

## Student Health Requirements – Nursing Assistant Program

Below is a list of health requirements for your program. These are set by the clinical agencies which require compliance with their employee health standards. You will submit this completed form and all required documentation listed below to your instructor the first week of class. For Moraine Park’s health requirement forms, access <https://www.morainepark.edu/programs-and-courses/program-information/nursing-assistant-30-543-1/>

For immunizations obtained in Wisconsin, go to the Wisconsin Immunization Registry at: <https://www.dhfwir.org> and click on Public Immunization Record Access.

**\*Failure to submit ALL required documentation by due date will result in an administrative withdrawal from course.**

**PLEASE PRINT**

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>MPTC Student ID Number</b> N		<b>Email Address</b>		
<b>Emergency Contact/Relationship</b>			<b>Phone Number</b> (     )	

**ALL REQUIREMENTS ARE DUE ONE WEEK PRIOR TO COURSE START DATE**

Completed	Requirement	Date Received	Acceptable Documentation
<input type="checkbox"/>	<b>Hepatitis B Vaccines (3 shots)</b> OR Positive Titer OR Decline Hepatitis B Vaccines		WI Immunization Registry OR Medical Record/Lab Report OR Student Health Statement
<input type="checkbox"/>	<b>Student Health Statement</b>		Student Health Statement
<input type="checkbox"/>	<b>Influenza Vaccine</b> <i>(Not required for clinicals June 1<sup>st</sup>-October 15<sup>th</sup>)</i>		WI Immunization Registry OR Vaccine Administration Record OR MPTC Influenza Vaccination Form OR Medical Record ( <i>Receipts are not acceptable</i> )
<input type="checkbox"/>	<b>MMR Vaccines (2 shots)</b> OR Positive Titers for Measles, Mumps & Rubella		WI Immunization Registry OR Medical Record OR Lab Report
<input type="checkbox"/>	<b>Varicella Vaccines (2 shots)</b> OR Positive Titer for Varicella (chicken Pox)		WI Immunization Registry OR Medical Record OR Lab Report
<input type="checkbox"/>	<b>COVID 19 Vaccination</b>		WI Immunization Registry
<input type="checkbox"/>	<b>Tuberculin (TB) Skin Tests:</b> 2 separate tests within the past 12 months OR TB Gold Blood Test done within past 12 months		Clinic or health facility documentation of <u>two separate TB skin tests</u> OR Lab Report of TB Gold Blood Test NOTE: For known positive TB test or assay, contact Danielle Rhoads (see pg.2 for contact info)
<input type="checkbox"/>	<b>Tetanus/Diphtheria/Pertussis (Tdap) (1 adult shot)</b> , then Tetanus/Diphtheria (Td) booster shot every 10 years		WI Immunization Registry OR Clinic Documentation
<input type="checkbox"/>	<b>Drug Screen (10 panel or greater)</b> <b>Must be done at one of the clinics listed on page 2.</b>		Final Drug Screen Report sent directly to MPTC.

**Please Note: Additional health requirements MAY be needed:**

- Your instructor will notify you via **student email** or U.S. Postal mail if additional tests or vaccines are required by the clinical agency at which you will complete your clinical hours.

*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.*

Compliance with program requirements ensures safe care-giving environments. Thank you in advance for completing and submitting all health and other program requirement forms and documentation by the due date.

**\*Drug Testing** – One of the clinics below **must** be used for your drug screen. For drug test, a driver's license or picture ID is required. In addition, a full bladder is encouraged at the time of testing. It is best to call first & make an appointment. **DO NOT** get it done through your healthcare 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 screen panel/prescription evaluation.

NOTE: Students with a positive drug screen 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.

**For questions regarding any of your health requirements contact:**

Danielle Rhoads, Student Health Requirement Representative

Phone: 262-335-5738

Email: [drhoads1@morainepark.edu](mailto:drhoads1@morainepark.edu)