

Immunizations & Physical Examination Policy and Procedure

MHPC OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Subject: Admissions

Number: 405

Title: Immunizations and Physical Examination

Date: 4/30/10

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Purpose: To ensure that students entering the MHPC OTA Program are in a state of physical and mental health compatible with the responsibilities of a career in occupational therapy assistant and in general, working with individuals in a healthcare or other provider environment.

Policy: Offers of acceptance to the MHPC OTA Program are made as conditional offers. Applicants may be denied admittance if they are not in a state of physical and mental health compatible with the responsibilities of a career in occupational therapy assistant and/or if they do not receive the proper immunizations. An applicant who refuses to authorize and pay for the required immunizations and/or physical examination may not receive a final offer of admission. A current OTA student who refuses to authorize and pay for required immunizations and/or physical examination may not be allowed to continue in the OTA program and/or may be disqualified from participating in required course work involving client interaction and may affect the student's ability to complete the program.

Current immunizations of MMR, diphtheria/tetanus, Hepatitis B, and Varicella are required as well as an annual flu shot and annual TB skin test. Hepatitis A is recommended. Compliance records are verified and maintained by the OTA Admissions Coordinator. Students may utilize private physicians to obtain immunizations, test, x-rays, etc. Students are responsible for keeping their immunization and health information current and for providing all documentation regarding changes in this information to the OTA Admissions Coordinator.

Procedure: Acceptance letters developed by the MHPC OTA Program and approved by the college campuses list a contingency of immunizations and physical examination requirements, at the student's expense.

1. Student acknowledgement/consent forms for immunizations and physical examination will be signed when a conditional offer of admission to the MHPC OTA program is made. Policies will be reviewed with students during the mandatory orientation session.
2. Students must visit their healthcare provider, such as personal physician, local health department, or clinic to present their payment and the provided physical examination form.
3. Healthcare provider conducts the physical examination and administers immunizations, completes the required form and provides documentation of immunizations.
4. The student is responsible for submitting the health requirements documentation to the OTA Admissions Coordinator prior to the established deadline. Health requirements are

stored electronically on a secure network at the MHPC OTA Office and the student is responsible for providing copies of the documentation to their clinical fieldwork sites during the professional year as necessary.

(See attached forms)

Health Requirements Disclosure Consent

The purpose of the Missouri Health Professions Consortium (MHPC) Occupational Therapy Assistant (OTA) Health Requirements Policy is to ensure that students entering the Program are in a state of physical and mental health compatible with the responsibilities of a career in occupational therapy assistant and in general, working with individuals in a healthcare or other provider environment. All incoming MHPC OTA students are required to have a physical examination and certain immunizations to comply with MHPC and clinical fieldwork site-specific policies.

Offers of acceptance to the MHPC OTA Program are made as conditional offers. Acceptance letters developed by the MHPC OTA Program and approved by the college campuses list a contingency of immunizations and physical examination requirements, at the student's expense, to be performed prior to OTA classes beginning in January.

Students may be denied admittance if they are not in a state of physical and mental health compatible with the responsibilities of a career in occupational therapy assistant and/or if they do not receive the required immunizations and/or physical exam. Students who refuse to authorize and pay for the required immunizations and/or physical examination may not receive a final offer of admission, may not be allowed to continue in the OTA program, may be disqualified from participating in required course work involving client interaction, and may affect a student's ability to complete the program.

Documentation of current immunization/vaccination is required for: Measles, Mumps, Rubella (MMR); Hepatitis B Series (Hep B); Varicella; Tetanus/Diphtheria (Tdap); and Influenza (flu).

In addition, an annual TB skin test is required but should not be completed until after December 20th, but before January 5th. Hepatitis A is recommended but not required. Childhood vaccination/shot records provide sufficient documentation for the MMR, Hep B, and Varicella vaccinations. If childhood records are not available, students will need to get adult series immunizations, titers, or boosters. NOTE: history of chicken pox disease is not sufficient proof of immunity for Varicella; students will need to either get the series of 2 varicella vaccinations or provide a titer (blood test) results that indicate immunity.

The immunizations/health requirements with dates (i.e. tetanus, flu, annual TB) must be current during all Level II fieldwork which may require a second immunization or test later in the program. Compliance records are verified and maintained by the OTA Program office. Students may utilize private physicians, clinics, pharmacies or public health departments to obtain vaccinations, titers, and tests. The results must still be provided to the OTA Program office. Students are responsible for keeping their immunization and health information current and for providing all documentation regarding changes to this information to the OTA Program office. Students will be responsible for providing copies of immunization records to clinical fieldwork sites during the professional year per site specific policies.

