



NURSING & HEALTH SCIENCES DIVISION

HEALTH REQUIREMENTS

Please read this packet carefully as some requirements have changed. Previous versions of this packet are not in force and will not be honored.

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HEALTH REQUIREMENTS OVERVIEW

As a student of the College of DuPage (COD) health career programs, the completion of all health requirements is mandatory. Depending upon the program to which you are applying, medical requirements may need to be completed prior to registration or after program admission. Please see the specific program registration or admission packet for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission.

Specific health requirements are mandated by the clinical sites and are subject to change based on current medical advice and practices. You have two options for completing the health requirements; you can use your own Healthcare Provider or choose Edward Corporate Health (ECH). ECH has provided College of DuPage students with special pricing. Please note that ECH does not accept personal health insurance.

The background check and drug screen must be completed through the College of DuPage **CastleBranch account**. CNA students' background checks will be completed after registering for the course.

College of DuPage has partnered with Edward Corporate Health (ECH) to ensure compliance of students' medical requirements. Any charges are the student's responsibility and are due at the time of service. It is recommended that students verify with their insurance provider whether required services are covered by their personal health insurance. It is ultimately the student's decision where they complete their health requirements. ECH, or provider of your choice, may complete all of the services; however, ECH **must** complete the required chart review. Please note: College of DuPage will not receive any of your medical records; they are your and your health care provider's responsibility and property. **ECH will provide a clearance form directly to you and College of DuPage.**

To access ECH's services, call the various location(s) (see page 8), identify yourself as a College of DuPage student and discuss what services you need. You must bring all required documentation to ECH for a Chart Review.

HEALTH REQUIREMENTS INFORMATION

YOU ARE ENCOURAGED TO ATTEND AN ADVISING SESSION PRIOR TO STARTING HEALTH REQUIREMENTS TO ENSURE THAT YOU HAVE A CLEAR UNDERSTANDING OF ALL REQUISITE FORMS AND REQUIREMENTS.

The following immunizations are mandated by the clinical site (on-campus & off-campus) and are important for our commitment to public safety including personal safety from exposure to potential disease during clinical work.

| Requirement | What |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Examination | A summary of the physical exam performed by your primary care provider (i.e. MD, NP) using the required enclosed form. Your doctor must use the form enclosed on page 9 & 10. You will then bring this form to your ECH Chart Review appointment. |
| Flu Vaccine | Vaccine given annually. (The flu vaccine is seasonal and changes every year in the Fall). You must obtain proof of the current flu vaccine. Proof of current vaccination MUST include the following: (1) Student name (2) Clinic name (3) Date administered |
| Tetanus/Diphtheria/Pertussis Vaccination (TDAP) | Obtain a one-time dose of TDAP if you have not previously received. Obtain TD boosters every 10 years thereafter. |
| QuantiFERON TB Gold Blood Test | Blood test that aids in the detection of <i>Mycobacterium tuberculosis</i> , the bacteria which causes tuberculosis (TB). This test is done annually. A positive QuantiFERON-TB Gold result means that the person has been infected with TB bacteria and should be followed by further medical and diagnostic evaluation to determine if the person has latent TB infection or TB disease. A chest x-ray will be required. |
| Titers for: Hepatitis B Titer Varicella – (Chicken Pox) MMR – Rubeola (Measles), Mumps and Rubella (German Measles) | Documented antibody/IGG titer levels indicating immunity (blood draw to demonstrate your immune status to identified communicable diseases). To be effective, the blood test must indicate that you are positive for immunity. |
| COVID Vaccine | Documented proof of current vaccination MUST include the following: (1) Student name (2) Date(s) administered (3) Manufacturer (4) Lot# of vaccine(s) |
| Chart Review MUST be done by Edward Corporate Health | All medical records must be reviewed by Edward Corporate Health. A clearance form will be completed at your appointment. Please do NOT begin until instructed to do so. Please allow plenty of time to get all requirements completed and reviewed by Edward Corporate Health. |

