



PHLEBOTOMY 2011-2012 MEDICAL PACKET

INSTRUCTIONS FOR COMPLETING MEDICAL PACKET

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DEADLINE: AUGUST 1st

DO NOT begin fulfilling the requirements in this packet until you have registered and paid for a seat in this course.

BEFORE going for your Physical Examination, please **READ** through the packet.

The Medical Packet must:

- Be completed in **BLACK INK**; typed or printed legibly
 - Include all dates with the month, day and year
 - Include **copies** of the **laboratory reports** with test results
 - Include copies of all of previous vaccination/immunization records
 - Have appropriate signatures, address, phone number, and dates included on the Physical Examination and Immunization Record forms.
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- Take your childhood vaccination records with you for your Physical Examination for the physician to review.
 - **Presbyterian Urgent Care** offers special rates for CPCC Students. Refer to the attached fee schedule.
 - You may also visit your private physician or public health department to complete these forms.
 - **Submit pages 7 - 11 plus lab reports and other documentation** to Linda Porter, Student Medical Record Specialist in the Health Sciences Division. **Keep the Instruction pages 1 - 6** for your own records.
 - **Make two copies of the packet and all laboratory reports for your own records.**
 - Students are required to **promptly update their medical history if any changes occur** during their course of study. It is viewed as a serious act of omission if a student knowingly and willfully withholds and/or omits required medical information from their medical packet and/or fails to notify the Program Coordinator and Student Medical Record Specialist of changes in their medical status. Failure to disclose required medical information may constitute grounds for dismissal from the Program.
 - Students may not be allowed to attend clinicals if any required component is missing or overdue. Students removed from clinicals will not be able to complete the course, which would result in an Unsatisfactory for the course.
 - **DO NOT FAX** the Medical Packet or any other medical information to CPCC. Medical information will only be accepted by mail or in person with an appointment.
 - **DO NOT EMAIL** the Medical Packet to Linda Porter. She will only accept by email 1-2 pages max of missing documentation that you need added to a previously submitted Medical Packet.

You will be notified within the first 2 weeks of the course if there is information missing from your Medical Packet.

Explanation of Immunizations

Please furnish current health history of infectious diseases, including but not limited to tuberculosis.

Your Vaccination History (Immunization Records) may be obtained from any of the following sources:

ATTACH a copy of this Vaccination Record to Page 10: IMMUNIZATION RECORD FORM.

1. High School Records: Your immunization records do not transfer automatically. You must request a copy.
2. Personal Shot Records-Must be verified by a doctor's stamp or signature, by a clinic or health department stamp.
3. Local Health Department
4. Military Records or WHO (World Health Organization) documents.
5. Previous College or University – Your Immunization Records do not transfer automatically. You must request a copy.

Hepatitis B - *considered immune if.*

History of vaccination (3 doses); or
Positive titer

Measles (Rubeola) - *considered immune if.*

a. Born *before* 1957

- Documentation of receipt of one dose of the live-measles *vaccine*; or
- Positive titer

b. Born 1957 *or after*

- Physician documentation of disease or 2 doses of the *vaccine* is required; or
- Documentation of 2 doses of live measles vaccine on or after first birthday; or
- Positive titer

(Note: Persons born between 1957 and 1984 who received childhood measles immunization were given only one dose of vaccine during infancy and may require a second dose of vaccine.)

Mumps - *considered immune if.*

Documentation of physician-diagnosed mumps; or
Documentation of **two** doses of *live* mumps *vaccine* on or after first birthday; or
Positive titer

Rubella - *considered immune if.*

Documentation of one dose of live rubella *vaccine* on or after first birthday; or
Positive titer

Tuberculosis:

Requires 2 step PPD

- The initial PPD skin test is administered and read 2-3 days later.
- A second PPD skin test is performed 2-4 weeks after the first PPD skin test.

If symptoms of active TB (fever, chronic cough, night sweats, weight loss, production of bloody sputum, etc.) or reactive TB skin tests, then a chest X-ray is required.

If history of active TB or reactive TB tests, documentation of testing is required, as well as adequate treatment if indicated.

Varicella (Chickenpox) – *considered immune if.*

Known history of disease (specific date required); or
History of vaccination (2 doses); or
Positive titer

Influenza Vaccination:

CPCC Healthcare CCE Phlebotomy Program

Date of vaccination or

Reason for declining vaccination: *Refusal of vaccination can result in wearing a mask at all times in clinical facility or exclusion from the clinical facility for the duration of the course.*

Drug Screening Test

Central Piedmont Community College and Healthcare Continuing Education, adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences.

Clinical facilities are now requiring all students to complete drug tests using a urine specimen. Drug screenings are available at any facility that does a urine drug screening in accordance with DOT guidelines. **The drug screening must be done no sooner than 30 days before the start of the course.**

Drug screening shall include a 10-panel drug screening. Students in all health programs with a clinical experience must complete a urine drug screen. Any individual with a positive drug screen will be ineligible to participate in a clinical experience and will be withdrawn from the program without refund of fees. Students are responsible for the costs of the drug screening. Make sure the 10 drugs below are the ones being tested.

