

TABLE OF CONTENTS

PHILOSOPHY.....	1
PROGRAM OBJECTIVES	2
ENTRANCE REQUIREMENTS	3
GUIDELINES FOR PROFESSIONAL CONDUCT	4
DECLARATION OF CONFIDENTIALITY.....	5
STUDENT SUPPLIES/REQUIREMENTS/FEEES.....	6
DRESS CODE	7
ATTENDANCE POLICY	8
MAKE-UP ABSENTEEISM	9
EVALUATION POLICY	10
GRADING SCALE	11
MEDICAL AUTHORIZATION INFORMATION.....	12
TUBERCULIN TEST INFORMATION.....	12
HEPATITIS B INFORMATION	12
TRANSPORTATION INFORMATION.....	13
PHOTO/MEDIA INFORMATION.....	14
POLICY NOTIFICATION	15
AUTHORIZATION.....	16
AUTHORIZATION.....	17
NURSE ASSISTANT HEALTH EXAMINATION.....	18

TCOVE ROP HEALTH CAREERS STUDENT PHILOSOPHY

TCOVE's ROP specific philosophy as it pertains to the Health Careers students program is as follows:

We believe:

1. The Health Careers student is an important member of the health team, who under the direction of district and facility staff provides patient/resident centered care.
2. The Health Careers student recognizes the patient/resident as a unique entity as well as an integral part of the family, a culture and the community.
3. The Health Careers student helps to meet the patient's/resident's physical, emotional psychological, intellectual, social and spiritual needs.
4. The TCOVE ROP Health Careers student program is committed to the educational standards of excellence that will insure marketable skills for the graduate and articulation in the Health Care profession.

TCOVE is an equal opportunity agency. Programs offered are open to all, regardless of sex, race, creed, disadvantaged or handicap.

TCOVE ROP HEALTH CAREERS STUDENT
PROGRAM OBJECTIVES

1. To prepare students in basic patient care services and procedures under a variety of circumstances.
2. To identify social, psychological, spiritual and physical needs of the sick, aged and injured.
3. To develop basic understandings of human anatomy and physiology.
4. To identify complications and report them to the supervisor.
5. To prepare students for job entry-level skills.

TCOVE ROP HEALTH CAREERS STUDENT
ENTRANCE REQUIREMENTS

Entrance Requirements:

1. Must be at least 16 years of age
2. Meet health requirements – **Nurse Assistant or NA** – Physical exam,
Fingerprinting,
T.B. Skin Test and current immunizations
Health Occupations or HO – T.B. Skin Test
and current immunizations

Statement:

The Health Careers program requires a level of maturity and self-sufficiency that will help guarantee “patient safety”. The health care field is demanding and tedious, yet very rewarding. Potential students need to stop and analyze the reality of working in a Health Care setting. If the student has any questions or concerns, contact the instructor prior to enrollment.

TCOVE ROP HEALTH CAREERS STUDENT GUIDELINES FOR PROFESSIONAL CONDUCT

The personal appearance of the student identifies this person as a professional to the public. The professional image reflects on the student as an individual, on the sponsoring school district, and on the health care profession.

1. Student shall hold as absolutely confidential all information that he/she may obtain directly or indirectly concerning patients, doctors or personnel, and not seek to obtain confidential information from a patient.
2. Student time and services are given for educational purposes without contemplation of compensation or future employment.
3. Student understands it is a crime to solicit business for attorneys. Student shall not solicit any business for attorneys or insurance companies on training site property. Student shall report all known occurrences of solicitation for attorneys to the training site executive director.
4. Student shall not sell or attempt to sell goods or services, request contributions, or to solicit persons to sign or distribute political petitions or religious material on training site premises, unless student receives the express authorization of the training site executive director, to engage in these activities.
5. Student shall, if requested, submit to examinations, which may include chest X-rays, skin tests, appropriate laboratory tests, immunizations and/or drug screenings that may be necessary as part of their intern service. If requested, the student authorizes their doctor(s) to furnish the hospital information concerning their health. The student also authorizes the results of X-ray films to be reported to the training site. Prior to placement in certain disciplines, such as pharmacy, the student will be required to submit to and pass a drug screen.
6. Student shall be punctual and conscientious, conduct himself/herself with dignity, courtesy and consideration of others, and endeavor to make his/her work professional in quality.
7. Student shall attempt to resolve any problems related to his/her student internship activities with his/her on-site clinical coordinator, and if unsuccessful attempt to resolve any such problems in the manner put forth by the school he/she is placed through.
8. Student shall make his/her best effort to fulfill his/her commitment to the training site by completing all assignments that he/she accepts.
9. Student shall at all times uphold the philosophy and standards of the training site.
10. Student understands that if injured at the work site, the training site agrees to provide first aid treatment if he/she requires such care, but is not obligated to provide any other professional service to me.
11. Student understands that the training site reserves the right to terminate his/her student internship status as a result of (a) failure to comply with training site policies, rules and regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of the training site, my on-site clinical coordinator and/or the school he/she is placed through, would make his/her continued service or time as a student intern contrary to the best interests of the training site.
12. The parent/guardian, releases the training site from any liability related to the student internship at the training site.

