

Student Health Requirement List – EMT/Paramedic Programs

Below is a list of health requirements for your program, along with their respective due dates. These are set by the clinical agencies which require compliance with their employee health standards.

You will submit all documentation listed below via SharePoint. (*See separate handout for instructions*).

For immunizations obtained in Wisconsin, go to the WI Immunization Registry at <https://www.dhfs.wisconsin.gov/immunization/> and click on Public Immunization Record Access.

Failure to submit ALL required documentation by the due date will result in your ineligibility to participate in clinical experiences and NREMT testing.

Due Date	Requirement	Acceptable Documentation	Completed
2/4/22	Hepatitis B Vaccines (3 shots) OR Positive Titer OR Decline Vaccines	WI Immunization Registry OR Medical Record/Lab Report OR Student Hepatitis B Vaccine Documentation form	<input type="checkbox"/>
2/4/22	Influenza Vaccine	WI Immunization Registry OR Medical Record OR Vaccine Administration Record	<input type="checkbox"/>
2/4/22	MMR Vaccines (2 shots) OR Positive Titers for Measles, Mumps & Rubella	WI Immunization Registry OR Medical Record OR Lab Report	<input type="checkbox"/>
2/4/22	Varicella Vaccines (2 shots) OR Positive Titer for Varicella (Chicken Pox)	WI Immunization Registry OR Medical Record OR Lab Report	<input type="checkbox"/>
2/4/22	Tdap (Tetanus/Diphtheria/ acellular Pertussis) Documentation of one-time dose of vaccine & then Td every 10 years	WI Immunization Registry OR Medical Record OR Lab Report	<input type="checkbox"/>
2/4/22	COVID 19 Vaccination	WI Immunization Registry	<input type="checkbox"/>
2/4/22	Tuberculin (TB) Test: Two separate skin tests OR one TB Blood Test in past 12 months	Employer/Occupational Health Record OR Medical Record OR Lab Report of TB Blood Test NOTE: For known positive TB test, contact Health Requirement Rep.(see pg.2 contact info)	<input type="checkbox"/>
2/4/22	Student Health Statement	FVHCA Hep B Student/Instructor Health Statement Form	<input type="checkbox"/>
2/4/22	Authorization to Release Information	MPTC Authorization to Release Information Form	<input type="checkbox"/>
2/4/22	Physical Examination (done within past 12 months)	MPTC Student Physical Examination Form	<input type="checkbox"/>
2/4/22	CPR BLS Provider - American Heart Association MUST remain CPR certified while in program.	Front and back of wallet card OR e-Card	<input type="checkbox"/>
COMPLETE: 1/3-1/28 DUE 2/4/22	Drug Test (10 panel or greater) Must be done at one of the clinics listed on page 2	Final Drug Screen Report sent directly to MPTC.	<input type="checkbox"/>

Due Date	Requirement	Acceptable Documentation	Completed
When Issued	EMS Training Permit	State of WI EMS Training Permit	<input type="checkbox"/>
When Issued	EMS State License	State of WI License/Certificate	<input type="checkbox"/>

Drug Testing – One of the clinics listed below **must** be used for your drug test. It is best to call first & make an appointment. *DO NOT get it done through your medical provider.*

Agnesian Work and Wellness Clinics: (3 locations):

- 430 E. Division Street, Fond du Lac 920-926-5666
- 620 W. Brown Street, Waupun 920-324-6846
- 790 Eastgate Drive, Ripon 920-745-3590

HealthWorks:

- 707 S. University Avenue, Beaver Dam 920-887-4089

Aurora Occupational Health Clinics: (Any Aurora Occupational Health Clinic may be used)

- 210 Wisconsin-American Drive, Fond du Lac 920-907-7240
- 205 Valley Avenue, West Bend 262-338-5388

Be sure to verify costs and payment methods of any services. Please note that most clinics charge an **additional fee** for positive drug test panel/prescription evaluation.

For drug test, a driver's license or picture ID is required. In addition, a full bladder is encouraged at the time of testing.

Students with a positive drug test for any state or federally-controlled substance prohibited by law at ANY point during their MPTC Health Sciences program are required to immediately withdraw from all program courses; a grade of F is given to students that do not withdraw. They may also face disciplinary action up to and including permanent dismissal from all Health Sciences programs. Students may appeal the dismissal in writing by contacting the program Dean who will make a decision within ten business days.

