

SOLARIS HEALTH SYSTEM

Employee Health Services

JFK Medical Center • 65 James Street • Edison, NJ 08818 • 732 321-7610 X61 773 • Fax: 732 906-4928

Dear Student

Congratulations on your acceptance as a student in the Muhlenberg Harold B. & Dorothy A. Snyder Schools. Prior to moving into the residence hall, beginning your clinical practice, or any of our clinical affiliates, you will be required to receive medical clearance through the Solaris Employee Health/Occupational Health Office at JFK Medical Center.

Medical clearance requirements are attached and **must** be received by the Solaris EHS/OHS prior to your first clinical date or moving into the Dormitory Residence.

All in-coming clinical students will need to supply **all** of the following information:

1. A complete physical examination with medical clearance by a licensed physician or Nurse Practitioner.
2. 2 Step Mantoux tuberculin testing (PPD test). Explanation of the 2 Step Mantoux test will be found on the clearance requirements which is attached.
3. Immunization records to document 2 MMR's and 2 Varicella (chicken pox) vaccines. If this documentation is not available, lab testing of immunity will be accepted. However, we do require the actual lab report with reference ranges.
4. Proof or waiver of Hepatitis B vaccination with lab antibody report if series has been completed. .
5. **All Dormitory Residents** are required, in addition, to be immunized against meningococcal meningitis.
6. A drug screening test is required. The test can only be scheduled with the Solaris Occupational Health Office. Outside test agencies will not be considered.

Your **completed** medical package must be **mailed** to:

JFK Occupational Health Services
65 James Street
Edison, New Jersey 08818
Attention: Kharine Reese, RN

Physical exams, vaccines, and required lab work can be performed at a fee for service through the SOLARIS Occupational Health Services by calling (732 321-7610) X62526

Remember, you **will not** be permitted on any clinical area of the Medical Center, the Residence Hall, or any Medical Center clinical affiliates until the Health Office clears you.

If you should have any questions, please feel free to call Kharine Reese, RN at (732) 321-7610 X61773.

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Dear Doctor,

Please be advised, the client you are now performing a physical exam on is preparing to enter the Muhlenberg Harold B. and Dorothy A. Snyder Schools as a student. Prior to performing this physical, please take a minute to review the physical requirement of the program the student has chosen.

The following information is being provided as required by the Federal government, Section 504 of the Rehabilitation Act of 1973.

Applicants to the Schools must be able to perform specific skills in order to care for patients safely and perform all the procedures that would be required of a graduate in the work force.

The Muhlenberg Harold B. and Dorothy A. Snyder Schools have accepted certain standards for applicants to the program. On the back and front of this letter are standards designated for each individual program. When clearing this student please consult this sheet and take these physical activities into consideration.

Correctible devices are allowed to meet the minimum requirements or standards.

Thank you,

In accordance with Americans with Disabilities Act (ADA) 1973

Applicants to the **School of Radiography** must be willing and able to do the following.

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse and instruct patients, to relieve anxiety and gain their cooperation during procedures.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of at least 20 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Evaluate radiographs using a view box to make certain that the films contain proper identification and are of diagnostic value.
6. Render services and/or assistance to all patients depending on the individual patients needs and abilities when moving turning, getting on and off the radiographic table or stretcher and when moving in and out of a wheelchair.
7. Push, pull and lift 40 pounds.
8. Push and manipulate a portable X-Ray machine in turning corners, maneuvering on and off elevators and within a patient's room.
9. Manually move and maneuver the X-Ray tube at standard and non standard heights up to 7 feet.
10. Draw up sterile contrast media and other solutions without contaminating the syringe, needle and/or injecting device.
11. Select the exposure factors necessary to produce a radiograph by manipulating dials, buttons, and switches.
12. Place X-Ray cassettes in Bucky trays and spot film devices and properly manipulate all locking devices.
13. Physically be able to administer emergency care including CPR.
14. Physically be able to stand for periods as long as 2 hours while wearing lead aprons and to walk a distance of 2 miles during a normal work day.

