



## HEALTH REQUIREMENTS

**Please read this packet carefully as some requirements have changed. Previous versions of this packet are not in force and will not be honored.**

# Table of Contents

HEALTH REQUIREMENTS OVERVIEW .....	3
HEALTH REQUIREMENTS INFORMATION .....	4
HEALTH REQUIREMENTS PRICING .....	6
EDWARD CORPORATE HEALTH LOCATIONS .....	8
PHYSICAL EXAMINATION FORM .....	9
ESSENTIAL FUNCTIONS.....	10
EDWARD CORPORATE HEALTH CLEARANCE FORM .....	11
FOR EMT & PARAMEDIC PROGRAMS ONLY .....	13
FOR CERTIFIED NURSING ASSISTANT (CNA) PROGRAM ONLY .....	14

## HEALTH REQUIREMENTS OVERVIEW

As a student of the College of DuPage (COD) health career programs, the completion of all health requirements is mandatory. Depending upon the program to which you are applying, medical requirements may need to be completed prior to registration for the class/program. Some programs will set a date that is after registration but before actual participation in the class. Please see the specific program registration or admission packet for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Health requirements are mandated by the clinical sites and are subject to change based on current medical advice and practices. The health requirements may be completed by your physician, local hospital or clinic, or Edward Corporate Health Services. The background check and drug screen must be completed through **CastleBranch.com**; **CNA students are excluded from the background check**. CNA students background checks will be completed at the mandatory orientation.

College of DuPage has partnered with Edward Corporate Health (ECH) to ensure compliance of students' medical requirements. ECH has provided College of DuPage students with special pricing. Please note that ECH does not accept personal health insurance. Any charges are the student's responsibility and are due at the time of service. It is recommended that students verify with their insurance provider whether required services are covered by their personal health insurance. If so, you may choose to have those services performed by a personal health care provider utilizing your health insurance. It is ultimately the student's decision where they complete their health requirements. ECH, or provider of your choice, may complete all of the services; however, ECH **must** complete the required chart review. Please note: College of DuPage will not receive any of your medical records; they are your and your health care provider's responsibility and property. **ECH will provide a clearance form directly to you and College of DuPage.**

To access ECH's services, call the various location(s) (see page 8), identify yourself as a College of DuPage student and discuss what services you need. You must bring all required documentation to ECH for a Chart Review.

## HEALTH REQUIREMENTS INFORMATION

**YOU ARE ENCOURAGED TO ATTEND AN ADVISING SESSION PRIOR TO STARTING HEALTH REQUIREMENTS TO ENSURE THAT YOU HAVE A CLEAR UNDERSTANDING OF ALL REQUISITE FORMS AND REQUIREMENTS.**

The following immunizations are mandated by the clinical site and are important for our commitment to public safety including personal safety from exposure to potential disease during clinical work.

Requirement	What
<b>Physical Examination</b>	A summary of the physical exam performed by your primary care provider (i.e. MD, NP) using the required enclosed form. Your doctor <b>must</b> use the form enclosed on page 9 & 10.
<b>Flu Vaccine</b>	Vaccine given annually. (The flu vaccine is seasonal and changes every year in the Fall). You must obtain proof of the current flu vaccine.  <u>Proof of current vaccination <b>MUST</b> include the following:</u> (1) Student name (2) Clinic name (3) Clinic address (4) Date administered (5) Lot# of vaccine (6) Expiration date
<b>Tetanus/Diphtheria/Pertussis Vaccination (TDAP)</b>	Obtain a one-time dose of TDAP if you have not previously received. Obtain TD boosters every 10 years thereafter.
<b>QuantiFERON TB Gold Blood Test</b>	Blood test that aids in the detection of <i>Mycobacterium tuberculosis</i> , the bacteria which causes tuberculosis (TB).  A positive QuantiFERON-TB Gold result means that the person has been infected with TB bacteria and should be followed by further medical and diagnostic evaluation to determine if the person has latent TB infection or TB disease. <b>A chest x-ray will be required.</b>
<b>Two-Step TB Skin Test (TST)</b> <b>Option for CNA ONLY</b>	A series of two subcutaneous injections; takes approximately 10 days to complete the two injections and the reading of them. Must not be more than one-four weeks apart.
<b>Hepatitis B Titer</b>	Documented antibody/IGG titer levels indicating immunity (blood draw to demonstrate your immune status to identified communicable diseases). To be effective, the blood test must indicate that you are positive for immunity.
<b>Titers for:</b> <b>Varicella – (Chicken Pox)</b> <b>MMR – Rubeola (Measles), Mumps and Rubella (German Measles)</b>	Documented antibody/IGG titer levels indicating immunity (blood draw to demonstrate your immune status to identified communicable diseases). To be effective, the blood test must indicate that you are positive for immunity.
<b>Chart Review</b>  <b>MUST</b> be done by Edward Corporate Health	All medical records must be reviewed by Edward Corporate Health. A clearance form will be completed at your appointment. <b>Please do <u>NOT</u> begin until instructed to do so.</b>  Please allow plenty of time to get all requirements completed and reviewed by Edward Corporate Health. Recommendation is to begin the process 2-3 months prior to first day of class or clinical.