Recommended places for the DOT Urine Drug Screening for CPCC Students:

Presbyterian Urgent Care (4 locations)

- 1918 Randolph Rd Suite 175 Charlotte, NC 28270 704-316-1050
- 1450 Matthews Township Pkwy Suite 170 Matthews, NC 28105 704-384-8441
- 8420 Medical Plaza Drive Suite 250 Charlotte, NC 28262 704-384-1220
- 5815 Blakeney Park Drive Charlotte, NC 28277 704-316-2505

Results must be mailed by the ordering facility directly to:

Linda Porter
CPCC Health Sciences Division
PO Box 35009
Charlotte, NC 28235
Phone: (704) 330-2722 ext. 3483

DOT URINE DRUG SCREENING FOR:

- Amphetamines
- Barbiturates
- Benzodiazepine
- Cocaine
- Methadone
- Methamphetamines
- Opiates
- Phencyclidine (PCP)
- Propoxyphene
- THE (cannabis)

Criminal Background Check

Central Piedmont Community College and Healthcare Continuing Education adheres to the policies and procedures of all clinical facilities with which the department is affiliated for student clinical learning experiences. Many clinical facilities are now requiring criminal background screening of all students.

Central Piedmont Community College will designate the company selected to do the criminal background screening. Healthcare Continuing Education will not accept criminal background screening results from any company other than the one designated by the College. The student will pay the cost of the criminal background screening at the time of the screening. The cost is non-refundable. If a student's background check prevents participation in the clinical experience, college costs are also non-refundable.

Criminal Background screenings will be performed by an external vendor and will review the student's criminal history. The check will include sex offender registry checks and verification that the student is not exceeded from providing services under federal healthcare programs. The check will also include the cities and counties of all known residence. Criminal background checks will include the student's criminal history for the seven years prior to entry into a Health Educational Program. Consumer or investigative consumer reports which may contain public record information may be requested including, but not limited to consumer credit and criminal records. Information from various Federal, State and Local agency regarding past activities will be obtained.

All positive findings on the student background check will be given to the clinical facility. The decision of acceptance or denial of student access to the clinical facility is made by the clinical facility. The clinical facility decision is final.

Notes:

Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels an error has been made in the results of the screening, it is the responsibility of the student to contact the external vendor for a verification check and the student is responsible for any cost associated with this check. Other than error relative to identity, there will be no appeal to this policy.

*****Criminal background checks from an outside agency will not be accepted. All background checks will be done IN CLASS within the first week of class*****

Questions

Telephone: 704-330-2722 Ext. 3483

Email: Linda.Porter@cpcc.edu

Address: CPCC Health Sciences Div., Attention: Linda Porter, P.O. Box 35009, Charlotte, NC 28235

HEALTHCARE CONTINUING EDUCATION
PHLEBOTOMY STUDENT MEDICAL PACKET
COVER SHEET

NAME _____
LAST FIRST

CPCCC STUDENT ID # _____

PROGRAM _____

MAILING ADDRESS

EMAIL ADDRESS

PHONE NUMBERS
HOME _____
CELL _____

AUTHORIZATIONS

SECTION A: AUTHORIZATION FOR DISCLOSURE: CPCC INTERNAL RELEASE

All medical records, physical examination results, reasonable accommodation request forms, or other medical information must be collected on separate forms, maintained in separate medical files kept apart from a student's general educational records, and treated as confidential in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Disclosure of such information may only be made at the express, written consent of the student to the following:

Administrators, Division Directors, Program Chairs, and others involved in a request for reasonable accommodation or evaluation of qualifications for or performance in a course, program, service, or activity; Division Directors, Program Chairs and instructors for purposes of implementing and enforcing necessary restrictions and accommodations; and First Aid and safety personnel if a known disability may require emergency treatment.

****I **do authorize** **do not authorize** Central Piedmont Community College and the Division to **release and disclose** any and/or all pertinent medical information **as indicated in the above provision**.

****I further **authorize** **do not authorize** the **release and disclosure** of pertinent medical information by Central Piedmont Community College **to the Division Personnel and/or Faculty** who need to be aware of medical conditions that may require special needs. I understand that if I refuse to release my medical information to CPCC officials/clinical facilities, I may lose my eligibility to continue as a student in CPCC's Health Programs.

STUDENT SIGNATURE

DATE

STUDENT'S NAME PRINTED

STUDENT ID NO.

PROGRAM

SECTION B: MEDICAL RECORDS RELEASE OF INFORMATION

TO OFF-CAMPUS CLINICAL FACILITIES

Off-campus clinical facilities may require medical information on students in programs with clinical assignments. Central Piedmont Community College is responsible for providing the clinical facility with medical data abstracted from the student's medical record. This data may include vaccinations received, medical test results and drug screen results. The facility may also require that the student provide a copy of their medical packet.

