

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 Appointments: <https://studenthealth.saddleback.edu>

MANDATORY HEALTH ASSESSMENT AND IMMUNITY STATUS REQUIREMENTS FOR EMT PROGRAM

Instructions to Obtain a Program Verification Clearance Letter:

Our role at the Student Health Center is to review and pre-screen your medical documents to ensure you are compliant with the health requirements for your clinical sites. A Program Verification Clearance Letter is required to start your clinical rotations. This will be emailed to you once we receive and accept all the required medical documents.

- The first step is to make an in person or telehealth appointment with the RN to review requirements, discuss your options, answer questions, and begin to submit documents. You must apply to Saddleback College and have an active Saddleback College email and Student ID to make an appointment with the Student Health Center. Please read this packet in its entirety prior to your appointment. You can make an appointment online at <https://studenthealth.saddleback.edu> or call 1-949-582-4606.
- After your initial visit you may drop off your documents at our front desk, schedule a telehealth visit to upload them in the Zoom chat, or fax them to 1-949-582-4227 (by downloading a free fax app on your cell phone or go to Staples, FedEx etc.). Our fax can receive documents 24/7. You cannot email medical records as it is not HIPAA compliant.
- If you complete these requirements with your own medical provider, you need an in-person or telehealth visit to submit completed documents.
- Please submit documents as you receive/complete them so we can make sure you are on the right track. Do not wait until the deadline date to turn everything in.
- Once all documents have been approved you will receive a Program Verification Clearance Letter via your Saddleback College email and the department will be copied. Allow 24 hours to receive your Program Verification Clearance Letter after submitting your medical documents.
- Once you receive your Program Verification Clearance Letter, you may then upload all your documents to Castle Branch. If you have questions related to Castle Branch, please contact your Program Specialist/Assistant.

Required Medical Documents: (Further explanation on the next page)

Proof of Immunization OR Positive Titers:

- MMR: 2 doses in your lifetime, at least 28 days apart OR Positive MMR Titer (Measles IgG, Mumps IgG, Rubella IgG)
- Varicella: 2 doses in your lifetime, at least 28 days apart OR Positive Varicella Titer (Varicella IgG or ACIF)
- Hepatitis B: 2 or 3 doses in your lifetime, depending on type of series OR Positive Hepatitis B Titer (Hepatitis B Surface Antibody)

2 Step Tuberculosis (TB) Screening:

- 2 recent TB skin tests (TST/PPD) OR 1 IGRA (T-spot or QuantiFERON Gold)
- Chest Xray ONLY if your TST or IGRA is positive

Vaccinations:

- COVID-19 vaccines
- Tdap
- Current seasonal influenza vaccine

*You may download and print your digital vaccine record at <https://myvaccinerecord.cdph.ca.gov/>

Physical Exam:

- On form provided. Must be signed, stamped, and dated. To be done during the dates provided by the program.

MMR Vaccine:

- This vaccine protects you from Measles, Mumps, and Rubella. A full series is 2 doses in your lifetime, given at least 28 days apart.

Varicella Vaccine:

- This vaccine protects you from Varicella (chickenpox). A full series is 2 doses in your lifetime, given at least 28 days apart.

Hepatitis B Vaccine:

- This vaccine protects you from Hepatitis B. There is a 3-dose series which is given over a 6-month period. There is also a 2-dose series which is given at least 28 days apart.

Titers (bloodwork):

- If you do not have proof of vaccination, you can submit titers. Titers are lab test results that show you are immune to a disease. The first step is to get your blood drawn to see if you are immune to the diseases. If you are not immune (negative or equivocal titer), the next step is to get a booster vaccine immediately. You must then wait a minimum of 4 weeks to recheck your titer. If you recheck earlier than 4 weeks your result is not valid.
- Most people are not immune even if they received all their childhood immunizations. This process may take several months, so it is important to get started on it right away.
- Titer tests do not have an expiration date.