Requirement	What
<p><b>Drug Test</b></p> <p><b>MUST</b> be done through <a href="#">CastleBranch</a></p>	<p>A urine test for presence of identified drugs. The drug test must be a 10 panel. <b>Please do NOT begin until instructed to do so.</b></p> <p>(Refer to specific program instructions for appropriate package code and further details)</p>
<p><b>Medical Document Manager</b></p>	<p>If required by your program, all medical documents must be uploaded to <a href="#">CastleBranch</a> once the chart review is complete. Students will have unlimited access to their Medical Documents through graduation and beyond.</p>
<p><b>Background Check</b></p> <p><b>Must</b> be done through <a href="#">CastleBranch</a>; excluding CNA students</p>	<p>Background Checks are completed through <a href="#">CastleBranch</a>. <b>Please do NOT begin until instructed to do so.</b></p> <p><b>CNA student background checks will be completed at the mandatory orientation.</b></p> <p>(Refer to specific program instructions for appropriate package code and further details)</p>
<p><b>CPR Card</b></p>	<p>Must be <b>American Heart Association – BLS for Health Care Providers</b>. Card must be signed by student. Must be valid through entire length of chosen program.</p> <p>(Does <b>NOT</b> apply for FIRE 2271 EMT and CNA programs)</p>
<p><b>Medical Insurance</b></p>	<p>Can be purchased through the college's insurance carrier. Please visit <a href="#">Center For Access and Accommodations</a> website for details.</p> <p>Must be comprehensive health insurance and valid through entire length of chosen program.</p>

## HEALTH REQUIREMENTS PRICING

Below is a list of health services and the current fees charged by Edward Corporate Health. Students may also check their local health department, convenient care locations or retail clinic, as they may offer some or all of the services. Students may use their own health care provider for any or all of the services with the exception of the background check and drug screen, which **must** be completed through [CastleBranch](#). Please note that the cost for the health requirements is the responsibility of the student, and requirements and pricing are subject to change. The Chart Review **must** be completed by Edward Corporate Health and the student is responsible for the fee. The Medical Document Manager tracking will be completed by [CastleBranch](#) and you, as a student, will always have access to your medical records.

**\*\*\*\*\*Pricing is determined by Edward Corporate Health and is subject to change without notice\*\*\*\*\***

Services Offered	Cost	Notes
<b>Physical Examination</b> (includes Color Vision)	<b>\$48</b>	
<b>Flu Vaccine –</b>  Note: The flu vaccine is seasonal and changes every year in the Fall.	<b>*Pricing varies by clinic and season</b>	Proof of vaccination <b>MUST</b> include the following: (1) Student name, (2) Clinic name, (3) Clinic address, (4) Date administered and (5) Lot # of vaccine  If flu vaccine is not available, students will be required to get vaccine when it becomes available in the Fall. *Pricing varies by clinic and season
<b>Tetanus/Diphtheria/Pertussis Vaccination (TDAP)</b>	<b>\$63</b>	Obtain a one-time dose of TDAP if you have not previously received vaccine. Obtain TD boosters every 10 years thereafter
<b>QuantIFERON TB Gold Blood Test</b>	<b>\$80</b>	
<b>TB 2-Step Skin Test – Option for CNA ONLY</b>	<b>\$28</b>	Must be within one-four weeks of each other and meet the 90-day compliance. Please see <a href="#">CNA website</a> for 90-day compliance date
<b>Hepatitis B Antibody/IGG Titer</b>	<b>\$20</b>	
<b>Varicella Antibody/IGG Titer (Chicken Pox)</b>	<b>\$20</b>	
<b>Rubeola Antibody/IGG Titer (Measles)</b>	<b>\$18</b>	
<b>Mumps Antibody/IGG Titer</b>	<b>\$20</b>	
<b>Rubella Antibody/IGG Titer (German Measles)</b>	<b>\$20</b>	
<b>Chart Review</b> - This <b>MUST</b> be done by Edward Corporate Health	<b>\$30</b>	
<b>Drug Test –</b> This <b>MUST</b> be done through <a href="#">CastleBranch.com</a>  Do <b>NOT</b> begin until instructed to do so	<b>\$32</b>	10 Panel: Marijuana, Cocaine, Phencyclidine, Amphetamines/Methamphetamines, Opiates, Barbiturates, Benzodiazepines, Methadone, Methaqualone & Propoxyphene
<b>Medical Document Manager –</b> This <b>MUST</b> be done through <a href="#">CastleBranch.com</a>	<b>\$35</b>	The student's records will be managed through CastleBranch by creating a personal profile that they will have unlimited access to beyond graduation.
<b>Background Check –</b> This <b>MUST</b> be done through <a href="#">CastleBranch.com</a> ; excluding C.N.A. students	<b>\$46</b>	CNA student background checks will be completed at the mandatory orientation