| Requirement | What |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Drug Test – This MUST be done through CastleBranch;</p> <p>Do NOT begin until instructed to do so</p> | <p>A 10 panel urine drug test will be used to identify the presence. Please do NOT begin until instructed to do so. (Refer to specific program instructions for appropriate package code and further details)</p> <p>IMPORTANT NOTE: ‘Positive’ results for Marijuana will NOT be accepted as marijuana is not federally regulated. This means that if you receive a ‘positive’ result for Marijuana, you will not be able to move forward in the program as the clinical sites require a ‘clear’ drug test. FYI, marijuana can remain in your system for at least 4-8 weeks. Please note that even if you had a prescription for medical marijuana, it will still not be accepted. This policy is also stated in our Policy for Professional Conduct.</p> <p>If you receive a “<i>dilute negative</i>” result, this means that your urine was too diluted to obtain an accurate result and you need to re-pay and take a new drug test. Please be cognizant of how much liquid you drink. It is best to try to schedule the test first thing in the morning when the sample will be most concentrated, if possible.</p> |
| <p>Medical Document Manager – This MUST be done through CastleBranch</p> | <p>If required by your program, all medical documents must be uploaded to CastleBranch once the chart review is complete. Students will have unlimited access to their Medical Documents through graduation and beyond.</p> |
| <p>Background Check</p> <p>Must be done through CastleBranch; excluding CNA students</p> | <p>Background Checks are completed through CastleBranch. Please do NOT begin until instructed to do so.</p> <p>Background checks for CNA students follow a program-specific process. Please consult the C.N.A registration packet for details. Additional information is provided after registration approval.</p> |
| <p>CPR Card</p> | <p>Must be American Heart Association – BLS for Health Care Providers. Card must be signed by student. Must be valid through entire length of chosen program.</p> <p>(C.N.A. students will complete this requirement during class).</p> |
| <p>Medical Insurance</p> | <p>Can be purchased through the college’s insurance carrier. Please visit Student Health Insurance website for details.</p> <p>Must be comprehensive health insurance and valid through entire length of chosen program.</p> |

HEALTH REQUIREMENTS PRICING

Below is a list of health services and the current fees charged by Edward Corporate Health. Students may also check their local health department, convenient care locations or retail clinic, as they may offer some or all of the services. Students may use their own health care provider for any or all of the services with the exception of the background check and drug screen, which **must** be completed through [CastleBranch](#). Please note that the cost for the health requirements is the responsibility of the student, and requirements and pricing are subject to change. The Chart Review **must** be completed by Edward Corporate Health and the student is responsible for the fee. The Medical Document Manager tracking will be completed by [CastleBranch](#) and you, as a student, will always have access to your medical records.

*******Pricing is determined by Edward Corporate Health and is subject to change without notice*******

| Services Offered | Cost | Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Examination (includes Color Vision) | \$48 | |
| Flu Vaccine – Note: The flu vaccine is seasonal and changes every year in the Fall. | *Pricing varies by clinic and season | Proof of vaccination MUST include the following: (1) Student name, (2) Clinic name, (3) Clinic address, (4) Date administered and (5) Lot # of vaccine If flu vaccine is not available, students will be required to get vaccine when it becomes available in the Fall. *Pricing varies by clinic and season |
| Tetanus/Diphtheria/Pertussis Vaccination (TDAP) | \$63 | Obtain a one-time dose of TDAP if you have not previously received vaccine. Obtain TD boosters every 10 years thereafter |
| QuantIFERON TB Gold Blood Test | \$80 | |
| Hepatitis B Antibody/IgG Titer | \$20 | |
| Varicella Antibody/IgG Titer (Chicken Pox) | \$20 | |
| Rubeola Antibody/IgG Titer (Measles) | \$18 | |
| Mumps Antibody/IgG Titer | \$20 | |
| Rubella Antibody/IgG Titer (German Measles) | \$20 | |
| COVID Vaccine | \$0 | |
| Chart Review - This MUST be done by Edward Corporate Health | \$30 | |
| Drug Test – This MUST be done through CastleBranch.com Do NOT begin until instructed to do so | \$33.99 | 10 Panel: Marijuana, Cocaine, Phencyclidine, Amphetamines/Methamphetamines, Opiates, Barbiturates, Benzodiazepines, Methadone, Methaqualone & Propoxyphene |
| Medical Document Manager – This MUST be done through CastleBranch.com | \$19.49 | The student’s records will be managed through CastleBranch by creating a personal profile that they will have unlimited access to beyond graduation. |
| Background Check – This MUST be done through CastleBranch.com ; excluding C.N.A. students | \$72.99 | CNA student background checks will be completed at the mandatory orientation |

| Possible Additional Services | Cost | Notes |
|---------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------|
| MMR Vaccine (per dose) | \$77 | |
| Varicella Vaccine (per dose) | \$130 | |
| Hepatitis B Vaccine (per dose) | \$48 | |
| Tetanus/Diphtheria (TD-Booster) | \$49 | |
| TB Positive PPD Form | \$11 | |
| Fit Testing | \$55 | |
| Chest X-Ray | Contact Edward Corporate Health for additional information | X-ray – Chest 2 views - \$29 Prof Fee – Chest X-ray 2 Views - \$49 |