The Missouri Health Professions Consortium (MHPC) is hereby granted my consent to the use of such information as stated in this disclosure consent. I understand I will not be able to successfully complete the MHPC OTA Program if my health results prohibit my placement in the clinical setting. I understand that results received by the MHPC OTA Program will be shared with clinical fieldwork sites as necessary for the sole purpose to determine my ability to enter patient care areas in order to complete the requirements of the MHPC OTA Program. I understand health care costs incurred during the period of time I am a student in the MHPC OTA Program will be my responsibility. I understand that there are conditions for which accommodations may be appropriate under the Americans with Disabilities Act and that the MHPC OTA Program will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, I understand that I must contact the Student Services office at my home campus.

By typing my name below, I confirm an understanding of consent to the Health Requirements listed above.

Name: _____ Date: _____

MHPC OTA Program Health Requirements and Instructions

All incoming MHPC OTA students are required to have a physical examination and certain immunizations, at the student's expense, to comply with MHPC and clinical fieldwork site-specific policies. The student is responsible for submitting the completed physical examination form and all immunization documentation/records/results to the Assignments tab before the designated deadline. Keep the original documents because you will be required to submit copies of your immunizations to the clinical fieldwork sites throughout the OTA Program Year.

If student is pregnant and vaccinations are needed to meet immunity requirements, a temporary medical exception may be granted, but vaccinations **MUST** be received after delivery. If pregnant, student must present a statement signed by their physician that includes the anticipated date of delivery.

1. Physical Examination:

Print both pages of the enclosed Physical Examination Form and take to your healthcare provider, which is defined as a doctor's office, urgent care clinic, local health department, or other official source for healthcare services. The physician or nurse will conduct the physical examination and record the results on the form. Submit the completed/signed form in the Assignments tab **before November 1st**.

2. Immunizations:

Visit your healthcare provider or other official provider of vaccination services to complete the requirements below. Acceptable proof of immunity includes reports/shot records showing specific dates of immunization or titer lab results from physician's office, hospital, or health department. Submit proof of immunity/shot records in the Assignments tab **before November 1st**.

Measles, Mumps, Rubella (MMR): Disease history is not acceptable as proof of immunity.

- Documentation of two doses of MMR vaccine a minimum of 28 days apart after 1st birthday
OR
- Lab report for MMR IgG titer (blood test) with specific lab values verifying immunity or seropositivity
 - NOTE: If titer result is negative for immunity or equivocal, student must receive the vaccine series

Varicella: Disease history is not acceptable as proof of immunity.

- Documentation of two doses of Varicella vaccine
OR
- Lab report for Varicella IgG titer (blood test) with specific lab values verifying immunity or seropositivity
 - NOTE: If titer result is negative for immunity or equivocal, student must receive the vaccine series

Hepatitis B Series (student must have at least the first two doses prior to beginning the Program in January)

- Documentation of three doses of Hepatitis B vaccine per the timetable below:
 - Initial dose
 - Second dose one month after the initial dose
 - Third dose five months after the second dose**OR**
- Lab report for Hep B titer (blood test) with specific lab values verifying immunity or seropositivity
 - NOTE: If titer result is negative for immunity or equivocal, student must receive the vaccine series

Tetanus/Diphtheria/Pertussis (Tdap)

- Documentation of one dose of Tdap is required within the past 10 years (must be after January 2007).
 - NOTE: Documentation must clearly indicate that "Tdap" was received. A standard Tetanus or Tetanus/Diphtheria (Td) is not accepted.

Influenza (flu)

- Annual flu shot (generally available starting in September or October)

3. Tuberculosis (TB) Information

A TB skin test is required and must be valid for the duration of the OTA Program Year. Therefore, we ask that students do not get a TB test until **after December 20th**. If you have had a positive TB skin test in the past, you should contact Kim Earney at (573) 884-5689 as you will have a different process to follow for the TB requirement. If you have a current TB skin test, you will need to get an updated TB test between December 20th and January 5th in order to be in compliance with our TB requirement. TB test results, with a date of December 20th or later must be submitted to the Assignments tab **after December 20th and before January 5th**.



PHYSICAL EXAMINATION FORM

Student Name: _____ Age: _____ Date: _____

To the Examiner: The individual presenting this form is admitted to an occupational therapy assistant (OTA) allied health program. All incoming OTA students are required to have a physical examination to comply with Program and clinical fieldwork site-specific policies, the purpose of which is to ensure that students entering the Program are in a state of physical and mental health compatible with the responsibilities of a career in occupational therapy assistant and in general, working with individuals in a healthcare or other provider environment. You are asked to make **careful examination** of the individual and their history to determine if the individual is in **sufficiently good health** to undertake this allied health program. Please return the completed form to the student.

