Instructions for Submitting the Required Health Forms

- Read all instructions, and form(s) thoroughly.
- Make an appointment with a healthcare provider early enough to allow time for completion of the form(s) and to avoid delays in beginning clinical.
- Annual Health Clearance and Immunization Documentation forms must be completed by a physician or certified nurse practitioner.
- Check your form(s) carefully. The form(s) must be completely filled out and signed. No other form, incomplete form, nor faxes will be accepted. It is the applicant’s responsibility to submit complete forms by the submission deadline.
- **Make 2 copies** of the completed Annual Health Clearance form, the Immunization Documentation form and any applicable Vaccination Waivers. Make sure to keep a copy for yourself. **These forms are NOT retrievable after submission** to Brookdale Community College.
- To be in compliance, students and instructors must submit the **Annual Health Clearance form on a yearly basis for all clinical courses.**
- To be in compliance, students and instructors must provide documentation of titers (laboratory blood tests to detect antibodies) that demonstrate immunity to the following: Rubeola (measles), Mumps, Rubella (German measles) and Varicella (chickenpox). Titers or vaccination history is required for Hepatitis B. **The Immunization Documentation form needs to be completed only one time.**
- Those applicants declining Hepatitis B and/or flu vaccine(s) need to complete and return Vaccination Waivers.
- All required forms must be submitted as a packet. The packet must include required form(s), records and waivers.
- Mail the completed form(s) to:
  
  **Brookdale Community College**  
  **765 Newman Springs Road**  
  **MAS 136**  
  **Lincroft, NJ 07738**  
  **Attn: P. Anania**

- The **deadline for submission** of forms is:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Annual Health Clearance form and Immunization Record (first clinical semester only)</th>
<th>Annual Health Clearance form (after the initial clearance, this form will be submitted annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall semester</td>
<td>August 15</td>
<td>August 22</td>
</tr>
<tr>
<td>Spring semester</td>
<td>December 10</td>
<td>December 17</td>
</tr>
</tbody>
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- Students who do not submit completed Annual Health Clearance forms or Immunization Documentation forms will **not** be permitted to attend clinical laboratory. Absences from clinical place students at risk for course failure and can only be made up according to program policies.
Health Clearance Requirements

1. Health Clearance
   a. Submit **Annual Health Clearance form**
   b. The applicant must sign the section indicating understanding the need for health care requirements and authorizing Brookdale Community College to release information to any health care provider which requires it in connection to participation in a clinical course.
   c. The health care provider must verify that the applicant is in good health and can participate in clinical practice
   d. This is an annual requirement
   e. **TB Screening**
      i. TB screening must be dated within 6 weeks of the deadline for submission.
      ii. *An initial 2-step PPD* (Mantoux) skin test is required (2 PPD tests done one to three weeks apart) unless a PPD was done within the last calendar year. After completing the 2-step PPD, an annual 1-step PPD is required each year.
      iii. If an annual PPD is missed, a 2-step PPD must again be performed.
      iv. *The date the PPD was administered*, the *date read* and *determination of positive or negative* must be indicated on the Annual Health Clearance form.
      v. If a 2-step PPD is required, *both tests* must be completed and entered on the form.
      vi. If a 1-step PPD is required, documentation of previous one-step within the past calendar year must be documented on the form if it is not already on record with Brookdale Community College.
      vii. An interferon gamma release assay (IGRA) blood test such as Quantiferon Gold is acceptable *in lieu* of the 2-step test or the annual 1-step PPD.
      viii. An indeterminate IGRA requires repeat testing.
      ix. If the results of the TB skin test or IGRA test are positive, a chest x-ray is required. **A copy of the chest x-ray report from the last 12 months is required to be attached** to the Annual Health Clearance form.
      x. Individuals with a positive PPD or IGRA test will be required to have annual symptom checks documented annually.
      xi. An abnormal chest x-ray, requires documentation of medication regimen on the Annual Health Clearance form
   f. **Flu Vaccination Documentation**
      i. There must be documentation of either an annual flu shot *OR* the healthcare provider and the applicant must sign the **Flu Vaccination Waiver**, documenting that the applicant has been advised by their healthcare provider of and understands the risks of not receiving the flu vaccine.