In accordance with Americans with Disabilities Act (ADA) 1973

Applicants to the **School of Nursing** must be must be willing and able to do the following.

Corrective devices are allowed to meet the minimum requirements.

1. Communicate clearly and succinctly in English to the patient, family and other support staff, both verbally and in writing.
2. Hear a patient talk in a normal tone from a distance of 20 feet
3. Visually observe the patient in order to assess the patient's condition and/or needs from a distance of at least 20 feet.
4. Read all written medical information pertaining to the patient.
5. Assess all readings and functions of technical equipment pertaining to patient care.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities in moving, turning and lifting.
7. Be able to push, pull and lift 40 pounds.
8. Manipulate a stretcher, wheelchair and/or portable equipment within the medical facility without injury to self, patient or others.
9. Draw up sterile solutions without contaminating the syringe and/or needles, etc.
10. Manipulate dials, buttons and switches.
11. Physically be able to administer emergency care including performing CPR.
12. Be able to stand for periods as long as 2 hours and walk a distance of 2 miles during a normal work day.

In accordance with Americans with Disabilities Act (ADA) 1973

Applicants to the **School of Radiation Therapy** must be willing and able to do the following.

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse with and instruct patients; to relieve their anxiety and to gain their cooperation and confidence during the treatment process.
2. Routinely lift 20-45 pounds over your head. (blocks, treatment cones, and other treatment devices.
3. Work standing on your feet more than 80% of daily responsibilities.
4. Push and pull, bend and stoop, kneel or squat, routinely.
5. Push standard wheelchairs or stretchers and assist in transferring patients onto and off treatment tables.
6. Visually align patients, equipment and film while working in dim lighting.
7. Distinguish colors on a computer screen and patient markings.
8. Monitor patients during treatment visually and via audio monitors.
9. Hear and identify various equipment and background sounds during equipment operations.
10. Input patient treatment data into treatment consoles and computers using keyboards.
11. Communicate effectively, orally and writing with patients and staff members.
12. Read and apply patient set-up instructions as stated in treatment charts.
13. Physically be able to administer emergency care including CPR.
14. Work with immunosuppressed patients and patients who may have a communicable disease.
15. Fabricate patient shielding blocks, which may contain heavy metals and produce vapors that may cause skin rash or respiratory irritation in hypersensitive individuals.

In accordance with Americans with Disabilities Act (ADA) 1973

Applicants to the **School of Nuclear Medicine** must be willing and able to do the following.

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse and instruct patients, to relieve anxiety and gain their cooperation during procedures.
2. Hear a patient speak in a normal tone from a distance of 15 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of at least 15 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Evaluate nuclear medicine images using a view box or computer terminal.
6. Render services and/or assistance to all patients depending upon the individual needs and abilities when moving, turning, and getting on and off imaging table or stretcher, and when moving in and out of a wheelchair.
7. Push, pull and lift 40 pounds.
8. Push and manipulate a portable nuclear medicine camera in turning corners, maneuvering on and off elevators, and within a patient's room.
9. Manually move and maneuver the nuclear medicine camera head at heights of up to 5 feet.
10. Manipulate syringes and vial that are shielded in lead without spilling or dripping contents and without contaminating needle.
11. Use dials buttons, switches, and keyboards to maneuver camera head and prepare instruments for nuclear medicine studies.
12. Place film cassettes in imaging units, load and unload film.
13. Physically be able to administer emergency care such as CPR.

14. Physically be able to stand for periods as long as 2 hours and to walk a distance of 2 miles during a normal work day.
15. Tolerate the site of blood, sores, and wounds.

**In accordance with Americans with Disabilities Act (ADA)
1973**

Applicants in the **Diagnostic Medical Sonography** must be willing and able to do the following:

Corrective devices are allowed to meet the minimum requirements.