****I **do authorize** **do not authorize** Central Piedmont Community College and the Division to release and disclose any and/or all pertinent medical information as indicated in the above provision, to an affiliating clinical facility which may require this information as a condition of my assignment to the facility. I understand that if I refuse to release my medical information to CPCC officials/clinical facilities, I may lose my eligibility to continue as a student in CPCC's Health Programs. I further understand that failure to release the records can result in the facility denying my clinical assignment. I also understand that if the facility is a required rotation and I cannot be assigned there, I may not be able to fulfill the Program's graduation requirements.

STUDENT SIGNATURE

DATE

STUDENT'S NAME PRINTED

STUDENT ID NO.

PROGRAM

CPC Healthcare CCE Phlebotomy Program

PHYSICAL EXAMINATION

(Please print in black ink) To be completed and **signed** by physician or clinic

STUDENT NAME _____ **PROGRAM** Phlebotomy

CPC Phlebotomy students are required to have the following physical exam within 6 months of starting the course. (*)Must Be Completed.

*			*		*	
Last Name	First Name	Middle Name	Date of Birth (mo/day/year)	Student ID Number		

*				*	
Permanent Address		City	State	Zip code	Area Code/Phone Number

*Height _____ *Weight _____ *TPR _____ / _____ / _____ *BP _____ / _____

<p>*Vision: *Corrected Right 20/ _____ Left 20/ _____</p> <p>*Uncorrected Right 20/ _____ Left 20/ _____</p> <p>*Color Vision _____</p> <p>*Hearing: * (gross) Right _____ Left _____</p> <p>* 15 ft. Right _____ Left _____</p>	<p>*Urinalysis: Sugar: _____ Albumin _____ Micro _____</p> <p>Hgb or Hct (if indicated) _____</p> <p>STS (if indicated) _____</p> <p>Date _____ Results _____</p> <p>10 PANEL DRUG SCREEN Results _____</p> <p>To include propoxyphene</p> <p>Please mail lab report to address provided by student.</p>
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*Are there abnormalities? If so, describe fully	Normal	Abnormal	DESCRIPTION (attach additional sheets)
*1. Head, Ears, Nose, Throat			
*2. Eyes			
*3. Respiratory			
*4. Cardiovascular			
*5. Gastrointestinal			
*6. Hernia			
*7. Genitourinary			
*8. Musculoskeletal			
*9. Metabolic/Endocrine			
*10. Neuropsychiatric			
*11. Skin			
*12. Mammary			

- *A. Is there loss or seriously impaired function of any paired organs? Yes _____ No _____
Explain _____
- *B. Is student under treatment for any medical or emotional condition? Yes _____ No _____
Explain _____
- *C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited _____ Limited _____
Explain _____
- *D. Is student physically and emotionally healthy? Yes _____ No _____
Explain _____

*** REQUIRED: HEALTH ASSESSMENT MUST BE COMPLETED BY THE MD, PAC, OR FNP DOING PHYSICAL EXAMINATION.**

Based on my assessment of this student's physical and emotional health on _____ (date), he/she appears able to participate in the activities of a health professional in a clinical setting.
Yes _____ No _____ If no, please explain:

*Signature of Physician/Physician Assistant/Nurse Practitioner (Include Title) * Date

*Print Name of Physician/Physician Assistant/Nurse Practitioner *Area Code/Phone Number

*Office Address City State Zip Code

Revised 6/11 thb

CPCPC Healthcare CCE Phlebotomy Program

CENTRAL PIEDMONT COMMUNITY COLLEGE AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

Healthcare facilities which provide educational experience for students enrolled in health programs at Central Piedmont Community College require criminal background checks prior to clinical placement. CPCPC has arranged for Certified Background (certifiedbackground.com) to conduct these background searches for our students. These background checks include sex offender registry checks and verification that the student is not excluded from providing services under federal health care programs.

Results of criminal background checks may be shared with affiliating healthcare facilities. Results will be maintained in confidential CPCPC files and reviewed by authorized CPCPC employees only.

You will be provided with the necessary instructions you need for CB to conduct the screening. **The cost is \$42 and will be billed to you.** The review will extend to the past seven years.

A student who declines to have the check done, or to have results reviewed by authorized CPCPC employees, or to have the results released to a healthcare facility will become ineligible for enrollment in all courses requiring experience in a healthcare facility and will become ineligible for program completion.

A criminal record, when reported to an affiliating healthcare facility, may result in the student's ineligibility to complete the program.

Please read, sign, and date one of the following statements:

Authorization for Criminal Background Check

I have read and understand the above-stated information and hereby agree to have a criminal background check completed, results reviewed by authorized CPCPC employees, and results shared with affiliating healthcare facilities.

STUDENT SIGNATURE

DATE

STUDENT'S NAME PRINTED / PROGRAM

STUDENT NUMBER

LEGAL GUARDIAN SIGNATURE (If applicable)

DATE

Declination for Criminal Background Check

I have read and understand the above-stated information and decline to have a criminal background check completed, or to have the results reviewed by authorized CPCPC employees, or to have results shared with affiliating healthcare facilities. I understand that my declination means that I will be ineligible for enrollment in all courses requiring experience in a healthcare facility and will be ineligible for program completion.