Possible Additional Services	Cost	Notes
MMR Vaccine (per dose)	\$77	
Varicella Vaccine (per dose)	\$130	
Hepatitis B Vaccine (per dose)	\$48	
Tetanus/Diphtheria (TD-Booster)	\$49	
TB Positive PPD Form	\$11	
Chest X-Ray	Contact Edward Corporate Health for additional information	X-ray – Chest 2 views - \$29 Prof Fee – Chest X-ray 2 Views - \$49

## EDWARD CORPORATE HEALTH LOCATIONS

You **MUST** visit one of these locations **in-person** to complete a Chart Review

For Appointments call **(630) 527-7299**  
Main Fax: (630) 961-4934

<b>Edward Healthcare Center – Bolingbrook</b>
130 N. Weber Road, Suite 105 Bolingbrook, IL. 60440 (1/4 mile south of Boughton Road)
<b>Schedule an appointment:</b> Phone: (630) 527-7299 or (630) 646-5731 Fax: (630) 646-5780
<b>Hours:</b> Monday – Friday: 8 a.m. to 6 p.m. Saturday – 8 a.m. to Noon (Closed on Sundays and holidays)
<b>Edward Occupational Health – Edward Hospital - Naperville</b>
801 S. Washington St. Naperville, IL. 60540 (Follow signs for Corporate Health. Located adjacent to Pediatric Emergency Department.)
<b>Schedule an appointment:</b> Phone: (630) 527-7299 Fax: (630) 961-4934
<b>Hours:</b> Monday – Friday: 7 a.m. – 4:30 p.m.
<b>Edward Outpatient Center – Plainfield</b>
24600 W. 127th Street Plainfield, IL. 60585 (127th and Van Dyke Road)
<b>Schedule an appointment:</b> Phone: (779) 263-3029 Fax: (779) 263-3019
<b>Hours:</b> Monday, Wednesday and Friday only: 8 a.m. to 4 p.m.



# PHYSICAL EXAMINATION FORM

College of DuPage - 425 Fawell Blvd, Glen Ellyn, IL 60137

**This form must be completed by your physician and brought to Edward Corporate Health for your Chart Review**

Please Print

Name \_\_\_\_\_  
Last First

Health Program \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Must be completed by a licensed medical professional**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Physical Findings - **Must be completed by a licensed medical physician, nurse practitioner or physician assistant.**

Body Systems	Normal	Abnormal, please describe
Cardiovascular		
Eye		
Ear, Nose, Throat		
Conversational Hearing		
Color Vision		
Gastrointestinal		
Metabolic-Endocrine		
Musculoskeletal		
Neurological		
Respiratory		
Skin (Exposed areas only)		
Lymph Nodes		

Is student presently under any medical treatment? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Conclusion: (check one)

The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for (see next page for complete listing of essential functions).

The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for with the following **accommodation(s)/restriction(s)**.

\_\_\_\_\_  
\_\_\_\_\_

The student **has not** been medically cleared to perform essential functions defined by the health programs of College of DuPage and of the desired healthcare career.

Examiner's Name (Please Print) \_\_\_\_\_ Date of Examination \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

*This physical exam satisfies the requirements of all College of DuPage Health Science programs and all clinical sites.*

# COLLEGE OF DUPAGE ESSENTIAL FUNCTIONS

## Health Career Programs

These are generally required for all College of DuPage Health Career Programs. Variations of this will be addressed in program or course specific information. If the ability to perform these essential functions with or without reasonable accommodations result in the inability to meet identified student learning outcomes, the student may be at risk of not successfully completing the course and/or program.