1. Communicate in English in order to converse and instruct patients, to relieve anxiety and gain their cooperation during procedures.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of at least 20 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Transport, move lift and transfer patients from a wheelchair or cart to/from a sonography table or patient bed.
6. Move and manipulate a variety of sonographic equipment including physical transport of mobile sonographic machines.
7. Physically be able to administer emergency care including CPR if necessary.

**MUHLENBERG HAROLD B. & DOROTHY A. SNYDER SCHOOLS
IMMUNIZATIONS & TB SURVEILLANCE**

Student Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Social Security #: _____

In Case of Emergency Contact: _____ Phone #: _____

Please check appropriate curriculum:

- () School of Nursing () School of Radiography () School of Nuclear Medical Technology
 () School of Radiation Therapy () School of Medical Sonography () Other _____

I. TB Surveillance (PPD)

IF PREVIOUSLY PPD NEGATIVE	DOCUMENTATION
2 Step Mantoux (PPD) Skin Testing is Mandatory for all students entering the program. *If you routinely receive a ppd annually, a ppd within the year of first clinical date (Step 1), and a ppd within 1 month (Step 2) of the first clinical date in the Medical Center would be acceptable.	Step 1 PPD
	Date: _____
	Mfg./Exp. Date/Lot #: _____
	Site: _____
	Administer by: _____
	Results
	Date: _____
	Induration: _____ mm
	Read by: _____
	* If routinely receive annual ppd, attach copy of ppd documentation, which was done within the last year.
	Step 2 PPD
	Date: _____
	Mfg./Exp. Date/Lot #: _____
	Site: _____
	Administer by: _____
	Results
	Date: _____
	Induration: _____ mm
Read by: _____	
IF PREVIOUSLY PPD POSITIVE	POSITIVE
If previously tested PPD positive, documentation of the date tested positive with measurement of induration, and INH prophylaxis dates, if given.	Documentation of positive PPD results attached, which includes date, induration, and facility received.
	INH Therapy: Yes () Dates: _____ No ()
If documented PPD positive, copy of Chest X-ray report within one year of first clinical date in the Medical Center	Documentation of Chest X-ray report within one year attached
HISTORY OF BCG VACCINATION	
Clinical students with history of BCG vaccination will be required to have 2 Step Mantoux (PPD) skin test unless previous positive results are attached. If positive, copy of Chest X-ray report within 1 year of first clinical date in Medical Center	

II. IMMUNIZATIONS

REQUIREMENTS	DOCUMENTATION
All clinical students must provide proof of immunity by lab titer (with lab results attached) or vaccination dates for the following:	Vaccination records must be submitted on appropriate letterhead or with MD signature.
A. Rubeola (Measles) Documentation of 2 vaccines	A. Rubeola (MMR) #1 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: #2 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: OR Lab Report of Titer Attached with Reference Ranges
B. Rubella (German Measles) Documentation of 2 vaccines	B. Rubella (MMR) #1 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: #2 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: OR Lab Report of Titer Attached with Reference Ranges
C. Mumps Documentation of 2 vaccines	C. Mumps (MMR) #1 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: #2 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: OR Lab Report of Titer Attached with Reference Ranges
D. Varicella (Chicken Pox) Documentation of 2 vaccines	D. Varicella (Chicken Pox) #1 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: #2 Vaccination Date: Mfg./Lot/ Exp. Date: Administered by: OR Lab Report of Titer Attached with Reference Ranges

<p>E. Hepatitis B Series If Hepatitis B Series completed, copy of documentation of series, and post vaccination antibody titer results attached. If never received series, consent or refusal of series will be obtained before you are cleared for clinical.</p>	<p>E Hepatitis B Series Please check appropriate area: <input type="checkbox"/> Attached copy of completed series with lab report of antibody results attached. <input type="checkbox"/> Never received Hepatitis B vaccination series.</p>
<p>F. Meningococcal Meningitis Dorm Students Only</p>	<p>F. Meningococcal Vaccine Date:</p>

