Last First Middle

Address: _____
Street City State Zip

Date of Birth: _____ Phone: _____
Month/day/year Home Work

Program of Study: _____

Quarter to Begin Program: _____ E-mail: _____

INSTRUCTIONS FOR COMPLETION OF HEALTH RECORD

1. Please read and follow all instructions so we can process your records as quickly and accurately as possible. If you do not follow instructions or do not submit complete information, processing of your health record might be delayed, which might delay your ability to register into your courses.
2. Answer all questions. If the answer is “no, none, not applicable”, write that as your answer. Make certain you have entered your program of study above so we will know which requirements apply to you.
3. If you have reactions to latex rubber, you will need to complete the “**Latex Reaction Form**” which can be accessed from the college’s web site at www.csc.edu/docs/health/forms/LATEX.pdf . Print the form, complete your portion, then give the form to your physician to complete his or her portion. Your completed Latex Reaction Form must be submitted with the rest of your health record forms.
4. If you have a previous positive tuberculosis test or your test now is positive, you will need to complete the “**Annual Tuberculosis Screening**” form which can be accessed at www.csc.edu/docs/health/forms/Annual.pdf. PLEASE NOTE: A single tuberculosis test (or an “Annual Tuberculosis Screening” form if you have had a previous positive tuberculosis test) is required each year the student is in a health-related program at Columbus State.
5. If you have had a physical examination within the past year you can submit that documentation rather than have another physical at this time IF all of our needed information is on your documentation.
6. It is your responsibility, not your physician’s, to make certain that all health requirements have been completed and documentation of all items is submitted to the college. Please verify that you have the appropriate documents prior to submitting them to the college.
7. Remember to make photocopies of this health record and any immunizations or tests for your own file prior to submitting the health record to the college. Photocopies made later by the Academic Health Records Office will cost a minimum of \$5.00.
8. Allow up to five **business** days for us to process your health records. Records are processed in the order in which they are received. If your health records are submitted **less than five business days** prior to the beginning of the registration period, we cannot guarantee that we can process them before the first day of registration.
9. If you choose to fax your documents to the Academic Health Records Office at 614-287-5386, make certain your current name and Cougar I.D. are on each page you fax. If your health record documents are faxed **less than five business days** prior to the beginning of the registration period, we cannot guarantee that we can process them before the first day of registration.
10. All information must be completed before you will be eligible to register. Please note that you must have two Mantoux tests which are at least one week apart and/or two which have been given within the last year.

Do you have a sensitivity or allergy to **latex**? No_____ Yes_____ If yes, complete the "Latex Reaction Form" which can be accessed at www.cscce.edu/docs/health/forms/LATEX.pdf.

List all allergies and sensitivities you have including medications, food, & environmental:

List all surgical operations you have had with the date:

List all current health conditions you have:

List any previous significant health problems you have had:

Do you have a history of Varicella virus (chickenpox) _____ Please enter Month/Year _____

SUPPLEMENTAL IMMUNIZATION RECORDS: If you are accepted into any of the following programs, you may also have required immunizations to complete. You can access the immunization form for your program at www.cscce.edu/students/forms.htm. Immunizations are required for students in Dental Hygiene, Emergency Medical Services, Histology, Medical Assisting, Medical Laboratory, Nuclear Medicine, Nursing, Phlebotomy, Practical Nursing, Radiography, Respiratory, and Surgical Technology.

The information you are reporting to Columbus State Community College is used to provide immunization and health information required by the college's clinical affiliates, and to verify your ability to perform essential functions of the clinical tasks safely.

It is the policy of Columbus State Community College not to discriminate against any individual. This assurance of non-discrimination includes applicants for academic admission, and shall be applied regardless of race, color, gender, age, religion, ancestry, national origin, disability, or veteran status.

I certify that the health information I have given is accurate and complete. I understand that providing false information on this document is a serious offense which will result in disciplinary action. I understand that if my health, physical condition, or physical abilities change during my enrollment in a health-related program at Columbus State Community College I must report these changes to my program coordinator and to the Academic Health Records Office. I understand that immunization records and tuberculin testing results may be released to clinical sites prior to my clinical/practicum experiences. I understand that conditions which may affect my ability to perform essential functions of the clinical tasks or which may affect my ability to function with safety for myself and/or others might be discussed with my department chair or program coordinator.

