Middlesex Community College
Non-credit Allied Health Programs

HEALTH FORM

Please circle program	
	CNA
	PCT
	Phlebotomy Technician
	Veterinary Assistant

This form must be completed and signed by your Health Care Provider.
Return form to MxCC Continuing Education Office.

Questions: Contact Diane Bordonaro MSN RN at (860)343-5716
or email dbordonaro@mxcc.edu

Name

Address

Date of Birth Phone number

On (date)_____I examined this student and found him/her to be in good health. He/she is free of any communicable disease, can lift 50 pounds and has no known deficits that would interfere with the ability to participate in a clinical setting.

Pregnant: Yes No (please circle)

Healthcare Provider Signature:

STAMP

Phone number:

Comments:

IMMUNIZATIONS - Required for all CNA, PCT and Phlebotomy Technician Students
Veterinary Assistant students do not need to submit immunization information

		DATE	RESULT
1	**MMR** (one must be given after 1980)		
	MMR #1		
	MMR #2		
2	**Rubella Screening**		
	Rubella serum test for immunity		
	Rubella immunization		
3	**Measles Screening**		
	Measles serum test for immunity		
	Measles immunization		
4	**Mumps Screening**		
	Mumps serum test for immunity		
	Mumps immunization		
5	**Varicella (Chicken Pox) History**		
	Varicella Vaccine #1		
	Varicella Vaccine #2		
	Varicella antibody test		
	History of disease		
6	**Tetanus vaccine** (must be given within last 10 years)		
7	**Hepatitis B Vaccine series**	#1 #2 #3	
	Hep B test for immunity		
8	**Seasonal Influenza Vaccine (Required Spring & Fall semesters)**		

See page 2 for Tuberculosis Screening, Hepatitis B Waiver and Medical Insurance Certification.

Middlesex Community College **HEALTH FORM page 2**
Non-Credit Allied Health Programs

Student Name _____

ANNUAL TUBERCULOSIS SCREENING

Students in the CNA program are required to have a One Step Tuberculosis Skin Test.
Students in the PCT and Phlebotomy Technician programs must have a Two Step Skin Test.

Tuberculosis screening must be done **within 12 months** of admission to the program.
Previous BCG Vaccine does not exempt student from tuberculosis screening.
A QuantiFERON blood test is an acceptable alternative to skin testing

	Date	Results	Date/Signature
TB Skin Test #1	_____	_____	_____
TB Skin Test #2 (Phlebotomy students only)	_____	_____	_____
or TB Blood Test (QFT-G)	_____	_____	
Chest x-ray (if above testing is positive)	_____	_____	

HEPATITS B WAIVER

Hepatitis B vaccination is optional. You should discuss this option with your primary care provider and either begin the vaccination series or sign the waiver below.

I waive Hepatitis B vaccination at this time.

Student Signature _____ Date _____

MEDICAL INSURANCE

Medical Insurance is required for all students.
I certify that I carry a current Medical Insurance Policy

Student Signature _____ Date _____