III. PHYSICAL EXAMINATION

<p>All clinical students must have a physical examination by his/her personal physician. All areas of the History and Physical examination forms must be completed including clearance from the <u>physician and his/her signature.</u></p>	<p>Attach completed History & Physical form.</p>
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MUHLENBERG HAROLD B. & DOROTHY A. SNYDER SCHOOLS

STUDENT NAME: _____ DATE: _____

ADDRESS: _____ Telephone # _____

Social Security # _____ Date of Birth: _____

Physician: _____ Telephone #: _____

PERSONAL MEDICAL HISTORY

ALLERGIES: (if none, document none)

Applicant **MUST** answer all questions, if **YES** please explain:

PAST HISTORY

I. Have you ever consulted Or been treated by a doctor For:	YES or No	Explain if Yes
a. Brain or nerve disease, Dizzy spells, Epilepsy, Severe headaches, Unconsciousness, Paralysis, Nervous breakdown or mental disorder.		
b. Lung disease		
c. TB		
d. Blood disease, Anemia or Varicose Veins		
e. Heart Disease		
f. Blood Pressure (High or Low)		
g. Ulcers, Indigestion, Rectal disease, Hernia, Gall Bladder disease, Jaundice, Hemorrhoids		
h. Kidney disease, Bladder or Prostate disease		
i. Arthritis, Allergy, Skin disease, Syphilis or Gonorrhea		
j. Latex Allergy		
k. Cancer, Tumor, Thyroid disease or Diabetes		
l. Eye or Ear disease		
m. Back trouble		
II. Any Surgical Operations		
III. Any Accidents		
IV. Breast Disease, Miscarriage or Female Disorder		
V. Are you now pregnant?		
VI. Have you ever received payment or benefits for sickness or injury?		
VII. Any present ailments?		

1. Have you had any illness, injury or hospitalizations other than already noted?
Please give details: _____

2. Are you currently under treatment by any physician? Please give date of treatment and Reason: _____

3. Do you take any medication? Please list all medications and dosages including over the Counter medication and reason why: _____

4. Do you have any physical limitations that may require assistance in performing the clinical duties required in this program? If yes, please explain: _____

I certify

that the above statements are true to the best of my knowledge.

Student's Signature:

**MUHLENBERG HAROLD B. & DOROTHY A. SNYDER SCHOOLS
PHYSICIAN PHYSICAL FORM**

Student Name: _____ Date of Birth: _____

Address: _____ Telephone# _____

Physician: _____ Telephone #: _____

Blood Pressure: _____ Pulse: _____

Height: _____ Weight: _____

Vision: Does applicant wear glasses yes/no Contacts yes/no

Vision done with/without glasses

Vision: Far: OS: _____ OD: _____ OU: _____

Vision: Near: OS: _____ OD: _____ OU: _____

Color Vision: Within normal limits _____

Not within normal limits _____

To Be Answered By Physician	YES/NO	EXPLAIN IF YES
I. Evidence of Past or Present Disease of Abnormality		
a. Eyes		
b. Teeth		
c. Skin		
d. Thyroid or other Endocrine glands		
e. Lungs		
f. Abdominal organs		
g. Hernia		
h. Musculo-skeletal system		
i. Deformities		
j. Vascular System (Varicose Veins)		
k. Nervous System		
l. Reflexes		
m. Ears		

I Heart

a. Location of apex beat: _____

b. Murmur: _____

c. Any other abnormality: _____

III. General Condition: Good _____ Questionable: _____ Poor: _____

IV. Clearance

_____ I find the above-mentioned student in good health, free of infectious disease, and approve him/her to participate in all physical clinical activities as a student in his/her curriculum.

_____ I DO NOT approve this student to participate in the physical clinical activities as a student in his/her curriculum.

Physician
Signature

Date