TB and CPR Certification: It is recommended that TB Testing and CPR Certification be completed between semesters so as not to interfere with clinical courses. Online CPR courses *must* include a demonstration of skills in order to receive the BLS Provider certification.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For questions regarding any of your health requirements contact:

Danielle Rhoads, Student Health Requirement Representative

Phone: 262-335-5738

Fax: 262-335-5916

email: drhoads1@morainepark.edu

Frequently Asked Questions: Health and Program Requirements for EMT/Paramedic Students

1. What are the health and program requirements for Health Science students?

SUBMIT DOCUMENTATION THAT SUPPORTS COMPLETION OF REQUIREMENTS TO SHAREPOINT.

(Note: Acceptable documentation of immunizations may include copies of the individual record from the Wisconsin Immunization Registry found at dhs.wisconsin.gov/immunization/publicaccess or copies of vaccination records from a clinic or health care provider.)

- **MMR** (Measles/Mumps/Rubella) - 2 doses of MMR vaccine or documented proof of immunity shown by positive mumps, rubeola, and rubella titers.
- **Varicella** (Chicken pox) - 2 doses of Varicella vaccine 4 – 8 weeks apart or documented proof of immunity by positive varicella titer. **NOTE:** If you have had the chicken pox, then you will need to get a varicella titer to prove immunity.
- **Hepatitis B Verification Form** - Documented proof for 3 doses of Hepatitis B vaccine OR documented proof of immunity shown by **Hepatitis B Antibody Titer** including date and results of Hepatitis B Titer; OR indicate declination on the form. Submit signed Hepatitis B Verification Form along with documentation.
- **Influenza** Vaccination - Required annually each fall (for current flu season) once made available, unless medical exemption is provided. Due date is indicated on letter to Incoming Core students.
Note: Influenza Vaccination is NOT required for summer only courses.
- **Tdap** (Diphtheria/Tetanus/Pertussis)-Tdap - One adult booster; then Td every 10 years thereafter. Submit documentation of vaccine.
- **Tuberculin (TB) Test** - An initial 2 step TB skin test or IGRA (QuantiFERON TB Gold blood test) is required. Then an annual TB skin test is required; while enrolled in the program. **TB testing should be completed in Summer or December/January so that it does not require renewal during clinical/internship/practicum courses.** Note: A two-step TB skin test may take a minimum of three weeks to complete. If your TB skin test or QuantiFERON TB Gold Blood Test is positive, a negative chest x-ray report from within the last year must be provided. If the chest x-ray is positive, proof of treatment is required along with completion of Questionnaire for Positive TB Skin Test Reactors. An annual TB Symptom Questionnaire will be sent to you & must be submitted with all positive TB Test results.
- **CPR Certification:** Must be an American Heart Association or American Red Cross: BLS Courser. Must include adult/child/infant CPR & AED. (**Note:** on-line courses are not acceptable). CPR certification must remain current while enrolled in the program. Submit copy of front and back of CPR Card or e-card.
CPR Certification should be completed during the summer or between semesters, so that it does not require renewal during clinical/internship/practicum courses.
- **Physical Examination Form** - You are to complete, sign, and date the upper portion. The bottom portion must be signed, and dated by a physician, physician assistant, nurse practitioner, or occupational health nurse.
- **10 Panel Drug Test** - A negative 10 panel urine drug test (or greater) is required prior to initial clinical or practicum course start within date range indicated on Health Requirement letter. The drug test must be done at one of the designated **Occupational Health Clinics** listed on page 2. For additional information, read questions below.

2. Why is drug testing required?

Drug testing has been identified as a requirement by clinical agencies in order to ensure a safe environment. Drug testing is mandatory. Failure to complete the drug test will require withdrawal from Health Sciences program courses.

3. What are the costs of the drug test?

Drug test costs vary and are often in the range of \$50 - \$55; the cost may increase if additional evaluation is required. At most clinics, there is an additional fee charged for a positive drug panel to match/evaluate with your current prescribed medications. Please clarify the costs and verify payment options.

4. Can I use a provider of my choice for the drug test?

No, the drug test must be completed by one of these Occupational Health department labs:

- Agnesian Work and Wellness Clinics: (3 locations)

430 East Division Street, Fond du Lac	920-926-5666
620 West Brown Street, Waupun	920-324-6846
790 Eastgate Drive, Ripon	920-745-3590
- Aurora Occupational Health: (2 listed, but any Aurora Occupational Health Clinic may be used)

210 Wisconsin-American Drive, Fond du Lac	920-907-7240
205 Valley Avenue, West Bend	262-338-5388
- HealthWorks:

707 South University Avenue, Beaver Dam	920-887-4089
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5. What drug test is required?

A 10-panel drug test (or greater) is required. The one-time drug test must be obtained within the assigned due date range.

