

Health History Form Directions

The directions listed below apply to all Health Programs

**Health History
Form starts on
Page 2**

If there is anything missing or incomplete from the form you will not be allowed to attend clinical or to continue with your program

SIDE ONE (completed only by Health Care Provider)

1. MMR = Measles (Red Measles/Rubeola), Mumps, and Rubella (German Measles)
 - a. The student must show two immunizations for the MMR (at least one dose after 1980)
 - b. Without the immunizations, positive titers and detailed lab reports are required
 - c. With negative or equivocal titer results two immunizations or a booster is required
2. Varicella (Chicken Pox)
 - a. The student must show two immunizations for Varicella
 - b. Without the immunizations a positive titer and lab report for titer is required
 - c. With a negative or equivocal titer result two immunizations or booster is required
3. TB Skin Test
 - a. The student must have a current two-step completed when turning in the form. All detailed information of date placed/read and result is required.
 - b. With a yearly TB all detailed documentation of the current year TB plus the two previous years are required.
 - c. With a Quantiferon Gold Blood test (QFT) - student must include negative lab result annually
 - d. TB testing must be administered yearly while in Health Programs, with update brought to the Center for Health and Safety Education office for student file
 - e. If Positive Test results, a current negative chest x-ray and lab report is required
4. Tetanus/Diphtheria (Tdap)
 - a. A student must have a Tetanus/Diphtheria every ten years
5. Hepatitis B Vaccine
 - a. Students can start classes if the first of the three series is completed by the first day of class. The student will need to continue with the series throughout the program and documented updates must be delivered to Center for Health and Safety Education office for student file
6. Health Care Provider Information
 - a. A signature with date from the person performing the health screening is required along with all contact information

**** Attach all necessary Lab Reports etc. ****

If a student has indicated yes to any of the items of positives, restrictions, and sensitivity student must notify the Program Director to discuss

SIDE TWO (completed by student)

Must be completed entirely! Health Insurance is required.

Always make additional copies for your personal records before turning in your completed forms.

Nursing Assistant Students: Take your completed forms to your first day of class!

HEALTH HISTORY FORM

MADISON AREA TECHNICAL COLLEGE

TO THE STUDENT:

This form is to be completed no sooner than **three months** prior to the date you begin classes. The information is needed for all Health Students. All programs have agreements with affiliating clinical agencies which require verification of compliance with the employee health standards.

This form must be completed before you will be allowed to go to clinical affiliation. In many programs, clinical experiences begin within the first two weeks of school. The form (BOTH SIDES) must be filled out completely.

Name _____

S.S. Number or Student I.D. _____

Phone (Day) _____ (Eve) _____

Address _____

Program Title _____

Date of Birth _____ Sex M / F

COMMUNICABLE DISEASES

Have you ever been treated for or have you tested positive for any of the following:

	Yes	No
Tuberculosis		
Hepatitis A		
Hepatitis B		

If yes, please attached detailed explanation for each

Do you want to divulge information on any allergies, illnesses or disabilities that would require reasonable accommodations: Examples of these are: skin allergies, (latex glove allergies), lifting restrictions, hearing impairment, diabetes, drug allergies or other? Please describe.

CAMPUS LOCATION

Madison _____ Watertown _____

Reedsburg _____ Fort Atkinson _____

DO YOU HAVE HEALTH INSURANCE?

Yes _____ No _____

Required of students in Health Occupations programs.
Refer to College Catalog.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____

Phone _____

PERSONAL PHYSICIAN

Name _____

Phone _____

I hereby give permission to release information on this health form to my specific program faculty including fieldwork faculty and Health division administration.

Yes _____ No _____

Student's Signature

Please mail completed form to:

MADISON AREA TECHNICAL COLLEGE
CHASE - Center for Health and Safety Education
3550 Anderson Street
Madison, WI 53704

Phone: (608) 246-6065
(800) 322-6282, ext.6065
Fax: (608) 246-6013

HEALTH HISTORY FORM

STUDENTS: PLEASE DO NOT WRITE ON THIS SIDE

Keep a copy for your records

TO THE HEALTH CARE PROVIDER:

This form is to be completed within **three months** prior to the opening of classes. The following information is needed for all health students. All programs have agreements with affiliating clinical agencies which require verification of compliance with the employee health standards.

YOUR COOPERATION IN COMPLETING THIS FORM IN ITS ENTIRETY WILL BE BENEFICIAL TO ALL CONCERNED, THANK YOU.

