Health Requirement Checklist available here: stcc.edu/healthservices

Dental Hygiene Program (DHYG.AS)

Health records (e.g. forms, vaccination, lab/imaging reports, etc.) may be submitted as follows:

<table>
<thead>
<tr>
<th>Method</th>
<th>Address/Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Person</td>
<td>Health &amp; Wellness Center, Building 19, Room 177</td>
</tr>
<tr>
<td>Online</td>
<td>STCCNet Dropbox Direct link: tinyurl.com/27ychwv2</td>
</tr>
<tr>
<td>Fax</td>
<td>(413) 755-6045</td>
</tr>
<tr>
<td>Release Request</td>
<td>tinyurl.com/y4y4ruuo</td>
</tr>
</tbody>
</table>

Due within 10 days of acceptance

- CORI Acknowledgement Form – Bring valid identification to the health services office or have form notarized and submit online. Form and instructions: tinyurl.com/stcc-cori. Required annually in order to register for classes.

Due prior to July 1st or upon acceptance (if after July 1st)

- Student Health History Form - Complete the form at tinyurl.com/b7fdjh7v
- Auth. to Release Info. to Fieldwork Sites Form - Complete the form at tinyurl.com/y34eglyt
- Technical Standards Acknowledgement Form - Complete the form at tinyurl.com/y5x19vsg
- Multiple Policies Acknowledgement Form - Complete the form at tinyurl.com/y5xc4yu4
- Physical Exam Attestation Form – Must be on the required form (click here to print), completed by a licensed clinician and exam dated within 1 year of the program start. Schedule your subsequent exam since it is required every 1.5 - 2 years. The program’s Physical Exam Form is the only form that can satisfy this requirement!

- Tuberculosis Screening - Results must be dated within 6 months of course start and ANNUALLY thereafter. Choose either…
  - Option A: ☐ Quantiferon-TB Gold Plus or T-SPOT IGRA blood test.
    - Recommended for BCG-vaccinated individuals.
  - Option B: TWO Tuberculin Skin Tests
    - ☐ 1st PPD is planted and read 48-72 hours later AND
    - ☐ 2nd PPD is planted 7-21 days after the 1st and read in 48-72 hours (to rule out a false negative)
    - Only a single plant is required for subsequent annual renewal.

Screened positive for tuberculosis? Submit the positive result, a chest x-ray report completed at the time of the positive result and complete the Positive TB Screening Questionnaire.

Immunization/Immunity Records:

- COVID-19 - primary vaccine series required for fieldwork. STCC will put forth a best effort to accommodate placement of an unvaccinated student but this is without guarantee. A student who is unable to be placed will not be able to matriculate in their program of study. A booster dose (according to CDC guidelines) may also be required.

- tetanus, diphtheria and pertussis (TDAp) - vaccine must have been administered within the past 10 years
- measles, mumps, rubella (MMR) - 2 dose vaccine series OR titer results showing immunity
- hepatitis B - ☐ immune titer lab report (surface antiBODY, anti-HBs)
  - AND ☐ 3-dose hepatitis B vaccine series (or 2-dose if HEPLISAV-B™)
- varicella (chickenpox) - 2 dose vaccine series OR titer results showing immunity
- meningitis - For students age 21 and younger taking 12 credits or more, 1 dose MenACWY(formerly MCV4) vaccine administered on/after 16th birthday; OR complete a Meningitis Waiver at tinyurl.com/y6svra7b

Checklist continues on next page →
Certifications Due by August 15th:
☐ American Heart Association Basic Life Support Healthcare Provider (CPR & AED): Must remain current throughout the program. Visit heart.org Class Connector, filter course name: ‘BLS Provider’
cpr.heart.org/en/courses/basic-life-support-course-options ecards.heart.org/student/myecards
☐ American Heart Association Heartsaver First Aid: Visit heart.org Class Connector, filter course name: ‘Heartsaver First Aid’

Additional Requirements:
☐ Influenza – Due by October 1st for students participating in fieldwork during the flu season (Oct 1-March 31). Required documentation: Name, date of birth, date administered, manufacturer, LOT # and administering clinic or clinician name.
☐ Background Check and Drug Screening - If required, students will receive instructions from Health Compliance 60-90 days prior to fieldwork. Refer to Screening Policy for Fieldwork Placement.
☐ N-95 Mask Fitting: Students participating in lab and/or fieldwork (on or off campus) may be required to complete annual respirator training, medical evaluation and fit testing. If required, instructions will come from the program.