EDWARD CORPORATE HEALTH LOCATIONS

You **MUST** visit one of these locations **in-person** to complete a Chart Review

| |
|------------------------------------------------------------------------------------------------|
| Edward Healthcare Center – Bolingbrook |
| 130 N. Weber Road, Suite 105 Bolingbrook, IL. 60440 - (1/4 mile south of Boughton Road) |
| Schedule an appointment: Phone: (630) 527-7299 press #2 Fax: (630) 646-5780 |
| Hours: Monday – Friday: 8:00 a.m. to 6:00 p.m. Saturday – 8:00 a.m. to 12:00 p.m. |
| Edward Occupational Health – Edward Hospital Campus- Naperville |
| Medical Office Building I 100 Spalding Dr., Suite 212 Naperville, IL 60540 |
| Schedule an appointment: Phone: (630) 527-7299 press #2 Fax: (630) 961-4934 |
| Hours: Monday – Friday: 7:00 a.m. – 5:00 p.m. |
| Edward Outpatient Center – Plainfield - * NOTE: CLOSED UNTIL FURTHER NOTICE |
| 24600 W. 127th Street Plainfield, IL. 60585 – (127th and Van Dyke Road) |
| Schedule an appointment: Phone: (779) 263-3029 Fax: (779) 263-3019 |
| Hours: Monday, Wednesday and Friday only: 8:00 a.m. to 4:00 p.m. |
| Edward Outpatient Center – Addison |
| 303 W. Lake Street Addison, IL 60101 |
| Schedule an appointment: Phone: (331) 221-0570 press #2 |
| Hours: Monday - Friday: 8:30 a.m. to 5:00 p.m. |
| Edward Outpatient Center – Elmhurst |
| 1200 S. York Street Elmhurst, IL 60126 |
| Schedule an appointment: Phone: (331) 221-0570 press #2 |
| Hours: Monday - Friday: 7:00 a.m. to 5:00 p.m. |

PHYSICAL EXAMINATION FORM

College of DuPage - 425 Fawell Blvd, Glen Ellyn, IL 60137

This form must be completed by your physician and brought to Edward Corporate Health for your Chart Review

Please Print

Name _____
Last First

Health Program _____ Date of Birth (MM/DD/YYYY) _____ SS# _____ - _____ - _____

Must be completed by a licensed medical professional

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Physical Findings - **Must be completed by a licensed medical physician, nurse practitioner or physician assistant.**

| Body Systems | Normal | Abnormal, please describe |
|---------------------------|--------|---------------------------|
| Cardiovascular | | |
| Eye | | |
| Ear, Nose, Throat | | |
| Conversational Hearing | | |
| Color Vision | | |
| Gastrointestinal | | |
| Metabolic-Endocrine | | |
| Musculoskeletal | | |
| Neurological | | |
| Respiratory | | |
| Skin (Exposed areas only) | | |
| Lymph Nodes | | |

Is student presently under any medical treatment? If yes, please explain:

Conclusion: (check one)

- The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for (see next page for complete listing of essential functions).
- The student is medically cleared to perform essential functions defined by the health programs of College of DuPage and the career being educated for with the following **accommodation(s)/restriction(s)**.

- The student **has not** been medically cleared to perform essential functions defined by the health programs of College of DuPage and of the desired health career.

Examiner's Name (Please Print) _____ Date of Examination _____

Signature of Examiner _____

This physical exam satisfies the requirements of all College of DuPage Health Science programs and all clinical sites.

COLLEGE OF DUPAGE ESSENTIAL FUNCTIONS

Health Career Programs

Please take this document to your Physical Exam appointment

These are generally required for all College of DuPage Health Career Programs. Variations of this will be addressed in program or course specific information. If the ability to perform these essential functions with or without reasonable accommodations result in the inability to meet identified student learning outcomes, the student may be at risk of not successfully completing the course and/or program.

MOTOR CAPABILITY:

1. Move from room to room and maneuver in small spaces
2. Squat, crawl, bend/stoop, reach above shoulder level, use standing balance, and climb stairs
3. Lift and carry up to 50 lbs., and exert up to 100 lbs. force or push/pull
4. Use hands repetitively; use manual dexterity; sufficient fine motor function
5. Must be able to walk and stand for extended periods of time
6. Perform CPR
7. Travel to and from academic and clinical sites

SENSORY CAPABILITY:

1. Coordinate verbal and manual instruction
2. Auditory ability sufficient to hear verbal communication from clients and members of the health team; includes ability to respond to emergency signals.
3. Discern soft sounds, such as those associated with taking a blood pressure
4. Visual acuity to acquire information from documents such as charts
5. Comfortable working in close physical proximity to patient

COMMUNICATION ABILITY:

1. Communicate effectively in English with patients, families, and other health care providers, both verbally and in writing
2. Effectively adapt communication for intended audience
3. Interact; establish rapport with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds
4. Assume the role of a health care team member
5. Function effectively under supervision
6. Sufficient command of the English language in order to read and retrieve information from lectures, textbooks, as well as understand medical terminology
7. Skills include computer literacy

PROBLEM SOLVING ABILITY:

1. Function effectively under stress
2. Respond appropriately to emergencies
3. Adhere to infection control procedures
4. Demonstrate problem-solving skills in patient care (measure, calculate, reason, prioritize, and synthesize data).
5. Use sound judgment and safety precautions
6. Address problems or questions to the appropriate persons at the appropriate time
7. Organize and prioritize job tasks

BEHAVIORAL SKILLS AND PROFESSIONALISM:

1. Follow policies and procedures required by academic and clinical settings
2. Adheres to College of DuPage Academic Honesty Policy (per College Catalog)
3. Adheres to College of DuPage Code of Conduct (per College Catalog)
4. Abides by the guidelines set forth in the Health Insurance Portability and Accountability Act (HIPAA, i.e., the national privacy act).