Student Signature

Date

**COLUMBUS STATE COMMUNITY COLLEGE
HEALTH RECORD**

Physical Examination: May be performed by Physician, Nurse Practitioner or Physician's Assistant

Name: _____ SS#: _____
Last First Middle

Allergies: _____

Medications: _____

Height: _____ Weight: _____ Pulse: _____ B/P: _____

EXAMINER: Indicate your findings after examination of each system

EENT: _____

NEURO: _____

CV: _____

RESP: _____

ENDOCRINE: _____

MUSC/SKEL: _____

- If this student has any reaction to latex, please complete the Examiner's portion of the "Latex Reactions Form" that the student will supply to you.
- If this student is subject to any health emergency, please provide special emergency instructions below.
- If there is additional significant information about this student which would relate to his or her safety for patients or for self in a clinical or laboratory situation, please provide information below.

Does the student report a history of varicella virus (chickenpox)? _____ **Month/Year** _____

Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area?	Yes	No
Vision, such as reading gauges or thermometers?		
Hearing, such as in a classroom or when using a stethoscope?		
Speech, such as in a classroom?		
Lifting up to 50 pounds?		
Ambulation/Standing for several hours?		
Ability to handle stress?		
Sensorimotor (fine and gross)?		

Does the student have any limitations or restrictions? If yes, please provide specific facts regarding student's requirements _____

Tuberculosis Testing

Two-Step Mantoux (intradermal) is required. This involves two Tb Mantoux tests at least 7 days apart and within the last year. Two or three days after each Tb test is given it must be read by the physician, nurse, or physician's assistant. Tb tine tests are not acceptable per state regulations. Two Mantoux tests within the past year can be substituted per state regulations. If the student recently received an MMR or varicella vaccine, the tuberculosis test must be postponed until at least four to six weeks after the MMR.

Tb#1

Date given: _____

Date read: _____

Result: _____ mm.

Read by: _____

Tb#2 At least 7 days after the first Tb test:

Date given: _____

Date read : _____

Result: _____ mm

Read by: _____

If this test or a previous test is positive: Submit documentation of positive PPD and a negative chest x-ray post-conversion.

Examiner's Signature: _____

Print Examiner's Name: _____

Address: _____

Phone: _____

Date: _____

Submit completed health record to: Columbus State Community College, Academic Health Records Office, Room 134A Union Hall, 550 East Spring Street, Columbus OH 43215, or fax to 614-287-5386, including current name and social security number on all faxed pages. QUESTIONS?? Call 614-287-2450 or email to

pbaker@csc.edu - lwashi01@csc.edu

NURC 101& 102 INFORMATION

“Previously Mult 120 & Mult 126”

***ATTENDANCE is mandatory for both courses, including the first day of class.** Failure to attend may result in the student being dropped from the class. NURC 101 follows the guidelines from the Ohio Department of Health which regulates attendance requirements. NURC 102 involves laboratory practice each class and failure to attend class affects the student’s performance.

NURC 101** has a health record requirement which must be completed before registration can occur. ***You will not be permitted to register for the course until the health record is fully completed and received in the Health Office. The health requirement includes a physical examination within one year and a current two-step Mantoux test. Please begin the health record process as soon as possible, as it takes a minimum of ten days. There is no additional health record requirement for NURC 102.

***When a course section is listed as filled, no more students will be added to the section due to the space requirements in the lab; please do not ask to be added into a filled course section. Continue to check the course listings on the intranet to see if another student drops the course in your desired section; you could then register into that vacated position. Note that there are usually NINE or TEN sections of NURC 101 offered each quarter, in a variety of locations and time formats. Both NURC 101 & 102 are offered on the main campus and at our Dublin and Southeast centers. The courses are offered full-quarter as evening session and also offered as morning or afternoon sessions first term and second term. Please check the catalog schedule for all of the class offerings.**

*The books for NURC 101 are available in the book store:

Text: Assisting with Patient Care, 2nd edition by Sheila Sorrentino

Assisting with Patient Care Workbook, 2nd edition by Bernie Gorek

In addition students will be required to purchase:

Columbus State Community College NURC 101 (previously Mult 120) Student Handout (3 ring shrink wrapped workbook)

And/or

Columbus State Community College NURC 102 (previously Mult 126) Student Handout (3 ring shrink wrapped workbook)

*For Nurc 101 Clinical experiences (there is no uniform requirement for lab or class)

- 1) The uniform is a navy top and white pants or skirt. Do not purchase this before class; we will give you more specifics when class starts.
- 2) A watch with a second hand
- 3) Comfortable shoes such as athletic shoes which should be primarily white in color.