Ht _____ Wt _____ BP _____

Please complete the following chart and comment on abnormalities:

Examination	N	ABN	Comments	M/S Exercise Assessment	Limb Limitations?		
						No	Yes
1. General Appearance				Arm Rotation	Rt.		
2. Eyes, Ears, Nose & Throat					Lt.		
3. Mouth & Teeth				Neck Hyperextension			
4. Respiratory				Neck Hypoextension			
5. Cardiovascular				Neck Side to Side			
6. Abdomen				Knee Flexion	Rt.		
7. Skin					Lt.		
8. Neuro				Knee Extension	Rt.		
9. Psychiatric					Lt.		
				Up on Toes			
				Back on Heels			
				Body Mechanics Demonstration			

Current complaints or disabilities pertinent to the student's education in an allied health program:

Significant medical history, including surgical conditions: _____

List any prescription medication the student takes on a regular or frequent basis: _____

Does the student have any allergies (food, drug, or other)? _____ Yes _____ No

If yes, please list: _____

Vision: Is the student's visual ability sufficient for observation, assessment, and performance of safe patient care such as reading of mercury and digital thermometers, sphygmomanometers, fine print on drug vials and literature, demarcations on insulin, tuberculin and other syringes, computer terminals and medical records, etc?

Check appropriate response: _____ Yes, without correction _____ Yes, with correction _____ No

Comments: _____

Hearing: Is the student's auditory ability sufficient to hear normal conversation and/or assess health needs such as telephone conversations, auscultation of blood pressures, apical pulse, lung and bowel sounds using a stethoscope, hear and locate source of equipment warning signals when in or outside patient rooms, etc?

Check appropriate response: _____ Yes _____ No

Comments: _____

Ambulation: Is the student's ambulatory capability sufficient to maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a client? Can the student tolerate long periods of sitting and/or standing?

Check appropriate response: _____ Yes _____ No

Comments: _____

Weight Bearing/Lifting: Is the student sufficiently able to bear or lift weight to accomplish common health occupation functions such as moving and lifting patients in bed, wheelchair or cart, assist with transfer and walking of patients who may require substantial support and moving of heavy equipment (e.g., hospital beds, meal carts), any of which may involve moving or supporting equal or greater weight than the student themselves (25 pounds frequently, 50 pounds less often)?

Check appropriate response: _____ Yes _____ No

If the student is unable to perform the listed weight bearing/lifting activities, please state below:

1. Why (nature of the problem).
2. If any restriction(s) in bearing and/or lifting of weight and/or bending exist and state the specific restriction(s).
3. If the restriction(s) is/are permanent or temporary (give date of anticipated removal of restriction(s), if temporary).

Comments: _____

Immune Status: OTA students are assigned to clinical sites where exposure to infection and communicable disease is common. Is the student's immune response or status sufficient to allow assignment in all clinical areas and to all patients (assuming use of protective measures ordered by the facility)?

Check appropriate response: _____ Yes _____ No

If the student's immune response is not sufficient to allow assignment in all clinical areas and to all patients (assuming use of protective measures ordered by the facility), please state below:

1. The condition(s) and/or treatment which make the student vulnerable to infection
2. If there is a:
 - a. Permanent problem.
 - b. Temporary problem. If so, state date when student may be exposed to pathogens commonly found in a hospital setting.
 - c. Episodic problem. If so, describe the student's current status.

Comments: _____

Statement of Eligibility

Students enrolled in the occupational therapy assistant program are required to have cognitive, sensory, affective, and psychomotor performance ability and must have intellectual, interpersonal, and communication skills.

In addition, certain other abilities are necessary including: (1) emotional stability sufficient to assume responsibility/ accountability for their actions; (2) fine motor ability sufficient to perform skills such as picking up, grasping, and manipulating small objects with the hands; (3) physical mobility and strength sufficient to move about in the clinical area and participate in client care (which could involve lifting, standing, stooping, pushing); (4) physical stamina sufficient to perform client care for the length of a work shift; (5) auditory ability sufficient for assessment of client health; (6) visual acuity sufficient to see objects, to read fine print, and to distinguish color.

_____ Based on the student's history and physical assessment, it is my opinion that he or she should be able to meet the requirements identified above.

_____ Based on the student's history and physical assessment, it is my opinion that he or she should be able to meet the requirements identified above with the exception of _____ with the following restriction _____ or recommendations _____.

Do you believe this individual is physically and psychologically suitable for the occupational therapy profession for which he or she is being educated? _____ Yes _____ No

Do you believe that this individual is free from communicable disease? _____ Yes _____ No

If no, please explain _____

Signature & Credentials of Healthcare Provider

Address (use stamp if available)

Printed Name of Healthcare Provider

Phone