### **MOTOR CAPABILITY:**

1. Move from room to room and maneuver in small spaces
2. Squat, crawl, bend/stoop, reach above shoulder level, use standing balance, and climb stairs
3. Lift and carry up to 50 lbs., and exert up to 100 lbs. force or push/pull
4. Use hands repetitively; use manual dexterity; sufficient fine motor function
5. Must be able to walk and stand for extended periods of time
6. Perform CPR
7. Travel to and from academic and clinical sites

### **SENSORY CAPABILITY:**

1. Coordinate verbal and manual instruction
2. Auditory ability sufficient to hear verbal communication from clients and members of the health team; includes ability to respond to emergency signals.
3. Discern soft sounds, such as those associated with taking a blood pressure
4. Visual acuity to acquire information from documents such as charts
5. Comfortable working in close physical proximity to patient

### **COMMUNICATION ABILITY:**

1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing
2. Effectively adapt communication for intended audience
3. Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds
4. Assume the role of a health care team member
5. Function effectively under supervision
6. Sufficient command of the English language in order to read and retrieve information from lectures, textbooks, as well as understand medical terminology
7. Skills include computer literacy

### **PROBLEM SOLVING ABILITY:**

1. Function effectively under stress
2. Respond appropriately to emergencies
3. Adhere to infection control procedures
4. Demonstrate problem-solving skills in patient care (measure, calculate, reason, prioritize, and synthesize data).
5. Use sound judgment and safety precautions
6. Address problems or questions to the appropriate persons at the appropriate time
7. Organize and prioritize job tasks

### **BEHAVIORAL SKILLS AND PROFESSIONALISM:**

1. Follow policies and procedures required by academic and clinical settings
2. Adheres to College of DuPage Academic Honesty Policy (per College Catalog)
3. Adheres to College of DuPage Code of Conduct (per College Catalog)
4. Abides by the guidelines set forth in the Health Insurance Portability and Accountability Act (HIPAA, i.e., the national privacy act).

Revised 2017

## EDWARD CORPORATE HEALTH CLEARANCE FORM

## CHART REVIEW

\*\*\*\*\*Form is filled out by Edward Corporate Health - NOT STUDENT\*\*\*\*\*

College of DuPage Program Name: \_\_\_\_\_ Semester Clinicals begin: \_\_\_\_\_

Be advised that: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ was in our office: \_\_\_\_\_

(PLEASE PRINT)

**Physical Exam/ Basic** Date: \_\_\_\_\_  
The student is medically cleared to perform essential functions defined by the health programs of College of DuPage.

**Flu Vaccine:** Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Tdap Vaccine Date:** \_\_\_\_\_

**Td Booster if applicable:** \_\_\_\_\_  
(Original Tdap vaccine date required)

**Color Vision:**  
Pass: (circle) Yes OR No

**QuantIFERON-TB Gold Blood Test** : Date: \_\_\_\_\_

Result: \_\_\_\_\_ Expires: \_\_\_\_\_

**2-Step TB Skin Test – Option for CNA ONLY**  
(Must be completed within 90 days of class-clinical start)

**2-Step TB Skin Test:**

#1 Date: \_\_\_\_\_ Reading \_\_\_\_\_ mm

#2 Date: \_\_\_\_\_ Reading \_\_\_\_\_ mm

Only If medically necessary:

**Chest X-Ray** Date: \_\_\_\_\_

Result: \_\_\_\_\_ Expires: \_\_\_\_\_

**Annual TB Questionnaire** Date: \_\_\_\_\_  
"Negative" Chest X-Ray in past? (circle) Yes OR No  
Date of "Negative" Chest X-Ray: \_\_\_\_\_

**Immunity (status) – Positive Antibody/IgG Titers  
Required for: Hepatitis B, Varicella and MMR.****HEPATITIS B:**

For negative or equivocal titer results:

- The complete vaccine series must be completed. Titer is to be completed 4 weeks subsequent to completion of series.

