

# Health Requirement Checklist available here: <a href="mailto:stcc.edu/healthservices">stcc.edu/healthservices</a>

## **Respiratory Care Program (RSPC.AS)**

Students may submit their he	ealth records (e.g. forms, vaccination, lab/imaging reports, etc.) as follows:
In Person	Health & Wellness Center. Building 19. Room 177
Online	<b>Dynamic Forms Dropbox</b> Direct link: tinyurl.com/27ychwv2
Health Care Providers ma	y fax records to (413) 755-6045.
Due within 10 days of a	-
	<b>orm</b> – Bring valid identification to office or have form notarized and submit online. <b>com/stcc-cori</b> . Required annually in order to register for classes.
Due prior to July 1st or (	upon acceptance (if after July 1st)
$\square$ Auth. to Release Info. to Fig	eldwork Sites Form - Complete the form at tinyurl.com/y34eglyt
☐ Technical Standards Ackno	owledgement Form - Complete the form at tinyurl.com/yxsg6nrk
☐ Multiple Policies Acknowle	dgement Form - Complete the form at tinyurl.com/y5xc4yu4
	<b>Form</b> - <u>click here to print.</u> <b>No form substitutions</b> . Completed by a licensed clinicia r of program start. Schedule a subsequent exam for renewal.
_	<b>od test.</b> Quantiferon-TB Gold Plus or T-SPOT and results dated within 6 months of reafter. PPD/Skin test is not accepted.
•	sitive? Submit the positive result along with a chest x-ray completed at the time of result and complete Positive TB Screening Questionnaire at <a href="mailto:tinyurl.com/yxmuoh8j">tinyurl.com/yxmuoh8j</a>
Ir	mmunization/Immunity Records:
☐ <b>Hepatitis B</b> - 3-dose hepatiti	s B vaccine series (or 2-dose HEPLISAV-B™)
☐ Hepatitis B surface antiBOI	<b>DY (anti-HBs) titer blood test.</b> Desired result is positive or ≥10 mIU/mL.
	umented pediatric series may benefit from receiving a challenge vaccine dose 6 weeks test due to declining antibody serology. See next page for more information.
□ <b>COVID-19 vaccine(s)</b> – any ¡	oast series or updated seasonal dose is required for fieldwork.
If no	eeded, you may request an accommodation at tinyurl.com/4sphuk9t
$\Box$ Tetanus, Diphtheria and Pe	ertussis (TDaP) – vaccine administered within the past 10 years
☐ Measles, Mumps, Rubella (I	MMR) - 2 dose vaccine series (or titer results showing immunity if no vaccine record
□ <b>Varicella (chickenpox)</b> - 2 d	ose vaccine series (or titer result showing immunity if no vaccine record)
_	der age 22 and taking 12 credits or more, 1 dose MenACWY (formerly MCV4) vaccir

### Health Requirement Checklist Respiratory Care Program (RSPC.AS)

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#### **Additional Requirements:**

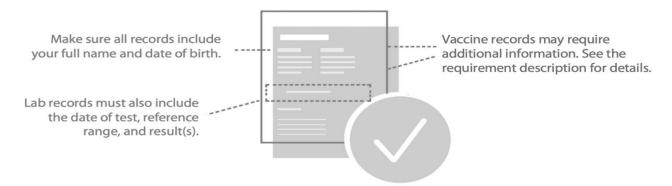
https://ecards.heart.org/student/myecards



☐ Influenza - Due by October 1st for second year students participating in fieldwork during the flu season (Oct 1-March 31). Required documentation: Name, birth date, date administered, manufacturer, name of administering clinic.
☐ Background Check and Drug Screening - 60-90 days prior to fieldwork start, 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 - must remain current throughout the program.

□ **N-95 Mask Fitting**: Students participating in lab and/or fieldwork may need 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 <a href="mailto:stc.edu/compliance">stc.edu/compliance</a>.

### Hepatitis B and Healthcare Personnel immunize.org/wp-content/uploads/catg.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 mIU/mL requires further action:
  - 1. Submit the anti-HBs result along with subsequent vaccine documentation
  - 2. You may request a <u>Deadline Extension</u> by emailing <u>compliance@stcc.edu</u>. 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.