2. **Immunizations**
   a. Submit **Immunization Documentation form**
      i. This form is required ONE TIME ONLY.
   b. **Measles, Mumps, Rubella (MMR) and Varicella Titers**
      i. All students/faculty must demonstrate immunity to Measles, Mumps and Rubella and Varicella with proof of positive IgG titers (a laboratory blood test for the antibodies) against Measles, Mumps, Rubella and Varicella
      ii. Evidence of immunity is demonstrated with the actual titer value and indication of “+” on the Immunization Documentation form
iii. If a titer result is negative or equivocal, revaccination is required. No further testing is needed.

iv. Laboratory reports must be attached

v. The only way to prove immunity is by titer. History of disease is not sufficient for clearance.

c. Hepatitis B (HBV) Titer or Proof of Immunization

i. All students/faculty must demonstrate immunity to Hepatitis B with proof of a positive HBsAb titer against Hepatitis OR provide documentation of 3-dose series of Hepatitis B vaccine.

ii. Exact immunization dates are required with the vaccination series spaced over a six-month period

iii. Evidence of immunity is demonstrated with the numerical value of the titer and a notation of “+” on the Immunization Documentation form

iv. If lab results indicate student/faculty is not immune to Hepatitis B,

v. Immunization must adhere to the appropriate schedule: 3 Dose series of Hepatitis B vaccine at 0, 1, and 6 month intervals

vi. HBsAB Titer should be drawn 1-2 months after dose # 3

vii. If not already completed, the Immunization Documentation should reflect the vaccination series in progress.

viii. If a student/faculty member has waived the Hepatitis B vaccination, the healthcare provider and the applicant must sign the Hepatitis B Vaccination Waiver, documenting that the applicant has been advised by their healthcare provider of and understands the risks of not receiving the Hepatitis B vaccination.
# Health Forms Checklist

This checklist is for your convenience only and need not be submitted.

## Annual Health Clearance Form

- **Release data as required**
  - Applicant signed top portion indicating understanding the need for health care requirements and authorizing Brookdale Community College to release information to any health care provider which requires it in connection to participation in a clinical course.

- **History and Physical**
  - Physician/certified nurse practitioner signs to verify applicant is in good health and can participate in the clinical practice.

- **Tuberculosis Screening**
  - PPD (Mantoux) or an interferon gamma release assay (IGRA) blood test such as Quantiferon Gold is acceptable.
  - 2-Step PPD required unless a previous PPD was done within the past calendar year. One to three weeks must elapse between the first and second PPD. Both tests must be completed and entered on the form.

  - If a 1-step Mantoux is required, proof of previous one-step within the past calendar year must also be submitted.

  - All PPD results must be documented as negative or positive.

  - If the results of the PPD or IGRA test are positive, a chest x-ray is required. A copy of the chest x-ray report from within the past 12 months is required to be attached to the Annual Health Clearance form.

  - An abnormal chest x-ray requires documentation of medication regimen on the Annual Health Clearance form.

  - An abnormal PPD or IGRA test requires test requires annual symptom checks documentation.

- **Flu vaccine**
  - Annual flu vaccines are strongly encouraged. Applicants not receiving flu vaccine must complete and submit a waiver form.

- **Signatures**
  - Assure the physician/certified nurse practitioner signs and dates the form.

## Immunization Documentation

- **Rubeola (Measles)**
  - Immune (lab report)
  - Non-immune (lab report) and re-vaccination required

- **Mumps**
  - Immune (lab report)
  - Non-immune (lab report) and re-vaccination required

- **Rubella (German measles)**
  - Immune (lab report)
  - Non-immune (lab report) and re-vaccination required

- **Varicella (Chicken pox)**
  - Immune (lab report)
  - Non-immune (lab report) and re-vaccination required

- **Hepatitis B**
  - 3 Dose series of Hepatitis B vaccine at 0, 1, and 6 month intervals
  - Exact immunization dates are required
  - If not already completed, the Immunization Documentation should reflect the vaccination series in progress.

- **Signatures**
  - Assure the physician/certified nurse practitioner signs and dates the form.

## Submitting forms

- **Copies**
  - Keep a copy of all forms for your own records

- **Mail**
  - Mail completed form to:
    - Brookdale Community College
    - 765 Newman Springs Road
    - MAS 136
    - Lincroft, NJ 07738
    - Attn: P. Anania

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March 5, 2013