

Health Requirement Checklist available here: stcc.edu/healthservices

Medical Assistant Program (MEDA.COC, MAST.AS)

Health records (e.g. forms, va	ccination, lab/imaging reports, etc.) may be submitted as follows:	
In Person	Health & Wellness Center, Building 19, Room 177	
Online	<u>Dynamic Forms Dropbox</u> Direct link: <u>tinyurl.com/27ychwv2</u>	
Fax	(413) 755-6045	
Release Request	tinyurl.com/y4y4ruuo	
Due within 10 days of a	-	
	rm – Bring valid identification to office or have form notarized and submit onlin om/stcc-cori. Required annually in order to register for classes.	e.
Due prior to July 1st or u	ipon acceptance (if after July 1st)	
☐ Auth. to Release Info. to Fie	Idwork Sites Form - Complete the form at <u>tinyurl.com/y34eglyt</u>	
☐ Technical Standards Acknow	wledgement Form - Complete the form at tinyurl.com/y5lp6rkg	
\square Multiple Policies Acknowled	dgement Form - Complete the form at tinyurl.com/y5xc4yu4	
•	Form - <u>click here to print.</u> No form substitutions. Completed by a licensed clin of program start. Schedule your subsequent exam for renewal.	iician
☐ Tuberculosis Screening - Re <i>Choose either</i>	sults dated within 6 months of course start and annually thereafter.	
	t: Quantiferon-TB Gold Plus or T-SPOT; Only option for BCG-vaccinated individua	als
•		uis
➤ Option B: <u>TWO</u> Tuber	s planted and read 48-72 hours later <u>AND</u>	
☐ 2nd PPD i	is planted 7-21 days after the 1st and read in 48-72 hours (to rule out a false neg- gle plant required for subsequent annual renewal.	ative);
Screened po	sitive? Submit the positive result along with a chest x-ray completed at the time the positive result and complete Positive TB Screening Questionnaire .	of
Immunization/Immunity Reco	rds:	
☐ Hepatitis B - 3-dose hepatitis	B vaccine series (or 2-dose HEPLISAV-B™)	
<u>Those with a doc</u>	<u>PY</u> (anti-HBs) titer blood test. Desired result is positive or ≥10 mIU/mL. <u>sumented pediatric series</u> may benefit from receiving a challenge vaccine dose 6 wee test due to declining antibody serology. See next page for more information.	eks
	nal series or updated single dose covering the COVID season of fieldwork. ect to change per fieldwork site policies.	
\square Tetanus, Diphtheria and Pe	rtussis (TDaP) – vaccine administered within the past 10 years	
☐ Measles, Mumps, Rubella (M	MMR) - 2 dose vaccine series (or titer results showing immunity if no vaccine reco	ord)
□ Varicella (chickenpox) - 2 do	ose vaccine series (or titer result showing immunity if no vaccine record)	
Meningitis - For students under age 22 and taking 12 credits or more, 1 dose MenACWY (formerly MCV4) vaccine administered on/after 16 th birthday; OR Meningitis Waiver at tinyurl.com/y6svra7b		

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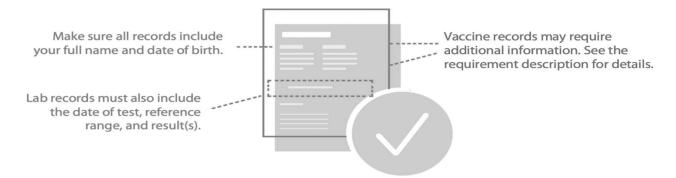
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Additional Requirements:

□ Influenza - Due by October 1st for MAST.AS students participating in fieldwork during the flu season (Oct 1-March 31). Required documentation: Name, date of birth, date administered, manufacturer and name of administering clinic/clinician. □ Background Check and Drug Screening - 60-90 days prior to fieldwork start (late February/early March), students will receive ordering instructions from compliance@stcc.edu. Refer to Screening Policy for Fieldwork Placement. □ American Heart Association BLS Provider (CPR &AED) Certification: completed during second semester curriculum. Submit AHA ecard immediately following certification for fieldwork clearance - must remain current throughout the program. https://ecards.heart.org/student/myecards □ N-95 Mask Fitting: Students participating in lab and/or fieldwork 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.



To learn more about these health requirements, watch the "Allied Health Students Enrolled in Programs with a Fieldwork Component" video, available at stc.edu/compliance.

Hepatitis B and Healthcare Personnel immunize.org/wp-content/uploads/catq.d/p2109.pdf

Occupational exposure to blood and body fluids or other potentially infectious material may put you at risk of acquiring hepatitis B virus, a serious disease. A pre-exposure management blood test to confirm immunity is required. A 'Documented Responder', anti-HBs≥10 mIU/mL, requires no post-exposure testing or prophylaxis.

Evidence of immunity can be problematic for those vaccinated early in life because serologic levels decline over time (immunogenic remain). A way to help achieve the desired result on the <u>first</u> test is to receive a challenge/booster dose six weeks before having the anti-HBs drawn.

Anti-HBs results:

- Positive, Reactive or ≥10 mIU/mL indicates immunity. There is no date limit just submit the record.
- Negative or <10 mlU/mL requires further action:
 - 1. Submit the anti-HBs result along with subsequent vaccine documentation
 - 2. You may need to submit a Health Requirement Deadline Extension Request Form by emailing compliance@stcc.edu. Request when vaccination series is in process and/or while waiting for a booster dose to take effect beyond the deadline. A dated plan for achieving evidence of immunity is required. Is your plan to complete a full series (initial or repeat) or partial repeat series, or a single challenge/booster? Date of repeat anti-HBs is also required. If completing a full series, the 2-dose HEPLISAV-B™ (Dynavax) followed by anti-HBs 8 weeks after final dose takes only 3 months to complete. The 3-dose series followed by anti-HBs 4 weeks after final dose takes 7 months.

Students are encouraged to complete the immunity requirements when applying to the program. Deadlines established by the Dean of the School of Health and Patient Simulation. Failure to meet the requirements may result in removal from the program. STCC will put forth a best effort to accommodate fieldwork 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.