

## SADDLEBACK COLLEGE

### Student Health and Wellness Center

28000 Marguerite Parkway SSC 177 • Mission Viejo •  
92692-3635 Phone 1-949-582-4606 • Fax 1-949-582-4227  
Telehealth: <https://studenthealth.saddleback.edu>

## MANDATORY HEALTH ASSESSMENT AND IMMUNITY STATUS REQUIREMENTS FOR HEALTH SCIENCE PROGRAMS

### Instructions to Obtain A Program Verification Clearance Letter:

- It is **necessary** for you to submit copies of **ALL** of your required medical records to the Student Health Center for review prior to uploading it Castle Branch or eValue to receive a Program Clearance Letter for admission into any health science programs. Allow up to 24 hours once we receive all documents to receive your program clearance.
- First make an in person or Telehealth visit at <https://studenthealth.saddleback.edu> with the RN to review requirements, your options and answer any questions you may have. (You must apply to Saddleback College and have an active Saddleback email and Student ID to make an appointment with the Student Health Center).
- Proof of immunity may take several months to complete depending upon your initial titer lab results so have the titers drawn immediately. You must complete the requirements by the due date provided by your Program Chair.
- **These requirements can be completed by the Student Health Center or by your Health Care Provider. However, if you complete them with your healthcare provider you MUST make an appointment with the Student Health Center RN for the Program Verification Clearance Letter. Copies of all immunization/titers/physical records will be required.**
- You can access you digital vaccine record at [myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov)

### Required Laboratory Tests:

You **MUST** provide documentation of immunity to the following diseases by blood testing (positive titer) results - titer results do not have a expiration date:

- Measles (Rubeola)
- Mumps
- Rubella
- Varicella
- Hepatitis B

### Required Tuberculosis (TB) Screening– (Either TST, IGRA or Chest X-ray): \* Health Science Programs are required to provide current Annual Negative TB Proof.

- Two-step TST(tuberculin skin test) = (2 TST's minimum of 1 week apart, which is 4 visits): is required if you have not had a TST skin test within the past year.  
OR
- One-Step: Proof of two negative TST's *in the past 2 consecutive years*  
OR
- Proof of a current negative QuantiFERON Gold or T-Spot blood test  
➤ OR  
➤ Proof of a current negative TB chest X-Ray

### Immunization with the following vaccine are required.

- TDAP, COVID (full immunity) & Seasonal Flu Vaccines

Hospitals require the seasonal flu shot. **IF you decline, you must wear a mask at all times while providing patient care from Oct 1<sup>st</sup> through March 31<sup>st</sup>. Any declination will result in a not-cleared status and will require you to meet with the department chair/dean to determine if you can be placed and proceed in the program.**

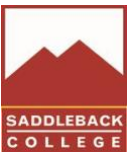
**Physical exams** are required by a licensed health care professional. You must provide documentation of immunity to the following diseases by blood test (titer) results. If you are in need of any immunizations or titers you may obtain them at the Student Health Center. The costs are listed below. A checklist is also included for you to use as a guide.

Vaccines		Blood Tests	
TST	\$20	QuantiFERON gold	\$55
TDAP 1 dose in the past 10 years (8 years for RN students)	\$75/dose	None	N/A
MMR (2 doses in lifetime, minimum of 30 days apart)	\$85/dose	MMR titer	\$50
Varicella (2 doses in lifetime, Minimum of 30 days apart)	\$160/dose	Varicella titer	\$20
Hepatitis B (3 doses over a 6- month period in lifetime)		Hepatitis B titer	\$15
Hepatitis B (2 doses over a 2 month period in lifetime)	\$135/dose		
Seasonal flu shot	\$20		
COVID Vaccine	Free		
Physical exam	\$20		

#### Checklist for Required Documentation:

- Physical exam completed by a licensed healthcare provider.
- TST: 2 current negative TST within the past year or 2 negative TST in the past 2 consecutive years OR a negative QuantiFERON Gold/T-Spot blood test
- OR current negative TB chest x-ray  
(\*Has to last through the current semester, except RN and MLT students-has to last through the full year)
- Measles (Rubeola), Mumps, Rubella (MMR): Proof of immunity via blood test (titer).
- Varicella: Proof of immunity via blood test (titer).
- Hep B: Proof of immunity via blood test (titer).
- TDAP: 1 dose in the past 10 years (\*8 years for RN students).
- Seasonal flu vaccine
- COVID vaccine and full immunization (2 weeks post last vaccination date on documentation).

