



Health Occupations Division Health & Safety Packet for Incoming Students

This packet has been designed to help Health Occupations students comply with CPR and health/physical documentation requirements. Please take this packet to your health care provider or the Napa Valley College Student Health Center along with any personal health documentation you may have. This packet will help ensure your provider knows exactly what is needed for you to become compliant with our program. If you are a current registered student, you can obtain the physical exam, and TB testing at low or no cost at the Napa Valley College Student Health Center. To contact the Student Health Center in building 2250, call 707-256s required by the California State Board of Occupational Safety and Health (OS&H) for all affiliated clinical sites. If you do not have clearance, physical exam, or TB testing, you will not be allowed to go to clinical sites.

_____ continue in the program.

You will need to keep a document portfolio with your original documentation for yourself. Instructions for use of background check and drug testing will be provided at the orientation meeting.

Please note: Your Physical/Medical Health History must be completed on the NVC documentation.

The Health Occupations Division of Napa Valley College looks forward to working with you.



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HEALTH OCCUPATIONS Documentation Checklist

Name: Last _____ First _____ Date _____

✓
Done

What to Do if You Have a Negative Titer:

Measles, Mumps and Rubella (MMR) Depending on your vaccination history and how low your immunity level is – you may need up to 2 MMR boosters spaced 28 days (4 weeks) apart. A subsequent titer is required a minimum of 28 days (4 weeks) after the final booster.

Varicella Depending on your vaccination history and how low your immunity level is – you may need up to 2 Varicella boosters spaced 28 days (4 weeks) apart. A subsequent titer is required a minimum of 28 days (4 weeks) after the final booster.

Hepatitis B Surface Antibody test If no **Adult** series of Hepatitis B vaccinations has ever been started, you must complete the adult series of 3 vaccinations, spaced at 0, 1 and 6 months. A subsequent titer is required at least 4 weeks but no more than 8 weeks after 3rd shot.



Health & Safety and CPR Documentation Requirements

Please submit COPIES of the following documentation. Keep originals for yourself.

CPR card E-card or paper card. It must be American Heart Association Basic Life Support for Health Care Provider ONLY Classes offered at Napa CPR at www.napacpr.com



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PHYSICAL ASSESSMENT

Must be completed by a Physician,
Nurse



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MEDICAL HEALTH HISTORY

(To be completed by student prior to physical exam)

Bring this completed form with you to your appointment when you have your physical examination done.

Please check if you have or have had any of the following:

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Frequent/severe headache/migraines | <input type="checkbox"/> | Hernia/rupture |
| <input type="checkbox"/> | Seizure disorder/epilepsy | <input type="checkbox"/> | Unexplained weight loss/gain |
| <input type="checkbox"/> | Dizziness | <input type="checkbox"/> | Skin problems |
| <input type="checkbox"/> | Repeated fainting | <input type="checkbox"/> | Swollen glands for longer than 2 weeks |
| <input type="checkbox"/> | Problems with vision | <input type="checkbox"/> | Cigarette smoking/chewing tobacco |
| <input type="checkbox"/> | Problems with hearing | <input type="checkbox"/> | Back injury or problems |
| <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Numbness or decreased feeling hands, feet |
| <input type="checkbox"/> | Bronchitis | <input type="checkbox"/> | Thyroid problem |
| <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> | Urinary tract problems |
| <input type="checkbox"/> | Frequent cough | <input type="checkbox"/> | Varicose veins |
| <input type="checkbox"/> | Recurrent sinus infections | <input type="checkbox"/> | Depression |
| <input type="checkbox"/> | Exposure to tuberculosis/positive PPD (TB skin test) | <input type="checkbox"/> | Blood sugar problems |
| <input type="checkbox"/> | Shortness of breath/difficulty breathing | <input type="checkbox"/> | Anxiety/panic attacks/depression |
| <input type="checkbox"/> | Chest pain with activity | <input type="checkbox"/> | Other psychiatric problems |
| <input type="checkbox"/> | Heart disease/condition/murmur | <input type="checkbox"/> | Alcoholism/liver disease |
| <input type="checkbox"/> | Blood pressure problems | <input type="checkbox"/> | Hospitaliz32.04MCD 121 BDC 0813.2 08 2.0 |

Your visit to the Student Health Center will be much faster if you fill out your forms before your appointment.

Here are the