**Hepatitis B IgG Antibody Titer**

Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

Negative or Equivocal Titers:

**Vaccine Series**

1<sup>st</sup> Administration \_\_\_\_\_

2<sup>nd</sup> Administration \_\_\_\_\_

3<sup>rd</sup> Administration \_\_\_\_\_

Titer Date \_\_\_\_\_ Result \_\_\_\_\_

**VARICELLA & MMR:**

For negative or equivocal titer results:

- If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster.
- If vaccination series has not been previously administered, the series must be completed and followed by a titer 4 weeks subsequent to the completion of the series

**Varicella IgG Antibody Titer**

Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

Negative or Equivocal Titer:

**Booster Date** \_\_\_\_\_

**Repeat Titer date:** \_\_\_\_\_ **Result:** \_\_\_\_\_

- Vaccine Series
- 1<sup>st</sup> Administration \_\_\_\_\_
- 2<sup>nd</sup> Administration \_\_\_\_\_
- Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

**MMR – Measles (Rubeola), Mumps, Rubella IgG Antibody Titer**

- Measles (Rubeola) Titer
- Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

- Mumps Titer
- Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

- Rubella Titer
- Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

**Negative or Equivocal Titers:**

- Booster Date \_\_\_\_\_
- Repeat Titer date: \_\_\_\_\_ Result: \_\_\_\_\_

- Vaccine Series
- 1<sup>st</sup> Administration \_\_\_\_\_
- 2<sup>nd</sup> Administration \_\_\_\_\_
- Titer Date \_\_\_\_\_ Result \_\_\_\_\_

**NON-RESPONDERS** have been counseled by a healthcare professional regarding precautions to prevent infection.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

1.  Records have been reviewed and/or examination has been performed by physician. Based on the information, student is clear to perform job duties without physical restrictions.

2.  Cleared with the following restriction (restrictions may prevent acceptance into program).

\_\_\_\_\_

\_\_\_\_\_

3.  Based on Physician’s report and/or other diagnostic findings, student is **NOT** medically cleared for the health program at the College of DuPage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR EMT & PARAMEDIC PROGRAMS ONLY

### QuantiFERON, Background Check and Drug Screen Important Dates

In addition to all Health Requirements listed in the Health Requirement Packet, the below have specific dates you must comply with.

#### EMT Students

##### Spring 2019 Students:

QuantiFERON TB Gold Blood Test completed: 5/17/18 or later

Drug Test complete: 2/16/19 or later (Note: If you complete prior to this date, you will need to pay and take another drug test)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39dt – Drug Test Only

##### Summer 2019 Students:

QuantiFERON TB Gold Blood Test completed: TBA

Drug Test complete: TBA (Note: If you complete prior to this date, you will need to pay and take another drug test)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39dt – Drug Test Only

#### Paramedic Students

##### Central DuPage Hospital Spring 2019 Admits:

QuantiFERON TB Gold Blood Test completed: 12/13/18 or later

Drug Test complete: 1/1/19 (Note: Do **NOT** complete until date is given to you)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39dt – Drug Test Only

##### Edward Hospital Spring 2019 Admits:

QuantiFERON TB Gold Blood Test completed: 12/13/18 or later

Drug Test complete: 12/7/18 (Note: Do **NOT** complete until date is given to you)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39dt – Drug Test Only

Background Check complete: 6/20/18 (Note: Do **NOT** complete until date is given to you)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39 – Background Check Only

##### Loyola Hospital Spring 2019 Admits:

QuantiFERON TB Gold Blood Test completed: 12/13/18 or later

Drug Test complete: 12/8/18 (Note: Do **NOT** complete until date is given to you)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39dt – Drug Test Only

Background Check complete: 6/20/18 (Note: Do **NOT** complete until date is given to you)

Go to [www.CastleBranch.com](http://www.CastleBranch.com) and enter package code: CB39 – Background Check Only

##### Good Samaritan Fall 2019 Admits:

QuantiFERON TB Gold Blood Test completed: TBD

# FOR CERTIFIED NURSING ASSISTANT (CNA) PROGRAM ONLY



## Student Instructions: Complete Drug Screen through Castle Branch.

**Castle Branch** is a secure platform that allows you to order your medical document manager and drug screen online. Once you have placed your order, you may use your login to access additional features, including document storage, portfolio builders and reference tools. **Castle Branch** also allows you to upload any additional documents required by your school.

### Place Your Order:

1. Go to: [CastleBranch.com](https://CastleBranch.com) and **enter** the *appropriate* package code from the **list below**.
2. You will then be directed to set up your **Castle Branch** account and profile. (Reference pages 6-7 for pricing).

Program	Classes (Academic Term)	Code	Type of Package
Certified Nursing Assistant (CNA)	<b>First</b> 8 week and 16 week classes (Fall & Spring ONLY)	<b>CY64one</b>	Medical Document Manager <u>and</u> Drug Screen
Certified Nursing Assistant (CNA)	<b>Second</b> 8 week classes (Fall & Spring ONLY)	<b>CY64two</b>	Medical Document Manager <u>and</u> Drug Screen