**Attention Veterans:** If you are using your G.I. Bill education benefit, the VA will pay for your required health assessment and vaccines at the Saddleback College Student Health Center. Contact the Veterans Office at 1(949) 582.4870 **prior** to scheduling your appointment. You will not be reimbursed if you pay for the health assessment or vaccines before contacting the Veterans Office.



**Saddleback College Health Science and Human Services  
Physical Evaluation and Recommendation**

**Applicant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**To the Applicant - Complete the Medical History below BEFORE your appointment:**

Have you ever had or do you currently have?	NO	Yes (explain)
Impaired hearing		
Impaired vision		
Shortness of breath on exertion		
Pain, pressure or tightness in the chest		
Fainting spells, dizziness or blackouts		
Excessive weakness or fatigue		
Epilepsy or seizures		
Severe depression and/or anxiety		
Addiction to narcotics, alcohol or other illegal drugs		
Low back pain or a "slipped disc"		
Joint pain		

**Medical Documentation: To Be Completed by Medical Provider ONLY**

**Vision:** OD 20/\_\_\_\_ OS 20/\_\_\_\_ **Check one:**     Corrected     Uncorrected

Areas evaluated	Normal	Abnormal/Findings
Eyes		
Ears, Nose, Throat		
Heart, Lungs		
Spine		
Range of Motion: Back/Extremities		
Neurological Status		
Emotional Status		

**Check one:**

- I certify this student meets the physical standards described in the attached Advisory Statement and Instructions for the Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Programs.
- Conditionally qualified for program placement: Student must obtain written medical clearance from a private physician or other specialist for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

- Not qualified for program placement for the following reasons:

\_\_\_\_\_

**\*\* Provider's Signature and Date\*\***

\_\_\_\_\_

**I hereby authorize release of all records of my examination to  
the Health & Wellness Center at Saddleback College**

\_\_\_\_\_

**Applicant's Signature**

<p><b>Provider's Office Stamp</b></p>    
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## Saddleback College

### Advisory Statement to the Licensed Health Care Provider

In the best interest of our students, please be aware that certain physical, emotional and learning abilities are necessary in order to protect the individual student's wellbeing and provide for the safety of each patient/client placed in his/her care. The following are basic physical and emotional abilities required of the student for success in the Health Sciences Programs:

<b>Activity</b>	<b>Time frame bases off a 12-hour clinical day</b>	<b>Description</b>	<b>Examples of Activity/Equipment</b>
<b>Standing &amp; Walking</b>	Less than 75% or 3-5 miles	<ul style="list-style-type: none"> <li>● on carpet, tile, linoleum, or cement</li> </ul>	<ul style="list-style-type: none"> <li>● providing care</li> <li>● obtaining supplies &amp; specimens</li> <li>● monitoring / charting patient response</li> <li>● managing / coordinating patient care.</li> </ul>
<b>Lifting</b>	Up to 30 times a day:	<ul style="list-style-type: none"> <li>● equipment up to 35 lbs               <ul style="list-style-type: none"> <li>○ floor to knee</li> <li>○ knee to waist</li> <li>○ waist to shoulder</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● trays</li> <li>● continuous passive motion machines</li> <li>● pulse oximeters</li> <li>● patient controlled analgesia pumps</li> </ul>
<b>Lifting</b>	Up to 75%	<ul style="list-style-type: none"> <li>● assisting patient movement:</li> <li>● average patient weight:               <ul style="list-style-type: none"> <li>● 150-200 lbs.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● transferring or turning patients</li> </ul>
<b>Carrying</b>	Less than 50%	<ul style="list-style-type: none"> <li>● carrying less than 10 lbs.</li> </ul>	<ul style="list-style-type: none"> <li>● charts</li> <li>● trays</li> <li>● supplies</li> </ul>

