

STUDENT NAME (please print): _____

Midlands Technical College Continuing Education Medical Release

Please submit supporting documentation of immunization records and lab results. This completed form must be presented to the instructor during the first class meeting.

Test	✓	Test	✓	Date	Results
2 Step TB Skin Test - PPD					
Chest X-Ray (If TB Test Positive)					
Rubella Titer		MMR			
Rubeola Titer		MMR			
Mumps Titer		MMR			
Varicella Titer		Varivax			
Hepatitis B Titer		Booster			
Hepatitis B Series					
Tetanus					

Clinician Signature

Date

Clinician Name (Printed)

Telephone Number

TETANUS / HEPATITIS B VACCINATIONS

I understand that Tetanus and Diphtheria are serious, vaccine-preventable diseases. The CDC and the American College Health Association strongly recommend that all college students be immunized against Tetanus and Diphtheria. However, I decline TD immunization at this time. I understand that by declining this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with TD toxoid, I will be responsible for the cost of the immunization.

Student Signature: _____ Date: ____/____/____

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis virus (HBV) infection.
(**circle one below**)

- A. I have already received the hepatitis B Vaccine.
- B. I decline the hepatitis B Vaccine.
- C. If interested with the hepatitis B Vaccine, I contact my physician.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature: _____

Should I become exposed to or contract any of the aforementioned diseases I agree to hold harmless the Facility, Faculty and Midlands Technical College from any and all liability.

Student Signature

Date

Applicants and students should be able to perform essential functions, or with reasonable accommodations (such as with the help of compensatory techniques and/or assistive devices), be able to demonstrate ability to be proficient in these essential functions. Based on the health assessment which you performed, please indicate whether you noted conditions which might limit the student's ability to perform the essential functions, or for which they will need reasonable accommodation to perform the functions:

Essential Function	Technical Standard	Examples of Necessary Activities (Not all inclusive)	Limitations	If Yes, List Accommodations Needed
			No/Yes	
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Identify cause-effect relationships in clinical situations; evaluate patient or instrument responses; synthesize data; draw sound conclusions.		
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Establish rapport with patients and colleagues. Use therapeutic communication (attending, clarifying, coaching, facilitating, and teaching. Function (consult, negotiate, share) as a part of a team.		
Communication Ability	Communication abilities sufficient for effective interaction with others. in spoken and written English	Explain treatment procedures; initiate health teaching; document and interpret instructions. Listen attentively.		
Physical Endurance	Remain continuously on task for several hours while standing, sitting, moving, lifting and/or bending.	Manually resuscitate patients in emergency situations or stand/walk for extended periods of time.		
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces; full range of motion; manual and finger dexterity; and hand-eye coordination.	Move around in work area and treatment areas.		
Motor Skills	Gross and fine motor skills sufficient to provide safe patient care and operate equipment.	Use equipment and instruments with necessary dexterity.		
Hearing Ability	Auditory ability sufficient to monitor and assess health needs.	Ability to hear alarms, emergency signals, auscultatory sounds and cries for help.		
Visual Ability	Normal or corrected visual ability sufficient for patient observation and assessment, ability to discriminate between subtle changes in density (black and grey) or a color at low light.	Observe patient responses, secretions, and color. Read thermometer, chart, computer screen, digital printouts, labels and gauges.		
Tactile Ability	Tactile ability sufficient for physical assessment.	Perform palpation, functions of physical examination and/or those related to therapeutic intervention.		
Olfactory Ability	Olfactory senses (smell) sufficient for maintaining environmental and patient safety.	Distinguish smells, which are contributory to assessing and/or maintaining the patient's health status or environmental safety.		
Professional Attitude and Demeanor	Ability to present professional appearance and implement measures to maintain one's own physical and mental health and emotional stability ,	Work under stressful conditions. Be exposed to communicable diseases and contaminated bodily fluids. React calmly in emergency situations. Demonstrate flexibility. Show concern for others.		