Tuberculosis Screening:

- The clinical sites require a 2 Step Tuberculosis (TB) screening. One option is to do TWO TB skin tests (TSTs/PPDs) 1-3 weeks apart. This requires 4 separate visits and can take up to 3 weeks to complete. You can also submit two TSTs from subsequent years.
- Your other choice is an IGRA blood test. This is the T-spot or QuantiFERON Gold. This can take 3-5 days for the lab result.
- If any of your TB tests are positive, you are required to submit a Chest Xray that shows no active TB. Chest Xray is only acceptable proof if a TST or IGRA is positive.
- TB screenings are valid for 1 year.

Covid-19 Vaccination:

- The clinical sites require Covid-19 vaccinations. You can submit proof of a Moderna/Pfizer primary series and one booster or a single booster administered 4/2023 or later.
- If you received another brand of Covid-19 vaccination, we will discuss your options with you.

Tdap Vaccination:

- A current Tdap vaccination is required by the clinical sites. Tdap vaccines are valid for 10 years and must last through the entire program.
- A Td vaccine is not accepted.

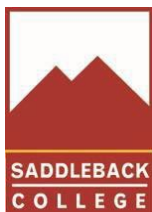
Influenza Vaccination:

- You must submit proof of the current seasonal influenza vaccine. A new influenza vaccine is released every August. Influenza is detected year-round and typically peaks between December and February.

Physical Exam:

- You must complete a physical exam with a healthcare provider on the form provided. The form must be completed in its entirety, including the vision screening. The form must be signed by you and the provider. It must contain an office stamp and the date of service.
- The physical exam is valid for 1 year.

*If you choose to decline any of the above medical requirements you must speak with the Program Specialist/Assistant for further advisement before making your initial appointment.



You may complete these requirements at the Student Health Center or through your personal medical insurance. The prices at the Student Health Center are listed below. We do not accept health insurance.

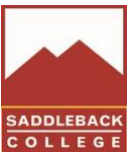
| | |
|------------------------------------|------|
| MMR IgG Titer | \$50 |
| Measles IgG Titer | \$20 |
| Mumps IgG Titer | \$20 |
| Rubella IgG Titer | \$20 |
| Varicella ACIF Titer | \$20 |
| Hepatitis B Surface Antibody Titer | \$15 |
| Physical Exam | \$20 |

| | |
|----------------------------------|----------------------------------|
| QuantiFERON Gold blood test | \$55 |
| TB Skin Test (TST/PPD) | \$20 *2 nd step Free. |
| MMR Vaccine | \$95/dose |
| Varicella Vaccine | \$195/dose |
| Hepatitis B Vaccine (HepLisav-B) | \$135/dose |
| Seasonal Influenza Vaccine | \$20/dose |
| Tdap Vaccine | \$50/dose |

Some financial assistance may be available through the Financial Aid office if you have completed a FAFSA and/or through Saddleback College C.A.R.E. Corner. You can contact them at 1-949-348-6410.

Attention Veterans: If you are using your G.I. Bill education benefit, the VA will pay for your medical requirements 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 before contacting the Veterans Office.

**** We need physical copies of all your medical documents. It is your responsibility to ensure all documents have your correct name and date of birth. All blood test results must include reference ranges and the date it was collected. Screenshots and “Result Trend” views will not be accepted. All immunizations must have the date of administration. No handwritten information will be accepted. All physical exam forms must be completely filled out including a vision screen, signed by you and the provider, include an office stamp, and the date of service.**



**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/____ OU 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 Program's Technical Standards and Instructions for Physician or other Licensed Healthcare Provider and is qualified for participation in the Saddleback College Health Science and Human Services Program.
- I recommended the following disability related accommodations: _____
- Conditionally qualified for program placement. Student must obtain written medical clearance from a private Licensed Healthcare Provider or 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**

Provider's Office Stamp

Applicant's Signature