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
Sitting	Up to 50%	<ul style="list-style-type: none"> <li>communication / documentation</li> </ul>	<ul style="list-style-type: none"> <li>working on computers</li> <li>answering phones</li> <li>reviewing charts</li> </ul>
Pushing & Pulling	Up to 75%	<ul style="list-style-type: none"> <li>moving / adjusting equipment</li> </ul>	<ul style="list-style-type: none"> <li>beds</li> <li>wheelchairs</li> <li>IV pumps</li> <li>Furniture</li> </ul>
Balancing & Climbing	Less than 75%	<ul style="list-style-type: none"> <li>activities requiring good body mechanics</li> </ul>	<ul style="list-style-type: none"> <li>climbing stairs</li> <li>physically supporting patients</li> </ul>
Stooping & Kneeling	Up to 50%		<ul style="list-style-type: none"> <li>retrieving/stocking supplies/medications</li> <li>assessing equipment attached to patients</li> <li>using lower shelves of carts</li> </ul>
Bending	Up to 75%	<ul style="list-style-type: none"> <li>at the waist to get supplies, monitor patients, administering medications</li> </ul>	<ul style="list-style-type: none"> <li>monitoring patients</li> <li>gathering supplies</li> <li>patient positioning</li> <li>administering IVs</li> <li>adjusting patient beds</li> <li>assisting with bathing</li> </ul>
Crouching & crawling	Less than 25%	<ul style="list-style-type: none"> <li>retrieving or adjusting equipment on the floor</li> </ul>	

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
<b>Reaching &amp; Stretching</b>	Up to 75%		<ul style="list-style-type: none"> <li>• hanging &amp; removing IV bottles/bags</li> <li>• gathering supplies</li> <li>• connecting equipment</li> <li>• assisting with patient care</li> <li>• performing transfers &amp; positioning.</li> </ul>
<b>Twisting &amp; Turning</b>	Up to 50%	<ul style="list-style-type: none"> <li>• twisting at waist</li> <li>• turning neck</li> </ul>	<ul style="list-style-type: none"> <li>• while gathering supplies</li> <li>• operating equipment</li> <li>• checking IV lines</li> <li>• bathing patients</li> <li>• assisting patients to walk</li> </ul>
<b>Talking</b>	Up to 90%	<ul style="list-style-type: none"> <li>• ability to speak in English</li> </ul>	<ul style="list-style-type: none"> <li>• ability to communicate with a wide variety of people and easily understood.</li> </ul>
<b>Hearing</b>	Up to 90%	<ul style="list-style-type: none"> <li>• hear and correctly interpret what is heard with patient assessment</li> </ul>	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> <li>• taking verbal or telephone orders</li> <li>• communicating with patients, visitors &amp; other members of the health care team</li> <li>• physical assessment of cardiovascular, pulmonary &amp; gastrointestinal sounds</li> <li>• analysis of patient monitor alarms</li> </ul>
<b>Manual Dexterity</b>		<ul style="list-style-type: none"> <li>• Fine &amp; gross dexterity of the hand and fingers</li> </ul>	<ul style="list-style-type: none"> <li>• grasping equipment</li> <li>• opening medication packages</li> </ul>

Activity	Time frame bases off a 12-hour clinical day	Description	Examples of Activity/Equipment
<b>General Extremity Motion:</b>		<ul style="list-style-type: none"> <li>• Motor ability</li> </ul>	<ul style="list-style-type: none"> <li>• upper extremity: shoulder, elbow, wrist, hand, fingers and thumb</li> <li>• lower extremity: hip, knee, ankle, foot and toes</li> <li>• neck: turn, flex and extend</li> </ul>
<b>Feeling</b>		<ul style="list-style-type: none"> <li>• Sensory ability</li> </ul>	<ul style="list-style-type: none"> <li>• sensation to heat &amp; cold when assessing patients/clients</li> <li>• capacity to feel heat, cold, pain &amp; pressure to the self, protecting from personal injury</li> </ul>
<b>Vision</b>		<ul style="list-style-type: none"> <li>• Visual Acuity</li> </ul>	<p>Read &amp; interpret charts, reports, monitor equipment. Detect patients' signs and symptoms (color of skin, wounds, drainage and other body fluids, infusion sites). Detect a change in patient/client status.</p>
<b>Olfaction</b>		<ul style="list-style-type: none"> <li>• Unusual Odor Detection</li> </ul>	<ul style="list-style-type: none"> <li>• identify abnormal scents associated with numerous body fluids, wounds and patients/clients with casts or other appliances</li> </ul>
<b>Emotional</b>		<ul style="list-style-type: none"> <li>• Emotional Stability</li> </ul>	<p>emotionally stable under normal and stressful circumstance encountered in the health care setting.</p>