6. How is the drug test done?

The drug test is a urine test and there is a specific procedure for the test. The urine sample MUST be obtained at the designated lab site; specimens may not be brought in to the test site. A driver's license or picture ID is required for the drug test. A full bladder is encouraged at the time of the test.

7. What if I have a positive drug test?

Students who have positive drug tests for any state or federally-controlled substances prohibited by law at ANY point during their MPTC Health Sciences program are required to immediately withdraw from all program courses; a grade of F is given to students that do not withdraw. Students with positive drug tests may face disciplinary action up to and including permanent dismissal from all Health Sciences programs. Students may appeal the dismissal in writing by contacting the program Dean who will make a decision within ten business days of the appeal request.

8. Will I have access to my results?

When you go for your drug test, you will want to clarify the procedure for receipt of your results. Your results are to be sent directly to Moraine Park. After results are received by Moraine Park they will be emailed to your Moraine Park student email.

9. How do I turn in my health forms and documentation?

Submit a copy of your health records and documentation of your drug test results through SharePoint using the link emailed to you through your MPTC student email account. After your health records are submitted, they will be reviewed by specific MPTC staff to ensure your program requirements have been met. **Healthcare records and documents must be submitted by due dates to participate in your clinical program.**

10. Who will see my health records?

Your health records are confidential. Once submitted they are only accessible on the secure website by designated MPTC staff.

11. What if the deadline for electronic submission of the health and other program records is not met?

Failure to submit required documentation by due dates will result in withdrawal from your Health Science program clinical/internship/practicum courses.

12. Who can I talk to if I have questions about program health requirements or other clinic sites for drug testing?

Danielle Rhoads, Student Health Requirement Representative
Phone: 262-335-5138 Email: drhoads1@morainepark.edu



Moraine Park Technical College Influenza Vaccination Form

As a patient safety initiative, Healthcare Facilities are requiring influenza vaccinations for all students participating in clinical experiences or internships at their sites, similar to other required vaccinations. For decades, influenza vaccination has been recommended for health care workers and has been shown in study settings to be effective in protecting patients.

Last Name	First Name	MI
<hr/>		
MPTC Student ID Number		
N		

The following must **be completed and signed** by the provider administering the influenza vaccination.

Vaccine Information:

Vaccine Brand: (circle one) Afluria® Fluarix® Flucelvax® FluLaval® FluMist® Fluzone® Flublok® other:

Vaccination Date: _____

Vaccine Lot #: _____ Exp. Date: _____

Injection Site: Right Deltoid Left Deltoid (Adult dose 0.5 ml IM only)

Name and title of vaccine administrator (please print): _____

Signature of vaccine administrator: _____

The only exemption from having the influenza vaccination is for medical reasons. The exemption form can be obtained from Danielle Rhoads at drhoads1@morainepark.edu. The clinical agency to which you are assigned will review waiver/exemption requests prior to clinical start dates. Understand that not being vaccinated as a result of an exemption may require wearing respiratory protection at all times during the flu season as per healthcare facility policy.



Moraine Park Technical College
Student Physical Examination Form

Student to Complete This Section:

Please print

Table with fields: Last Name, First Name, MI, MPTC Student ID #, Health Science Program

Allergies: (Latex, Peanuts etc.)

I have read the functional ability criteria for my program and am able to meet the physical demands of the program with or without accommodations. I am aware that it is my responsibility to self-identify & contact MPTC's accommodation specialist to request needed accommodations.

Student Signature: Date:

Health Care Provider to Complete This Section:

I certify, based upon my examination that this person is free of symptoms of any illness or communicable disease that may be transmitted through patient care.

Additional Comments:

Signature of Physician/Nurse Practitioner/ Physician Assistant Date of Exam

Printed Name, Address and Phone Number of the Provider Listed Above

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



STUDENT / INSTRUCTOR HEPATITIS B VACCINE DOCUMENTATION
[STUDENT HEALTH STATEMENT]



I understand that as a student/instructor in a health profession educational program, and due to my educational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection, a serious disease.

Please initial one statement that best explains your situation:

Statement 1:

I have begun the vaccination series (three doses given over six months). I understand that because I have not completed the series and have not gotten the antibody screen, I continue to be at risk for acquiring HBV, a serious disease. Submit documented immunization record to your school. Enter dates of completed vaccinations thus far:

Date of vaccine #1
Date of vaccine #2
Date of vaccine #3

Statement 2:

I have not completed the Hepatitis B series of three (3) vaccinations:

(Initial here) I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring HBV infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine; however I decline Hepatitis B vaccination at this time.

(Initial here) By declining this vaccine, I understand that I continue to be at risk of acquiring Hepatitis B virus (HBV) infection, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I will need to discuss this with my healthcare provider. If I am then vaccinated, I will need to supply that documentation to the school.