TCOVE ROP HEALTH CAREERS STUDENT DECLARATION OF CONFIDENTIALITY

The student, observer, volunteer, employee, instructor, contract staff (hereinafter referred to as individual) of the training site promises that they will observe the greatest confidentiality on all matters pertaining to the training site's business.

Without limiting the completeness and generality of the above statement, the individual will continually keep in mind that any and all matters pertaining to:

1. the care and treatment of all people dealing with the training site;
2. all activities of the training site, of whatever description, with its patients, doctors, or with any other entities or person;
3. the medical or personal history of all persons which the individual may acquire information through the business of the training site;

must be kept in complete and absolute confidentiality. Further, the individual will observe this confidentiality in all matters when their services with the training site ends.

The individual understands that access or review of information, through verbal, written or electronic means, on a patient or client is allowed only to effectively carry out the assigned job duties.

To perform the job function, the individual may be assigned a computer security code for one or more training site computer systems. The individual understands that security codes are highly confidential and are not to be shared with any other persons. The individual will take all reasonable precautions to safeguard their code and will immediately notify Information System Services if they suspect their code has been compromised. The individual will not use anyone else's code to access the training sites computer system.

The individual further acknowledges that a breach of the foregoing statements will (without limiting any other rights of the training site or others) justify the training site in terminating their relationship with the training site.

TCOVE ROP HEALTH CAREERS STUDENT
Classroom Supplies, Requirements, and Associated Fees

Supplies

1. Uniform (see dress code)
2. Textbooks/workbooks
3. Writing paper (8 ½ x 11), pencil & pen, notebook
4. Watch with a second hand
5. Stethoscope

Requirements

1. PPD skin test - (TB test) is provided by the district of sponsorship, or county health department. However if the student chooses to receive their TB skin test from a private physician, it will be at their expense. (Health Occupations and Nursing Assistant Students)
2. Physical exams will be provided by the sponsoring school district or county health department. If student prefers a physical exam from a private physician it will be at their own expense. (Nurse Assistant Student)
3. Immunizations (Health Occupations and Nursing Assistant Students)
4. CPR Training (Nurse Assistant Students)
5. Fingerprinting (Nurse Assistant Students)

Adult students are responsible for all the above supplies and fees.

Nurse Assistant Test for State Certification

Following successful completion of the Nurse Assistant program, and with instructor recommendation, students (High School or Adult) may choose to take the Test for State Certification at their own expense, which is approximately \$85.00.

TCOVE ROP HEALTH CAREERS STUDENT DRESS CODE

The uniform of TCOVE's ROP Health Careers students shall consist of a white uniform. If a dress is worn, it must be no shorter than two inches above the floor while kneeling. White slips must be worn under dress. A clean uniform must be worn everyday. An apron will be provided for each student. White slacks and tops are acceptable.

Denim jeans of any color with rivets, leggings, sweatpants, or spandex/lycra pants are not allowed.

Hosiery must be worn at all times. White or neutral nylons or socks will always be worn under pants. White or neutral nylons without runs are always to be worn with a dress.

Footwear shall be appropriate to work duties, i.e. no open toes, no heels greater than 2 inches, no open-back, strapless, or clogs. Shoes are to be white, clean, freshly polished with clean shoelaces.

The hair of both male and female students is to be clean, combed, neat and off the collar at all times. Hair must be well groomed without strings and strands falling on the face, neck or uniform. Extreme hairstyles or unnatural colors are inappropriate.

Makeup shall be applied in moderation and in good taste. Please do not wear false eyelashes. Heavy scents shall not be worn.

Nail art is not appropriate and nails should be kept clean and offer a professional appearance. Nails should be short to moderate length to avoid scratching patients. Only clear or pale pink polish is allowed.

