

City College 1st Year Health Assessment Form

Student's Name: _____

Program: _____

Date of Birth: _____

Social Security #: XXX-XX-_____

MEDICAL HISTORY

Past Medical History: _____

Recent Illness (Detail): _____

Allergies (including latex allergy): _____

Current Medications (Details): _____

PHYSICAL

BP: _____ Pulse: _____ Temp: _____ Weight: _____ Height: _____

HEENT: _____ Lungs: _____ Heart: _____ Abdomen: _____

Extremities: _____ Neuro: _____ Skin: _____

Comments: _____

ANTIBODY TITER/TB STATUS

Please attach official laboratory reports for the required tests:			
	Immune status (circle one)		Official Laboratory Report Required
MMR:			<input type="checkbox"/>
Measles Ab (IgG)	+	-	<input type="checkbox"/> Included
Mumps Ab (IgG)	+	-	<input type="checkbox"/> Included
Rubella Ab (IgG)	+	-	<input type="checkbox"/> Included
Varicella (IgG)	+	-	Included
Hepatitis:			<input type="checkbox"/>
HBsAb (hepatitis B surface antibody)	+	-	<input type="checkbox"/> Included
HBsAg (hepatitis B surface antigen)	+	-	<input type="checkbox"/> Included
PPD/QuantIFERON	+	-	<input type="checkbox"/> Included

If QFT Positive, CXR required (within one year prior to start date): Date: _____ Results: Positive or Negative (Attach CXR Report)

If vaccination required, please document below:

Vaccination	Date Administered	Lot number	
MMR			
Varicella			
Hepatitis B #1			
#2			
#3			
Influenza (current season)			
Tdap			

PHYSICIAN OR HEALTHCARE

I have examined the above-named person and determined that they are free from evidence of any health impairment that would prevent them from participating in an allied health related clinical education program.

Physician's Name: _____ Signature: _____

License Number: _____ Date: _____

STAMP

* Nurse Practitioner or Physician Assistant acceptable

STUDENT

I authorize the above-named Physician/Nurse Practitioner/PA to complete this form in its entirety including my health history and medical records and to forward it to City College

Student's Name: _____ Student's Signature: _____ Date: _____

City College First Year Health Clearance Process

- STEP 1: Create an account and place your order.
- STEP 2: Schedule an appointment for a Physical with your Physician/Local Urgent Care. Have the "Health Assessment Form" completed by a qualifying medical professional.
- STEP 3: Schedule an Employer Drug Screening. Bring the code/form from your account to your scheduled appointment. Do not drink a lot of water in preparation for the appointment.
- STEP 4: Upload all required documentation for Health Clearance to your account. For questions related to uploading documents, contact your account service directly. For all other questions related to clearance, e-mail clinicalclearance@citycollege.edu
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Dear Health Care Provider:

City College requires the following health clearance requirements from students:

1) Medical History and Physical Exam

- Medical Professional must complete and sign the City College Health Assessment Form.
- Student signature is required at the bottom of the form.

2) Proof of Immunity (titers) within the past 5 years:

- a. Measles
- b. Mumps
- c. Rubella
- d. Varicella
- e. Hepatitis B (note: Hepatitis B Surface Antibody **AND** Hepatitis B Surface Antigen lab results/titers required)

3) Tuberculosis QuantiFERON or PPD

- For Tuberculosis – must be within 3 months
- 2 Step Skin test/PPD is acceptable
- If results are positive, a chest x-ray within the past year is required.

4) Immunizations

- Documentation of **Tdap** administered within the past 10 years.
- Documentation of **Influenza** Vaccine administered for the current flu season
- Note: If Hepatitis B Surface Antibody is negative, documentation of Hepatitis B vaccination is required.

Summary of required lab reports with titers and reference ranges that must be submitted/uploaded along with the Health Assessment Form to Complio:

1. Measles ab titers
2. Mumps ab titers
3. Rubella ab titers
4. Varicella ab titers
5. HBsAb (Hepatitis B Surface Antibody)
6. HBsAg (Hepatitis B Surface Antigen)
7. Tuberculosis QuantiFERON Gold Blood Test OR 2 Step PPD Skin Test

A student may be subject to additional clinical clearance requirements during their enrollment. Students should upload all medical records to your account, as well as keep original documents on-hand for clinical sites.