Statement 3:

I have been vaccinated for Hepatitis B; please initial one of the following:

Initial one of the following if you have already received the Hepatitis B series of three (3) vaccinations:

I have been screened for post vaccine antibodies and the results were positive / reactive. Evidence of results must be attached.

I have been screened for post vaccine antibodies and the results were negative/non-reactive. If the screen shows a negative result, I will consult with my provider for next steps. Evidence of results must be attached.

Although it has been recommended to have post-vaccine antibodies checked, I have chosen not to have this lab test done and I accept the risk of not knowing my immunity status in event of an exposure to blood and/or body fluids.

Date of vaccine #1
Date of vaccine #2
Date of vaccine #3

By my signature below I acknowledge that I have been made aware of the measures to prevent HBV infection, and I will not hold my educational institution or any clinical agency accountable for acquired HBV infection.

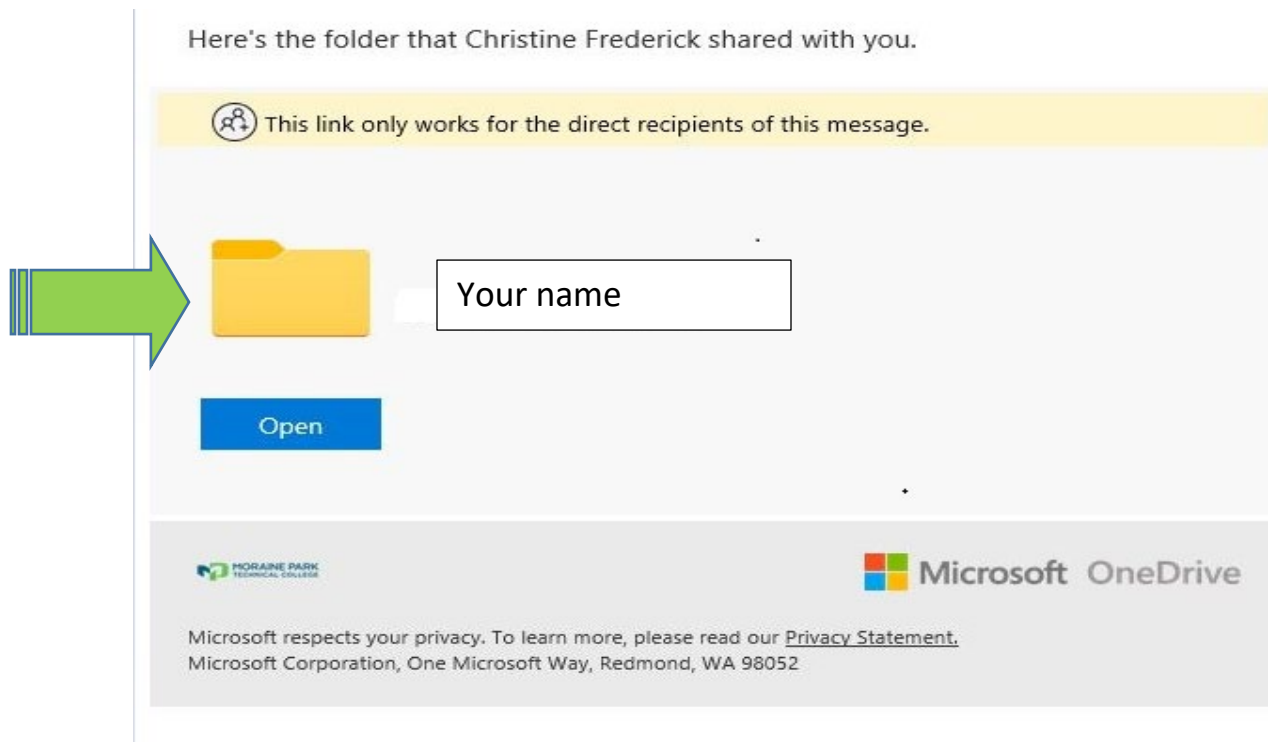
Printed Name Signature Date

Student ID#

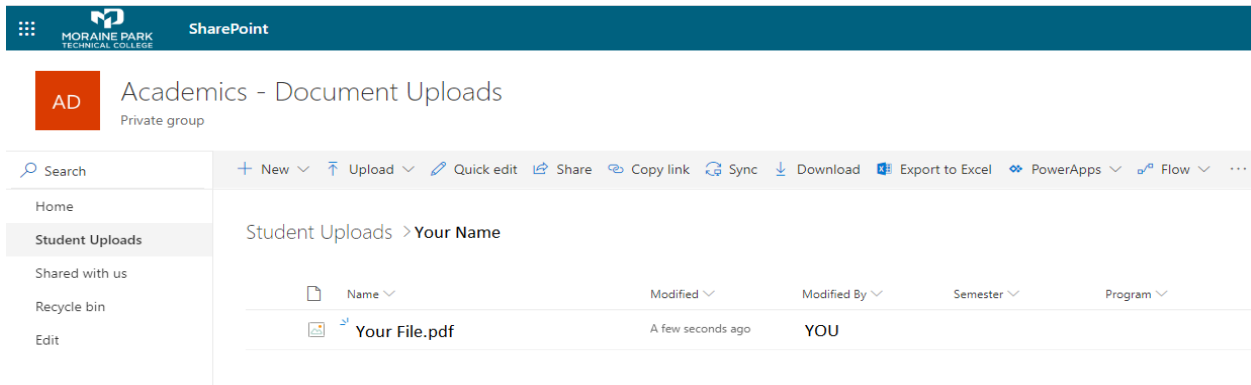
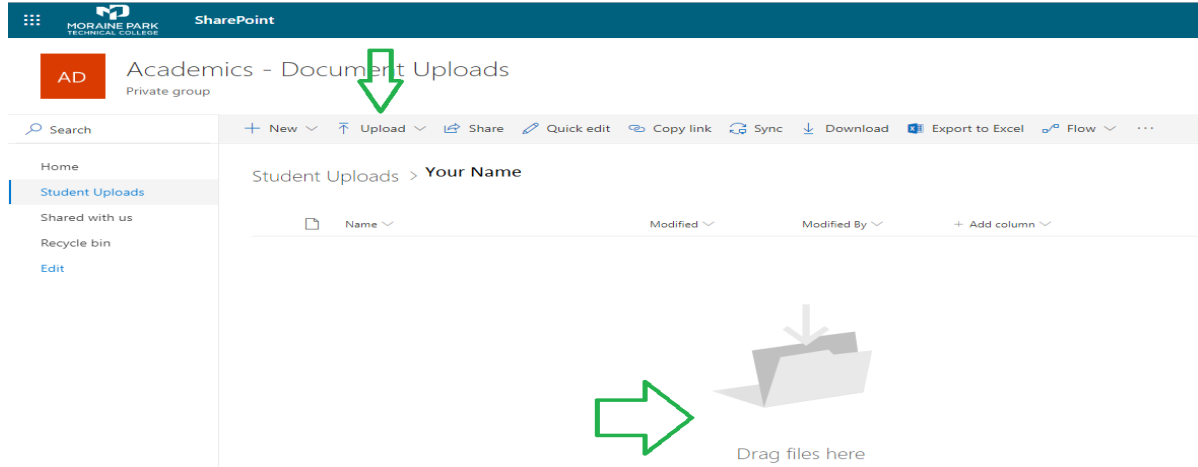


Submitting Health Records through SharePoint

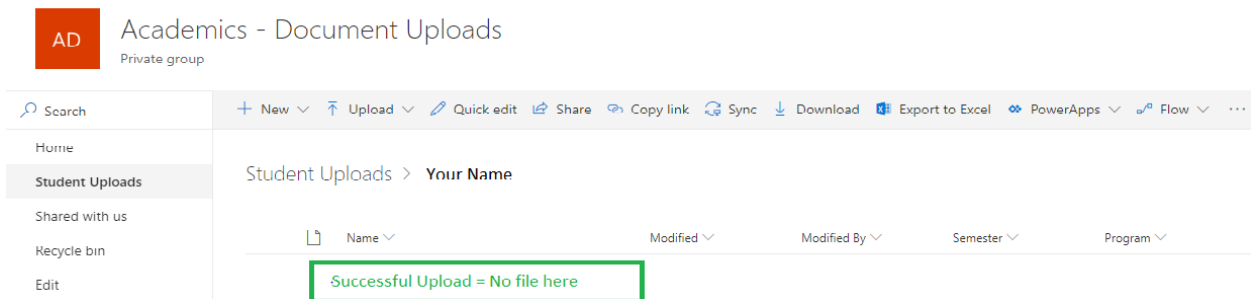
1. You will receive an email like the one below. If you don't, check your SPAM or Quarantine folders.
2. Click on the folder link next to your name to upload your health documents. Submit as files not entire folders!
3. The documents will disappear if they are successfully uploaded. Wait for the file to disappear before closing Sharepoint.



You can either upload your documents by clicking on the UPLOAD tab or drag files to the open folder.



Your documents are automatically moved to a secure SharePoint site for storage.



Wait for the file to disappear before closing out of SharePoint.