If you have pierced ears you may wear one post earring in each ear that are simple in design. Rings, hoops, studs or other jewelry worn in a non-traditional manner are not acceptable. (Included as non-acceptable are nose, lip, tongue rings or any other visible piercing or ornaments). No pins or other jewelry, except wedding and engagement rings, are to be worn while in uniform.

No hats of any kind (baseball caps, recreational headgear etc.) shall be worn inside any training site.

A student who needs to wear a sweater must have a plain white sweater.

Students are expected to present a neat, clean appearance at all times and report on duty in their full uniform as stated above. Poor personal hygiene or careless appearance may be sufficient reason for dismissal of the student from the program.

A nametag will be issued to each student. It must be worn at all times while on duty in the training sites. Student will not be allowed to work without their nametag.

Remember the above dress code is strictly enforced and any student reporting to the training site improperly dressed or groomed may be instructed to return home to change.

First impressions are lasting impressions. As you assess your training site your potential employer is assessing you.

TCOVE ROP HEALTH CAREERS STUDENT ATTENDANCE POLICY

- A. Since a student gains maximum benefit from the educational program by good attendance, it is expected that he/she will be present for all class sessions.
- B. The student who will be absent has the responsibility to notify the appropriate TCOVE ROP instructor **PRIOR** to the scheduled class time. Second hand communication is not acceptable.
- C. Three (3) late arrivals of more than 10 minutes to either the theory or clinical portion will be considered one class absence. Returning late to class from break will be considered the same as tardy at the beginning of class. Leaving class without knowledge of the instructor will be considered an unexcused absence.
- D. **Health Occupations Student**
During theory, ten hours (5 days @ 2 hrs/day), of absence will be allowed with make-up of the topic assigned by the Instructor. If absent for fifteen hours (7½ days, @ 2hrs/day), the student may be given detention, Saturday school, or appropriate district policy. (See make-up absenteeism.)
- During clinical, ten hours (5 days @ 2 hrs/day), of absence will be allowed. If absent for fifteen hours (7½ days @ 2hrs/day), the student may be given detention, Saturday school, or appropriate district policy. (See make-up absenteeism.)

Mandatory absence reporting for Health Occupations Student:

1. **Call the Instructor**
2. **Call Home School Attendance**
3. **Call Community Classroom Training Site**

Nurse Assistant Students

During classroom time, the student must have a minimum number of hours mandated by the State. Ten hours (2days @ 5hrs/days), of absence will be allowed with make-up of the topic assigned by the instructor. If absent for fifteen hours (3 days @ 5hrs/day), the student may be dropped from the program.
(See make-up absenteeism.)

During clinical training, the student must meet the minimum number of hours mandated by the State. Ten hours (2days @ 5hrs/day), of absence will be allowed with make-up of the assigned topic. If absent for 15 hours (3days @ 5hrs/day), the student may be dropped from the program

Students will not be recommended for the state exam if the minimum State required hours have not been completed and/or satisfactory skill levels have not been met.

If possible, the instructor may schedule make-up hours. **FAILURE TO APPEAR FOR SCHEDULED MAKE-UP MAY RESULT IN DISMISSAL FROM THE PROGRAM.**

Mandatory absence reporting for Nurse Assistant Student:

1. **Call the Instructor**
2. **Call Home School Attendance**
3. **Call Community Classroom Training Site**

- E. **Pregnancy:** Student will be permitted to remain in the program during pregnancy providing she meets the following requirements:
1. A written clearance from her physician that she can perform the required duties of the assigned area.
 2. Physical condition permits her to meet all clinical objectives.
 3. She must notify her instructor as soon as she suspects she is pregnant.
- F. **Personal Injury**
1. The student must immediately report any personal injury occurring while in class or on duty.
 2. The "Student Accident Report" form must be completed and submitted to the instructor.
 3. If doctor's treatment is required, a written release must be submitted prior to returning to class
- G. Completion of these courses does not guarantee employment and does not guarantee passing the State Competency Exam.

TCOVE ROP HEALTH CAREERS STUDENT MAKE-UP ABSENTEEISM

Policy Statement:

Poor attendance is a detriment to student competency in all areas of the program. If absenteeism prevents him/her from meeting the course objectives, the student may be required to repeat classroom training, clinical experience, or both.

Procedures:

- A. Read attendance policy in handbook.
- B. Testing make-up:
 - 1. Make-up tests must be scheduled with the instructor.
 - 2. It is the responsibility of the student to make arrangements with the instructor or lose the opportunity to take the test.
- C. Theory make-up with instructor approval.

