

Dear Applicant:

Northeast Wisconsin Technical College is affiliated with various clinical sites which provide educational opportunities for students in health-related programs. Based on agreements with these facilities, NWTC students must meet the clinical site's health requirements. Please review and complete the attached documents and forms. All information must be complete and documentation submitted to the Health Records Office at NWTC prior to admission to your clinical affiliation.

If you do not have a personal healthcare provider or cannot get in to see your own physician/provider within a reasonable time frame, the College has a working agreement with Bellin Occupational Health Solutions. An information sheet on their services and costs is included for your convenience. These prices are more affordable when paying for services out-of-pocket, unless you have good insurance coverage. If a vaccination is needed, you may obtain them from your own healthcare provider, Bellin Occupational Health Solutions, or a public health agency.

Two-step TB tests (Two Tests) or a One-Step annual TB test is also available at the N.E.W. Clinic at NWTC for a cost of \$5 per test. Please note that if choosing the N.E.W. clinic for your two-step TB testing, both tests must be done at that clinic. Please call the clinic at 498-5436 to set up an appointment. Another affordable option for TB testing is thru your local health department. Please consult your phone book for the appropriate office in your area. A TB test form is included in this packet for your convenience if needed.

You are responsible for all costs of TB testing, laboratory tests, and any vaccines. A completion card will be mailed to you when your health requirements have been fulfilled, or we will contact you regarding the information that is still needed.

ALL INFORMATION MUST BE COMPLETED PRIOR TO ACCEPTANCE TO THE CLINICAL SITE.
It is your responsibility to ensure that your health file is complete prior to the start of your clinical instruction. *Please try to have all information submitted a minimum of 2 weeks prior to the start of your clinical instruction.*

*Please **make a copy** of all documents you are submitting for future references as NWTC will not provide future copies.*

Thank you,

Barb Rudolph – Student Health Records Clerk
Student Health Services – Room HS301B
920-498-5651 or 1-800-422-NWTC ext.5651

Note: This informational/price sheet is for all NWTC Health Sciences programs.
This information is provided to you in case you do not have a personal health care provider.

Bellin Occupational Health Solutions is located at two convenient Green Bay sites.
Please see map on the other side for directions and telephone number to set up an appointment. Please bring this price list with you to inform the clinic that you are a NWTC student and should be given the services needed at the Occupational Health rates and not the normal clinic pricing/billing rates. Bellin Occupational Health Solutions can usually provide you services within 48 hours of contact.

You are responsible for full payment for all services at the time of appointment.
(Policy of Bellin Occupational Health Solutions: A \$30.00 NSF charge for any returned check)

PLEASE NOTE: These tests and vaccines offered by Bellin Occupational Health Solutions ARE NOT eligible to be billed to any health insurance provider.

DO NOT use Bellin Occupational Health Solutions if you are planning on seeking insurance reimbursement.

(PRICES for services are from March 01, 2011 and may have increased since last printing)

The costs of the tests and vaccines are:

TB Skin Tests	\$ 16.00 each
*Rubeola Titer	\$ 26.25
*Rubella Titer	\$ 26.25
*Mumps Titer	\$ 26.25
*Varicella Titer	\$ 26.25
Venipuncture	\$ 13.00
Tetanus/Diphtheria	\$ 35.00

Possible extra charges:

Quantiferon TB test	\$152.00(If history of positive TB skin test reaction)
Hepatitis B antibody titer	\$ 26.25
Hepatitis B series	\$ 71.50/per dose (3 doses in series)
MMR immunization	\$ 63.50
Varicella immunization	\$159.00/per dose (2 doses in series)

(Do not have a supply on hand so advance notice is needed to administer.)

* If any titers have been done in the past and showed immunity, there is no need to repeat titers, just send proof/documentation to our office.

Example: During pregnancy, Rubella titer is routinely done.

See back of page for phone numbers and directions.



Occupational Health Solutions

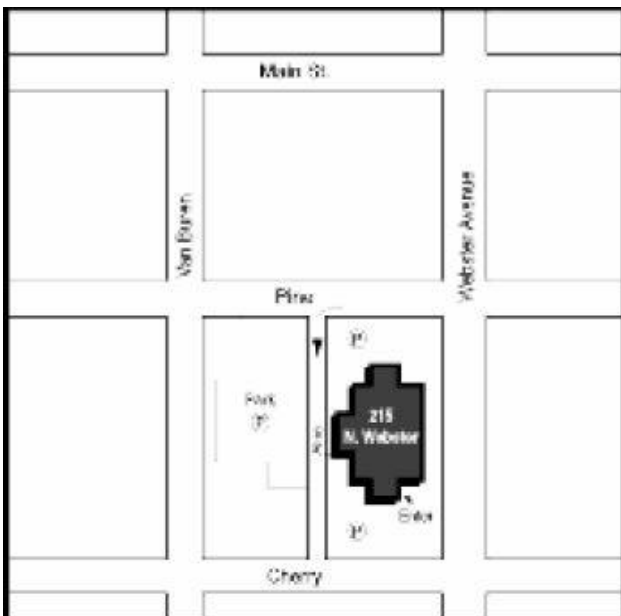
Both Locations open: Monday thru Friday from 7 a.m. to 6 p.m.