EDWARD CORPORATE HEALTH CLEARANCE FORM

NURSING & HEALTH SCIENCES DIVISION CHART REVIEW

*****Form is filled out by Edward Corporate Health - NOT STUDENT*****

College of DuPage Program Name: _____ Semester Clinicals begin: _____

Be advised that: **LAST NAME:** _____ **FIRST NAME:** _____

(PLEASE PRINT)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Physical Exam Date: _____ The student is medically cleared to perform essential functions defined by the health programs of College of DuPage.</p> <p><input type="checkbox"/> Flu Vaccine Date: _____ Clinic Name: _____ Clinic Address: _____ _____ Manufacturer: _____ Lot #: _____</p> <p><input type="checkbox"/> Tdap Vaccine Date: _____</p> <p><input type="checkbox"/> Td Booster if applicable Date: _____ (Original Tdap vaccine date required)</p> <p><input type="checkbox"/> Color Vision: Pass: (circle) Yes OR No</p> <p><input type="checkbox"/> QuantIFERON-TB Gold Blood Test Date: _____ Result: _____ Expires: _____</p> <p><i>Only if medically necessary:</i></p> <p><input type="checkbox"/> Chest X-Ray Date: _____ Result: _____ Expires: _____</p> <p><input type="checkbox"/> Annual TB Questionnaire Date: _____</p> <p>"Negative" Chest X-Ray in past? (circle) Yes OR No Date of "Negative" Chest X-Ray: _____</p> | <p>Immunity (status) – Positive Antibody/IgG Titers Required for: Hepatitis B, Varicella and MMR.</p> <p>HEPATITIS B: For negative or equivocal titer results:</p> <ul style="list-style-type: none"> • The complete vaccine series must be completed. Titer is to be completed 4 weeks subsequent to completion of series. <p>Hepatitis B Original Vaccine Series:</p> <p><input type="checkbox"/> 1st Administration Date: _____</p> <p><input type="checkbox"/> 2nd Administration Date: _____</p> <p><input type="checkbox"/> 3rd Administration Date: _____</p> <p><input type="checkbox"/> Hepatitis B IgG Antibody Titer Titer Date: _____ Result: _____</p> <p>Negative or Equivocal Titer:</p> <p>Vaccine Booster Series</p> <p><input type="checkbox"/> 4th Administration Date: _____</p> <p><input type="checkbox"/> 5th Administration Date: _____</p> <p><input type="checkbox"/> 6th Administration Date: _____</p> <p><input type="checkbox"/> Repeat Titer Date: _____ Result: _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

VARICELLA:

For negative or equivocal titer results:

- If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster.
- If vaccination series has not been previously administered, the series must be completed and followed by a titer 4 weeks subsequent to the completion of the series

Varicella Original Vaccine Series

1st Administration Date: _____

2nd Administration Date: _____

Varicella IgG Antibody Titer

Titer Date: _____ Result: _____

Negative or Equivocal Titer:

Booster Date: _____

Repeat Titer Date: _____ Result: _____

Measles (Rubeola), Mumps & Rubella (MMR):

For negative or equivocal titer results:

- If vaccination series was previously administered, one booster is required. Titer is to be completed 4 weeks subsequent to administration of booster.
- If vaccination series has not been previously administered, the series must be completed and followed by a titer 4 weeks subsequent to the completion of the series

MMR Original Vaccine Series

1st Administration Date: _____

2nd Administration Date: _____

Measles (Rubeola) IgG Antibody Titer

Titer Date: _____ Result: _____

Mumps IgG Antibody Titer

Titer Date: _____ Result: _____

Rubella IgG Antibody Titer

Titer Date: _____ Result: _____

Negative or Equivocal Titers:

Booster Date: _____

Repeat Titer Date: _____ Result: _____

NON-RESPONDERS have been counseled by a healthcare professional regarding precautions to prevent infection.

Initial

Date

1. Records have been reviewed and/or examination has been performed by physician. Based on the information, student is clear to perform job duties without physical restrictions.

2. Cleared with the following restriction (restrictions may prevent acceptance into program).

3. Based on Physician's report and/or other diagnostic findings, student is **NOT** medically cleared for the health program at the College of DuPage.

Signature

Date