Make-up work may or may not include personal instruction by the instructor. It may include:

- 1. Case study
 - 2. Independent study
 - 3. Written examination
 - 4. Written report
 - 5. Auto-tutorial time
- D. Nurse Assistant/Clinical Make-up Mandatory**
 - 1. Additional time in a clinical area
- Health Occupations/Clinical Make-up**
 - 2. Review on an individual basis
- E. Follow all aspects of the attendance policy, as outlined in the student handbook.

TCOVE ROP HEALTH CAREERS STUDENT EVALUATION POLICY

Student Evaluation

The Health Career faculty will measure individual and group student progress and achievement of course objectives through the use of the following method.

Classroom Theory Instruction

1. Written Test:

- a. Each Instructor will give written examinations at the end of the unit of study and at intervals that he/she deems appropriate.
- b. Test questions will consist primarily of multiple-choice, true and false, and matching.

2. Practical Examinations:

- a. The student demonstrates competence in fundamental and clinical nursing skills.
- b. A checklist measuring minimum performance criteria will be used to evaluate performance level.

3. Class Participation:

- a. The student will share in peer learning by sharing ideas and experience.
- b. Participation will be reflected in a student's overall performance evaluation.

4. A student who has failed the course may repeat on a space available basis.

TCOVE ROP HEALTH CAREERS STUDENT
GRADING SCALE

A student must attain demonstrable clinical skills for evaluated clinical performances. All clinical tasks must progress to a level of satisfactory proficiency through clinical evaluations.

NURSE ASSISTANT POLICY STATEMENT: An 80% grade on all tests and classroom performance is required for placement in the second semester. Eligibility requirements for the State Competency Evaluation are instructor referral and a 75% grade.

HEALTH OCCUPATIONS POLICY STATEMENT: A 70% average grade prior to placement in community classroom.

100%	A	Nurse Assistant or Health Occupations students who receive above 80% in their overall grade may be eligible for articulation with COS based on instructor's recommendation.
90%	A-	
89%		
80%	B-	Below 75% Nurse Assistant students will not be recommended for state competency evaluation.
79%		
75%		
70%	C-	

69%		Students will earn class credit but will not be recommended for the state competency evaluation/or community classroom placement.
60%	D-	

59%	F	
0%		

TCOVE ROP HEALTH CAREERS STUDENT
MEDICAL AUTHORIZATION INFORMATION
TUBERCULIN TEST INFORMATION
HEPATITIS B INFORMATION

Subject: Medical Authorization Information

In the event that there is an emergency or your son/daughter is injured while in one of our programs, every effort will be made to contact you. However, if we are unable to reach you, the law requires that written permission must be obtained from the parent/guardian before medical treatment can be administered to the student.

Facility training sites also require medical information for the safety of both the student as well as their patients. The law requires that we obtain written parent/guardian consent for a minor or written consent from the student of legal age, prior to releasing medical information to the training sites.

Subject: Tuberculin Test Information

(Immunization requirements may change based on hospital / training site employment guidelines.)

The health care training sites require TB testing prior to students having contact with patients. Tuberculosis is an infectious disease caused by Tubercle Bacillus most commonly affecting the respiratory system. "TB" is short for a disease called Tuberculosis. TB transmission is primarily airborne. Coughing and sneezing are primary transmitters that spray the TB germs into the air, causing exposure to individuals nearby. TB germs can stay in your body without making you sick. For most people, the body's immune system traps the TB germs. However, if the germs break away, and attack the lungs and other parts of the body, they may cause the TB disease.

A TB skin test is the most common diagnostic tool to check for TB infection. The skin test is usually done on your left forearm. A small syringe and needle are used to inject, Purified Protein Derivative (PPD), under the skin. A health care worker checks the injection site, two or three days after being given. If the results are determined to be a positive reaction you will be referred for further evaluation, which usually begins with a chest x-ray.

Subject: Hepatitis B Vaccine Information

(Immunization requirements may change based on hospital / training site employment guidelines.)

Hepatitis is an inflammatory condition of the liver, most commonly caused by one of five Hepatitis viruses; Type B Hepatitis is transmitted by direct exchange of contaminated blood and also by contact with human secretions and feces. The lifetime risk of Hepatitis B is about 5% for the general population. However, health care workers have an increased risk (up to 20% over a lifetime) because of frequent exposures to blood and body fluids. Most people with Hepatitis B recover completely, but 1 to 2% die and 5 to 10% become chronic carriers of the virus.