For more information, contact the Health & Wellness Center at stcc.edu/healthservices.

Understanding your titer (antibody serology) results
- Positive/Reactive means you have immunity.
- Negative/Non-Reactive/Indeterminate/Equivocal:
  ☐ measles, mumps, rubella – presumptive immunity if appropriate vaccination is on file. Subject to change per MA DPH/CDC. Healthcare Personnel Vaccination Recommendations: immunize.org/catg.d/p2017.pdf
  ☐ hepatitis B – not immune even with documentation of appropriate vaccination. Next steps:
    1. Submit surface antiBODY/titer/anti-HBs lab result report.
    2. Submit documentation of all vaccine doses administered in lifetime and dose after the negative titer.

Completing a full series? The 2-dose HEPLISAV-B™ (by Dynavax) followed by a titer 8 weeks after final dose takes only 3 months to complete. The 3-dose series followed by a titer 4 weeks after final dose takes 7 months.

Students are encouraged to obtain/complete the immunity requirements when applying to the program. By doing so, upon acceptance, the student will be able to meet the deadlines. Record submission deadlines are set forth by the Dean of the School of Health and Patient Simulation and must be submitted on time. Failure to meet the requirements set forth may result in removal from the program. When a student is in the midst of a vaccination, the Health Requirements Deadline Extension Request form may be completed. Students may be excluded from clinical fieldwork (on or off campus) until all requirements and/or deadline extension terms have been met.
Health and Wellness Center • Building 19, Room 177 • Phone (413) 755-4230 • Fax (413) 755-6045

Student Physical Exam Attestation – Dental Hygiene Program (DHYG.AS)

(This form is required for students in the Dental Hygiene program, within the School of Health & Patient Simulation. Other majors and student athletes need to complete a separate form.)

STUDENT NAME ___________________________________________ DATE OF BIRTH _______________ STCC ID# __________________

Please review the Programmatic Technical Standards (listed on the reverse side of this form), prior to performing the physical exam. These list the essential functions of practical work on campus and fieldwork off campus. It should be noted that under the Americans with Disabilities Act, “A qualified person with a disability is one who can perform the essential function of a job with or without reasonable accommodation.”

Programmatic Technical Standards – Dental Hygiene (see reverse side for Programmatic Technical Standards)

Based on your examination findings and the Programmatic Technical Standards please indicate the disposition of the student:

☐ Cleared for all classroom/lab/fieldwork participation without restriction
   I have examined the above-named student and reviewed the Programmatic Technical Standards. The student does not present apparent clinical contraindications to fully participate in the program as outlined on this form.

☐ Cleared for participation with the following restrictions/recommendations
   Note: Any listed restrictions/recommendations will be reviewed by the College to determine whether there are accommodations that can be made to assist in meeting the technical standards. Students with a qualifying disability under the Americans with Disabilities Act are encouraged to register with the STCC Office of Disability Services (ODS) to determine their eligibility for reasonable accommodations under the law. ODS is located in Building 19, Room 141 and can be reached at (413) 755-4785:

   __________________________________________________________

☐ Not Cleared
   Reason: __________________________________________________________

Examination Date: ____/_____/____

Clinician: (Print Name) ___________________ (Signature) ___________________ (Date) _______________ (Office Phone) ___________________

Please return completed form to student and/or fax to (413) 755-6045.
The **Dental Hygiene** student must be able to meet the following technical standards/essential skills must be satisfied by all students in all aspects of the program with or without a reasonable accommodation, including in the classroom, laboratories and externship:

- Vision/hearing normal or device corrected
- Stand in place for long periods of time
- Not prone to psoriasis, dermatitis, or other chronic skin disorders with open lesions
- Operate dental radiology equipment, which could require pushing, pulling or moving
- Lift up to 10 pounds
- Demonstrate fine motor skills involving hand/eye coordination
- Communicate orally and in writing to give instructions to patients and other health personnel
- Effective interpersonal relation skills
- Non-allergic responses to dental materials and agents