West Location:
1630 Commanche Ave
920-430-4560



Take the western most entrance (Closest to Packerland Drive)
Office located on the first floor – to the left of the elevator

East Location:
215 North Webster Ave
920-433-3448



Enter at the green canopied entrance.
Office located on the first floor.

NORTHEAST WISCONSIN TECHNICAL COLLEGE PRE-CLINICAL HEALTH RECORDS FORM

Program:	Campus:	Program Start Date: _____
Have you ever been enrolled in any other Health Sciences related program?		
If yes, what program?	When?	Where?

(Please Print In Ink)

Last Name (also maiden name if applicable)	First	Middle Initial	Social Security Number
Address			Student ID Number
City	State		Zip Code
Date of Birth	Age		Telephone Number ()

The District reserves the right to cancel clinical training if you do not complete and submit the required tests and forms signed, dated and forwarded for review to Student Health Records, Room HS301B. It is your responsibility to ensure that your file is complete by the start date of clinical.

PLEASE SEE PAGE 2 (REVERSE SIDE) FOR DETAILED INFORMATION REGARDING REQUIREMENTS

General Information:

- We can only accept authenticated documentation of your immunizations. That would include printout from an electronic medical record, a card issued by a county public health agency or documentation of immunizations given by an employer or the military. The on-line Wisconsin Immunization Registry is also a great source of immunization history (www.dhfs.wisconsin.gov/immunization/registry). Once you are on this site, look for the public access link. However, if your SSN was not a part of your personal data entered into that system, you will not be able to see your immunization list. If that happens, please call the Student Health Records office as our access is not restricted.
- Local Health Departments offer some immunizations free or for a minimal charge.
- A copy of all lab results/reports, for example: titers must be included with your Health Record submission. Please call Health Records Office to discuss any titer results that state “non-immune”, “negative”, “equivocal” or “indeterminate”. Copies of titers that show immunity that were done at a prior time are acceptable – there is no need to repeat them.
- If unsure of what requirements had been done for a prior program, please call the Student Health Records Office, rather than repeating requirements unnecessarily.

If you have any questions or need more information, feel free to contact Student Health Records at NWTC by calling 920-498-6986/920-498-5651 or 1-800-422-NWTC, ext. 6986 or 5651

I hereby give permission to release my health record information to NWTC and clinical affiliates.
I understand it is my responsibility to contact Student Health Records as to changes in my health status.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature (Required if Student is under the age of 18): _____

DIRECTIONS FOR COMPLETION OF HEALTH RECORDS REQUIREMENTS FOR CLINICAL SITES.

- Two TB Skin Tests:** Attach signed and dated proof that includes location where each test was received, along with date the test was given, date it was read and the result of each test.
 - Two Step TB testing (**Two tests**) is required if you have never had a TB test or you had a TB skin test more than **12 months** ago. For Two-step TB tests, the second step/injection should be done **no sooner than 7 days after** the first injection, **but no greater than 12 months** after the first injection.
- Or**
- If you have a TB test done annually (every 12 months) please submit a copy of results of the last 2 consecutive years tests. An annual Quantiferon Test is also accepted.

Two-step testing (Two Tests) is necessary, unless you have had TB tests that are recent.

Example: Proof of a 1-step that was done in last 12 months **AND** proof of another 1-step that was done within 12 months of the most recent test. If more than 12 months has passed, you will need to follow the Two-Step process. Two step testing is also required if you previously had a negative Quantiferon blood test done, but now you are returning to the skin testing method.

