

HAGERSTOWN COMMUNITY COLLEGE

11400 Robinwood Drive
Hagerstown, MD 21742-6590
(301) 790-2800

**HEALTH SCIENCES DIVISION
CMA Program
Health Form**

This report is confidential. It must be returned to Deb McClain, Coordinator of the CMA Program. **Students are responsible for the accuracy of this information. Omitted or inaccurate information will be considered a violation of the HCC Honor Code and can result in a student’s dismissal from the program.**

Name _____ Age _____

Address _____

Date of Examination: _____

The applicant has been examined and found to be in good general health.
Yes ____ No ____

The applicant is fit to participate in clinical activities of a student in an allied health care program.
Yes ____ No ____

To the best of my knowledge, the applicant is not presently harboring any infectious diseases.
Yes ____ No ____

Allergies (please list) _____

Chronic conditions (please list) _____

THE FOLLOWING TESTS ARE REQUIRED:

PPD (detailed instructions are located on the back of this page)

Panel 8 urine drug screen (results may be attached or sent directly from laboratory)

THE FOLLOWING IMMUNIZATIONS ARE RECOMMENDED (PLEASE INDICATE DATES ADMINISTERED):

Hepatitis B (series of 3-indicate all dates or attach signed waiver)			
---	--	--	--

I certify that I am a primary health care provider legally qualified to practice in the State of _____. I have examined the above applicant and find that the applicant is neither mentally nor physically disqualified by reason of any chronic or acute condition.

Health Care Provider’s Signature _____ Date _____

Address _____

Health Care Provider’s
Name Printed or Stamp: _____

Required TST (Tuberculin Skin Test) 2-Step Mantoux Required (PPD)	Step 1 Date	Step 1 Induration mm	Read by - Signature/Initials
	Step 2 Date	Step 2 Induration mm	Read by - Signature/Initials
Individuals with a previous positive PPD Must provide date of last PPD and a copy of chest x-ray report within the last six months OR official documentation of a history of tuberculosis and completion of treatment.	Last PPD Test Date	Last PPD Test Result mm	<input type="checkbox"/> Chest x-ray report attached <input type="checkbox"/> Documentation of disease history and completion of treatment attached

- **A two-step tuberculin skin test (TST) test.** Documentation of the two-step TST. This test involves placement of a purified protein derivative (PPD) to test for tuberculosis. It must be read 48-72 hours after placement, and the area of indurations recorded. HCC requires **a second PPD test to be performed two weeks after the first test**. This two-step TST needs to be done once.
- **Annual Tuberculin Skin Test.** Annual TST's are required each year you are in your program.
- **Chest x-ray if you have had a positive TST.** If you have had a positive TST, your documentation must include the results of your follow-up chest x-ray. Once this documentation is submitted, yearly TST is not required.
- **Individuals with a previously positive PPD.** If an individual has a previously positive tuberculin skin test, the test date and result must be recorded on the health form. A copy of a report for a chest x-ray completed within the past 6 months must also be attached. In lieu of the chest x-ray, official documentation of a history of tuberculosis disease and completion of treatment must be identified.