Hepatitis B Vaccine (HBV) is a non-infectious vaccine.

This vaccine is free of association with human blood or blood products, and each lot is tested for safety and sterility. Tests of the vaccine in human subjects have demonstrated development of protective antibodies in 90% of those vaccinated with the full series of three doses. Some vaccinated persons will not respond and therefore will not be protected. Persons vaccinated after exposure may not be protected.

Possible Side Effect of Hepatitis B Vaccine

Mild soreness and redness at the injection site may occur. Fever, nausea, rash, headache, fatigue and joint pain have been reported. No serious side effects have been seen in the vaccine so far, but the possibility exists that other side effects may be seen with more extensive use. Immediate hypersensitivity reactions have been reported.

At this time it is not mandatory that students receive the Hepatitis B Vaccine, however it is highly recommended by most health care facilities that students receive the vaccine.

Subject: Other Immunization Requirements - MMR, Varvax, DT (p.16)

(Immunization requirements may change based on hospital / training site employment guidelines.)

TCOVE ROP HEALTH CAREERS STUDENT
TRANSPORTATION INFORMATION

NOTIFICATION TO PARENTS/GUARDIAN OF DISCLAIMER OF LIABILITY IN THE EVENT OF
STUDENT USING PERSONAL TRANSPORTATION

Dear Parent/Guardian:

You are hereby notified that The School District and the Tulare County Organization for Vocational Education (TCOVE) disclaims any liability in the event a student using private transportation to travel to and from the Regional Occupational Program (ROP).

It is the purpose of this letter that you have a clear understanding that the parents/guardians or the student assumes the risk of liability while the student is using private transportation and hold The School District harmless.

If your son/daughter/ward is using, or intends to use and has your permission, private transportation, would you kindly complete the statement at the bottom of this form and return the same immediately to the TCOVE ROP class.

In no case does this permission authorize a student to transport other students to such classes.

Should you have any questions, or need any additional information, please call _____.
School District Phone Number

_____ approved by _____
High School Principal/Assistant Principal

I understand and accept the terms stated above and I have been notified that my son/daughter/ward

_____ is attending TCOVE ROP and is enrolled in the

(check one) AM PM _____ class at _____.

He/she has my permission to travel in his/her own transportation to the class and I agree to hold The School District harmless and accept any and all obligations for liabilities incurred while doing so.

Year Description of vehicle/(color & model) License plate number

Date Parent/Guardian Signature

Phone Number Street Address, City

I the parent/guardian agree to and give my consent to allow my son/daughter/ward to ride in The School District transportation to and from a variety of field trips taken as part of the learning experience for his/her TCOVE ROP course.

I understand that cleared personnel of The School District will provide all transportation. I also understand that this is valid for the entire school year beginning _____ to _____.

If you should have any questions, please feel free to call the instructor. _____

TCOVE ROP HEALTH CAREERS STUDENT
PHOTO/MEDIA INFORMATION

Subject: Photo Release

Photos of your son/daughter may be taken for the following purposes:

- Student identification within the classroom, and the training site; scrapbooks;
- Group photos used during public education programs, or videos;
- As part of press releases to news media to promote community awareness of the program and training sites;
- Print advertisements for (i.e., brochures, and other media formats).

Subject: Media Release

Photos of your son/daughter may be taken for the following purposes:

- Student identification within the classroom, and the training site; scrapbooks;
- Group photos used during public education programs, or videos;
- As part of press releases to news media to promote community awareness of the program and training sites;
- Print advertisements for (i.e., brochures, and other media formats).

TCOVE ROP HEALTH CAREERS STUDENT POLICY NOTIFICATION

This notification is to inform you of the policies and requirements for participation in the TCOVE ROP Health Career courses.

1. The **Nursing Assistant (NA)** course meets State and Federal course content requirements. Attendance, Skills Competencies and grade will determine recommendation for State Testing.
2. The **Health Occupations (HO)** course is designed to run two consecutive semesters. Students must complete the first semester with a "C" grade along with the instructor's recommendation to continue in the second semester community classroom placement.
3. The **Home Health Aide** course is an additional 41 hours of study beyond CNA certification.