****If you have a history of a +TB skin test or positive Quantiferon test:**

**Please contact the Student Health Records office for information and instructions.
920-498-5651 or 920-498-6986**

- Hepatitis B: REQUIRED TO DO ONLY ONE OF THE FOLLOWING:**
 - Proof of start of series, partial series or completion of series with dates and signature of agent/agency that provided immunizations, or printout from WI Immunization Registry or MD office/clinic.
 - Attach copy of Hepatitis B surface Antibody titer report (blood test)
 - Decline Hepatitis B vaccination (see attached form) if unable to provide proof of vaccinations or choose not to be vaccinated at this time.
- Tetanus/Diphtheria.**
 - Vaccination within the last 10 years. A Tdap (Tetanus with Pertussis) is recommended by the CDC for anyone who has not previously received it. Attach documentation of immunization date and signature of agency/location providing vaccine, or printout from WI Immunization Registry or MD office/clinic.
- Measles (Rubeola), Mumps, Rubella Immunity: REQUIRED TO DO ONLY ONE OF THE FOLLOWING:**
 - Dates of 2 doses of MMR vaccine. Attach documentation of immunization date and signature of agency/location providing vaccine, or printout from WI Immunization Registry or MD office/clinic.
 - Titers of measles*, mumps*, and rubella*(blood tests) if unable to provide proof of vaccinations. If any one of the three titers has a result other than immune, please contact the Health Records office for instructions.
- Varicella Immunity – REQUIRED TO DO ONLY ONE OF THE FOLLOWING:**
(***DENTAL ASSISTANT or DENTAL HYGIENE – CAN OMIT, DOES NOT APPLY**)
 - Dates of 2 doses of Varicella (Varivax) vaccines. Attach documentation of immunization date and signature of agency/location providing vaccine, or printout from WI Immunization Registry or MD office/clinic.
 - Varicella titer (blood test). If this titer has a result other than immune, please contact the Health Records office for instructions.
- Flu Shot:** This is a mandatory vaccine for all clinical students. An annual seasonal flu shot will be required to be received every September/October when that current year's vaccine becomes available. You will receive further instructions about this requirement prior to the start of your fall clinical rotation.
 - Dental Assistant and Dental Hygiene Programs need an additional forms completed by their Dentist

SUBMIT ALL DOCUMENTATION TO :

**STUDENT HEALTH RECORDS OFFICE - HS301B
NWTC
PO BOX 19042
GREEN BAY WI 54307-2617**



***** Use of this form for TB test Documentation is OPTIONAL *****

TUBERCULIN SKIN TESTING RECORD
(ALL INFORMATION IS REQUIRED FOR EACH TEST)

STUDENT NAME: _____

DATE OF BIRTH: _____

STEP ONE

Date Test Applied: _____ Time: _____

Name and Title of Applier: _____

Agency/Clinic: _____

Date Test Read: _____ Time: _____

Result: _____

Name and Title of Interpreter: _____

Agency/Clinic: _____



STEP TWO (IF NECESSARY)

Date Test Applied: _____ Time: _____

Name and Title of Applier: _____

Agency/Clinic: _____

Date Test Read: _____ Time: _____

Result: _____

Name and Title of Interpreter: _____

Agency/Clinic: _____

Please submit to: Attn: STUDENT HEALTH RECORDS – HS301B
NWTC
2740 West Mason Street
P.O. Box 19042
Green Bay WI 54307-9942
Or Fax To: NWTC Student Health Records: 920-491-2628

Latex Sensitivity Health History

NAME _____ PROGRAM: _____

	<u>YES</u>	<u>NO</u>
1. Do you have any swelling or itching of lips after blowing up balloons? <u>If yes</u> , please explain _____	_____	_____
2. Have you experienced any swelling or itching after dental, vaginal or rectal exams? <u>If yes</u> , please explain _____	_____	_____
3. Have you experienced any swelling or itching with use of condoms or diaphragms? <u>If yes</u> , please explain _____	_____	_____
4. Do you have any history of eczema or dermatitis of the hands? <u>If yes</u> , please explain _____	_____	_____
5. Do you have any other skin problems? <u>If yes</u> , please explain _____	_____	_____
6. Do you have any food allergies? <u>If yes</u> , to what foods? _____	_____	_____
7. Do you have any other allergies? <u>If yes</u> , please explain _____ _____	_____	_____
8. Do you have any history of unexplained nasal congestion, itchy, watering eyes, or chest congestion while at work? <u>If yes</u> , please explain _____ _____	_____	_____
9. Have you had multiple surgical procedures as an infant? <u>If yes</u> , what type and why? _____ _____	_____	_____
10. Have you ever experienced an unexplained anaphylactic reaction during or after a surgical procedure? <u>If yes</u> , please explain _____ _____ _____	_____	_____

Signature _____ Date: _____

Parent/Guardian Signature (Required if student is under the age of 18): _____

HEPATITIS B DOCUMENTATION FORM

Name _____ Program _____
(please print)

COMPLETE THE SECTION WHICH PERTAINS TO YOU
Return completed form to Student Health Services Office – Room HS301B)

I have already received the Hepatitis B vaccination. **(Documentation required- Please attach documentation or medical provider must sign in the area provided below to verify doses are on record; or printout from the Wisconsin Immunization Registry is acceptable)**

Dates: #1 _____ #2 _____ #3 _____ Titer _____
(Attach results if already done)

Signature & Location of Providing Agent/Agency:

_____ Date: _____

HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at my expense. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the Hepatitis B vaccine I continue to be at risk of acquiring Hepatitis B as a serious disease. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at that time.

Signature: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____
(Required if student is under the age of 18)