*Clinical dates for NURC 101:

- 1) There are 16 hours of clinical time required (minimum).
- 2) Clinical dates are on Saturday and Sunday if the student is taking the evening (5:30-9:00pm), afternoon section (1:-4:30pm), or the morning section (8:30-12:00pm).
- 3) Clinical days are during class time if the student is taking the morning sections which are 8am-12:30pm.

*If you are already a state tested nurse aide and are currently on the Ohio Nurse Aide Registry, you do not need to take NURC 101 but need to see Barbara Kerr in Union Hall, Room 524 to apply for “N” credit. She can also be reached at 287-5926.

*For further information, contact Rita Krummen at 287-5387.

Health Care Related Programs Risks and Pregnancy Guidelines

Students in each of the college's health-related programs, where laboratory or clinical practice is part of the course, will be working with other students and patients in various states of health/illness. As stated in the contracts with our clinical partners, no patient is discriminated against in the provision of health care. Therefore, students may be exposed to various diseases, micro-organisms and pathogens. All students learn 'Standard Precautions' and are required to practice these in labs and clinical facilities in order to minimize risk. However, it is important to understand there is always risk.

Examples of potential risks to students in clinical/laboratory placements include:

- Ionizing radiation may cause damage to a student or developing fetus, when the student does not use required shielding.
- Students may be exposed to communicable diseases. Students are required to have immunizations and health exams prior to beginning some laboratory and all clinical courses.
- Risk of falling, especially on wet surfaces.
- Risk of injuries related to lifting heavy objects or moving patients
- Risk of needle-stick or instrument-related injuries
- Risk of bloodborne pathogen exposure
- Risk of infections or injuries incurred through working with animals.

Statement Regarding Pregnancy:

Student disclosure of her pregnancy status to program personnel is strictly voluntary. While the college does not require that a pregnant student disclose her pregnancy, the college encourages any student who is pregnant or may become pregnant to discuss with her advisor any potential risks and limitations.

Pregnancy does not preclude a student from remaining in a health-related program. Students disclosing a pregnancy are encouraged to have their health-care practitioner document any restrictions that may assist the college in providing reasonable accommodations when required.

Should the student's health-care provider indicate that there are restrictions, once notified, the college is required to abide by the restrictions. If a student is placed on restrictions by her health-care provider and these restrictions are significant enough to compromise the student's ability to continue in a laboratory course or clinical placement, the student may be required to withdraw from the course and re-enter the program at a later date, following delivery. If a health-care provider indicates that there are no restrictions, the student may continue in her laboratory or clinical course without any changes.

Statement Regarding Infectious Diseases:

Students may be exposed to many types of communicable diseases in the clinical environment. These diseases are not limited to but may include: Hepatitis (A, B, C or D), HIV/AIDS, TB, measles, mumps, rubella, rubeola, etc. ALL students are required to have appropriate immunizations after they are admitted to their program of study (specific information is given to all admitted students). Requirements vary from program to program, depending on the clinical environments. Additionally, although all precautions are taken to minimize exposure and risk, there is always a slight possibility that precautions may fail or that a student may accidentally expose him/herself. All students entering a health-related program of study must be aware of this slight, but real, potential. While students in some programs are required to maintain personal health insurance, ALL students are encouraged to do so.

Health Care Related Programs Pregnancy Risk Form

Student Section:

I have read the Health Care Related Programs Risks and Pregnancy Guidelines and understand the potential risks that may exist to me and my unborn child should I decide to continue in health program laboratory and clinical placements for the remainder of my pregnancy.

Student signature: _____

Date: _____

Health Care Provider Section:

I have read the Health Care Related Programs Risks and Pregnancy Guidelines and am identifying the following laboratory/clinical practice restrictions that my patient is to adhere to for the remainder of her pregnancy:

Student Name _____ EDC _____

Laboratory/Clinical Restrictions: (please be specific)

Laboratory/Clinical Restrictions:

Physician Name: _____

Date: _____