Hospitals and other health care agencies have entered into a contractual agreement with TCOVE's ROP Health Careers Programs to furnish clinical training sites. All students must comply with the following:

1. Elements of professional conduct as outlined in the student health careers handbook.
2. Be responsible for maintenance of uniform and supplies as described in the student health careers handbook.
3. Refrain from visiting patients on days other than those assigned for clinical experience unless permission has been obtained from the training site.
4. Notify instructor immediately if there is a change in their name, address or phone number.
5. Follow all aspects of the attendance policy as outlined in the student health careers handbook.
6. Follow all directions given by Instructor, or assigned Supervisor.
7. Complete the TCOVE ROP Health Careers Student's Authorization Form.
8. Student needs to be aware that do to potential harm to patients or self should there be reasonable cause to believe he/she is under the influence of drugs or alcohol, said student will be removed from their clinical placement site. Further action may be imposed per individual district policy. (This issue may be revised to a more stringent standard pending current review.)

The theory and/or clinical course study in the Health Careers Programs involves material dealing with the human reproductive system, contraception, and the potential exposure to sexually transmitted and body fluid communicable diseases (including HIV Aids Virus and HBV Hepatitis B Virus). Universal/Standard precautions as outlined by the Center for Disease control are included in the curriculum. When the student is in the clinical setting he/she will have direct contact with patients and will perform all related duties as required in the instructional process.

If you have any questions regarding the above information or your son/daughter's progress in this class, please feel free to contact the instructor. _____

TCOVE ROP HEALTH CAREERS STUDENT AUTHORIZATION

Student Name: _____ DOB: _____ Home School: _____
(Please print)

Address: _____ City: _____ Home Phone: _____

Parents/Guardian Name: _____ Home # _____ Work # _____
English-speaking? Yes No If no, what language is spoken? _____

Other Contact Person: _____ Home # _____ Work # _____
Relationship to Student: _____
English-speaking? Yes No If no, what language is spoken? _____

1. MEDICAL AUTHORIZATION/ RELEASE/EMERGENCY CONTACT: (pg. 12) [] _____ (initial)

If checked and initialed, parent/guardian authorization is hereby granted to the School District and/or Training Site to release necessary emergency contact and/or medical information and to seek medical care in the event of an emergency pertaining to the above named student.
Every effort will be made to contact parent/guardian prior to seeking medical attention.

MEDICAL HISTORY INFORMATION

Medications currently taking list _____
Please check if the student has a history of: Chickenpox year _____ Measles year _____
Dizzy/Fainting spells Heart Trouble Diabetes Epilepsy
Tuberculosis year _____ Asthma Hearing Problems
Vision Problems Allergies list _____

Immunizations:

Measles, Mumps, Rubella (MMR) month & year _____ month & year _____
(MMR 2 doses after 1 year of age required)
Varivax or Varicella Vaccine (Chickenpox) year _____
Diphtheria - Tetanus (DT) year _____

Does the student display any additional health conditions that would create a hazard to himself/herself or others?

(Immunization requirements may change based on hospital / training site employment guidelines.)

2. TUBERCULIN SKIN TEST: (pg. 12) [] _____ (initial)

If checked and initialed, parent/guardian authorization is hereby granted for the above named student to receive a TB Skin test administered by a LVN or RN. It is agreed to hold TCOVE ROP/ District officers, employees, or agents free of any suit for claims for damage from injury or complications resulting from such treatment.

Has your student ever had a positive tuberculin skin test? no _____ yes _____

*******DO NOT WRITE IN THIS SECTION*******

PPD Given by: _____ date: _____
Read by: _____ date: _____
POS _____ mm induration NEG _____ 0mm induration

3. HEPATITIS B (HBV) VACCINE INFORMATION: (pg. 12) [] _____ (initial)

If checked and initialed, parent/guardian understands that due to occupational training the student may be exposed to blood or other potentially infectious materials and may be at risk of acquiring the HBV infection. It is the responsibility of the individual for making the necessary arrangements to receive the vaccine or if declined accept the potential risk of acquiring HBV.

TCOVE ROP HEALTH CAREERS STUDENT
NURSE ASSISTANT HEALTH EXAMINATION

Please print all information

Student Name: _____ Age: _____

Height: _____ Weight: _____ Temperature: _____

Pulse: _____ Respiration: _____ Blood Pressure: _____

TB Test: _____

1. Allergies
2. Eyes, Ears, Nose, Mouth
3. Throat
4. Neck (Masses)
5. Lungs
6. Heart
7. Abdomen
8. Back and Extremities
9. Females Only (pregnancy)

The student does not display any apparent health condition that would create a hazard to himself/herself or others.

Physician's Signature M.D. _____
Date