PATIENT INFORMATION

Name _____

Program of Study _____

NOTE: MANY CLINICAL SITES WILL REQUIRE TITERS FOR PROOF OF ALL IMMUNIZATIONS

MANDATORY TESTS AND IMMUNIZATIONS

MMR Measles(Rubeola)/Mumps/Rubella Vaccine
MMR - 1 dose must be given after 1980
Two MMR Vaccines are required OR dates and results of titers.

ADN Nursing Requires MMR titers!

Date of Vaccines #1 _____ #2 _____

OR

Measles(Rubeola) Titer Date: _____ Immune Non-Immune

Mumps Titer Date: _____ Immune Non-Immune

Rubella Titer Date: _____ Immune Non-Immune

Must Attach Lab Reports

Varicella (chicken pox):

Date of Vaccines #1 _____ #2 _____

OR

Date of Titer: _____ Immune Non-Immune

Must Attach Lab Reports

TB Skin Test (required annually)

Two-step TB test is required if current and past two years TB tests have not been documented

Two-step TB skin test is not required for those who have documented evidence of current annual screenings. **Documented evidence** must include current year's screening and the past two years' documentation.

Dates of Annual TB skin test: _____
 Current year 1st past year 2nd past year

Step 1 TB Test Date: _____

Step 1 TB Test Date Read: _____

Step 1 Result: _____ mm

Step 2 TB Test Date: _____

Step 2 TB Test Date Read: _____

Step 2 Result: _____ mm

If Positive, Date of last chest x-ray
 and symptoms review: _____

If TB Skin test is positive, a negative chest x-ray report must be provided.
 If the chest x-ray is positive, proof of treatment is required.

Tetanus/Diphtheria (required to be within last 10 years)

Date: _____

HEPATITIS B VACCINE

Immunization for Hepatitis B, is required for the programs listed below[Ⓛ].

The vaccination is strongly recommended for all other Center programs.

Please discuss the immunization and the risks involved with the patient.

Hepatitis B Vaccine	
Series 1	
Series 2	
Series 3	

[Ⓛ] Associate Degree Nursing
 Basic Phlebotomy
 Clinical Lab Technician
 Dental Assistant • Dental Hygienist
 Dietetic Tech • Medical Assistant
 Occupational Therapy Assistant
 Practical Nursing • Radiography
 Respiratory Care Practitioner
 Surgical Technologist

TO THE BEST OF YOUR KNOWLEDGE, HAS THIS PATIENT BEEN TREATED FOR OR TESTED POSITIVE FOR ANY OF THE FOLLOWING:

	Yes	No
Tuberculosis		
Hepatitis A		
Hepatitis B		
Rheumatic Fever		
Heart Disease		
Lifting Restrictions		
Latex Sensitivity		

If yes, please attach detailed explanation for each:

Do you recommend any special accommodations for this patient based on patient's history or disabilities:

___No ___Yes If yes, please attach detailed explanation:

HEALTH CARE PROVIDER INFORMATION

Signature of Person performing the examination _____ (Date) _____	
Print Name and Title _____	
Clinic or Office _____	Phone _____
Address _____	
City _____	State _____ Zip _____

TB Tests and Immunizations

A quick guide for health career students at MATC

First, get your TB test.

Second, get your immunizations. Some vaccines can interfere with the TB test.

★ **If you have insurance, call your regular clinic for these services.**

TB Tests

If you need a TB test quickly, you may want to get a TB skin test at:

Concentra

- 1619 North Stoughton Road, Madison 244-1213
- 358 Junction Rd., Madison 829-1888

✪ **Call for hours and cost.**

If you were born in another country:

You probably should be tested using the Quantiferon Gold blood tests (QFT), a more accurate test for people at higher risk than the TB skin test. To get a QFT test, call PHMDC at 266-4821.

- You will be prompted to an automated voicemail system which will screen you for TB screening eligibility. If eligible, please make an appointment with the receptionist.
- At your appointment, you will fill out paperwork and will be given instructions to St. Mary's or Meriter Laboratories for the blood draw.
- You are responsible for going to the lab for the blood draw; your QFT lab test results will be sent to you in the mail. If you need your test results sooner, please speak with one of the lab staff on how to obtain your medical records sooner.

Immunizations

If you have insurance, go to your regular health care provider

Public Health – Madison and Dane County offers over 20 immunization clinics a month, throughout Dane County. Some vaccines are available free to adults.

For more information, see www.publichealthmdc.com/disease/immunizations or call 266-4821