

Health Screening Page 1 of 4 ****Health Care Provider Use Only****

STUDENTS: complete this page prior to physical exam visit to assist the Health Care Provider in assessing whether all health requirements have been met.

Student Name (printed)

Date of Birth (M/D/YYYY)

Age

Address

Phone Number Home Cell

Non-Credit or Certificate Programs

Please select program below

- ☐ Community Healthcare Worker
☐ EMT/Paramedic
☐ Phlebotomy
☐ Polysomnographic Technology

Undergraduate Programs

- ☐ AAS Nursing
☐ BSN/ABSN Nursing
☐ Health Information Technology
☐ Healthcare Administration
☐ Medical Imaging
☐ Radiologic Technology
☐ RN-to-BSN Online
☐ Surgical Technology

Graduate Programs

- ☐ Master of Health Administration
☐ Master of Physician Assistant Studies
☐ Master of Science in Nursing
☐ RN-to-MSN Online

Documentation Type Needed:

Proof of vaccinations are initially accepted for Non-Credit or Certificate Program students (titers may later be required by clinical site)

Proof of positive titers are required for Undergraduate and Graduate Program students; if titers do not show immunity, vaccination series must be repeated (subsequent titer is required for Hepatitis B)

Medical History

Have you ever been diagnosed with any of the following conditions or illnesses?

Asthma or COPD Yes ☐ No ☐

Heart Disease Yes ☐ No ☐

Diabetes Mellitus Yes ☐ No ☐

High Blood Pressure Yes ☐ No ☐

Hepatitis Yes ☐ No ☐

Tuberculosis Yes ☐ No ☐

Seizures Yes ☐ No ☐

Other serious illness or medical condition Yes ☐ No ☐

Cancer Yes ☐ No ☐

If the answer is "yes" to any of the above, please explain: _____

Surgeries

Allergies

Current Medications

Office: Academic Affairs

Date: 12/7/23

Health Screening Information – All Clinical Students

2221 Madison Avenue, Toledo, Ohio 43604

1.888.80.MERCY [mercycollege.edu](https://www.mercycollege.edu)

Health Screening Page 2 of 4 **Health Care Provider Use Only****Vital Signs: To be completed by Health Care Provider**

Height _____ (in.) Weight _____ (lbs.) BP _____ / _____ Heart Rate _____

	Normal	Abnormal	Deferred	Comments
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulmonary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breast, if indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pelvic (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rectal (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Office: Academic Affairs**Date: 12/7/23****Health Screening Information – All Clinical Students**

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Health Screening Page 3 of 4 **Health Care Provider Use Only****HEALTH SCREENING REQUIREMENTS****COVID-19 Vaccination – ALL STUDENTS:**

Bon Secours Mercy Health does NOT currently require the COVID vaccine, but vaccines are still highly recommended and encouraged. **NOTE: Proof of two-dose Moderna/Pfizer or single dose Johnson & Johnson COVID immunizations may still be required by some clinical sites.**

ALL CLINICAL STUDENTS

Clinical students in Mercy College of Ohio health programs must demonstrate compliance with the following health screenings/immunizations and BLS certifications.

IgG Antibody Titer (blood draw) lab reports showing proof of immunity are required for most students. Students in non-credit and certificate programs (identified on page 1 of Health Screening) may provide proof of immunization unless titers are required by clinical site.

Lab reports/screening and immunization documentation must be provided to student.

IMMUNIZATIONS

- a. **Hepatitis B IgG Antibody Titer*** – must show immunity (positive)
- b. **Measles (Rubeola) IgG Antibody Titer*** – must show immunity (positive)
- c. **Mumps IgG Antibody Titer*** – must show immunity (positive)
- d. **Rubella (German Measles) IgG Antibody Titer*** – must show immunity (positive)
- e. **Varicella (Chickenpox) IgG Antibody Titer*** – must show immunity (positive)

***If titers are negative:**

- **Hepatitis B:** 3 doses of Hepatitis B (3-dose series: 0, 1 and 6 months) **OR** (2 dose series: 0 and 2 months). Anti-HBs serologic retest 6-8 weeks after final dose.
 - **Measles/Mumps/Rubella** (any negative): 2 doses (0 and at least 28 days later). No serologic retest necessary.
 - **Varicella:** 2 doses (0 and at least 28 days later). No serologic retest necessary.
- f. **Tetanus/Diphtheria/Pertussis:** Include documentation of Tdap during lifetime **AND** proof of adult Td booster or Tdap within past ten years.
 - g. **Meningococcal Vaccine (Physician Assistant students ONLY)**
 - Provide documentation of meningitis vaccination:
 - i. MenACWY (conjugate) vaccines (Menveo® and MenQuadfi®) – single dose followed by a booster administered a minimum of 8 weeks later
 - OR**
 - ii. MenABCWY (conjugate and recombinant protein) vaccine (Penbraya™); – single dose followed by a booster administered a minimum of 6 months later
 - AND**
 - If last vaccination is older than five years, documentation of an additional booster of MenACWY or MenABCWY is required. Renewal will be set for 5 years
 - h. **Annual influenza immunization for current flu season.** (Influenza immunizations are generally available free of charge to Mercy College students at flu vaccine clinics offered on campus or through MercyHealth).

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Health Screening Page 4 of 4 **Health Care Provider Use Only****SCREENINGS****

- i. **Tetanus-Diphtheria-Pertussis (Tdap)** – must provide documentation of Tdap during lifetime, and if Tdap is older than 10 years must also provide documentation of adult Td booster or Tdap within past 10 years
- j. **Tuberculosis (TB) Screening or TB Blood Draw**** - one of the following, must be negative; renews annually:
- 2-step Mantoux PPD at entry followed by annual 1-step PPD
 - Previous 2-step Mantoux PPD with subsequent annual 1-step PPD screenings
 - Serum T-Spot or QuantiFERON test annually
 - In the event student has had the BCG vaccination, serum T-Spot or QuantiFERON test annually
 - (1) If TB screen is *positive*, negative chest X-ray radiology report within past 5 years with negative TB Symptoms Review
 - (2) If chest X-ray is *not* negative, one of the following is required:
 - (i) Confirmation of appropriately collected negative sputum results, **OR**
 - (ii) proof of adequate treatment and medical clearance (free from communicable diseases) with appropriate follow-up as indicated by Health Care Provider.
- **NOTE:** *Physician Assistant students with a positive TB test must show adequate treatment and/or medical clearance as indicated PRIOR TO THE FIRST DAY OF CLASSES.*
- All other students with a positive TB test must show adequate treatment and/or medical clearance PRIOR TO CLINICAL OR PRACTICUM ASSIGNMENT.*
- k. **Annual Influenza Immunization** (during active flu season)

**** Completed Health Screening Clearance to be uploaded to CastleBranch ****

Health Program Screening Clearance for: _____

Student Name

Are required screenings and immunizations appropriately up to date? Students may be in-process, provided they remain current with screening/immunization schedules.

Yes ☐ No ☐ If no, please explain below:

I medically clear this student for entry into a health program at Mercy College of Ohio.

Yes ☐ No ☐ If no, please explain below:

Practice Name and Address (include City, State, Zip Code)

Practice Phone Number

Practice Fax Number

Health Care Provider's Name (please print) and Title/Credentials

Date

Health Care Provider's Signature

Office: Academic Affairs

Date: 12/1/21

Student: Upload 530-H Health Screening Clearance to CastleBranch