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# STUDENT HEALTH FORM

**NOTE:** This form is *ONLY* for use by the Physician Assistant Studies Program.

**MSPAS students are required to submit a copy of their health insurance card to be in full compliance.**

**SEND COMPLETED FORM TO:**

Christian Brothers University  
Health Resources, Office of Student Life  
650 East Parkway South, Box T-4  
Memphis, TN 38104

**Students may also submit this form via e-mail to [health@cbu.edu](mailto:health@cbu.edu)**

**QUESTIONS?**

**Please contact the Physician Assistant Program at (901) 321-3388.**

# CHRISTIAN BROTHERS UNIVERSITY PHYSICIAN ASSISTANT STUDENT HEALTH FORM

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
LAST FIRST MI

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entry year into PA Program: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Current mailing address \_\_\_\_\_  
STREET CITY STATE ZIP

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Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_ Pharmacy \_\_\_\_\_

Name of Insured Individual \_\_\_\_\_ Insured Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize Christian Brothers University to obtain professional medical treatment for me in the event of an emergency. I authorize Health Resources to release a copy of this form to the Admissions Office and the Athletics Department in the event that the student chooses to participate in college athletics. I attest that the information provided for completion of this form is true and that I have read and understand all of the information in this document.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## HEALTH INSURANCE

Students are responsible for obtaining and maintaining health insurance coverage throughout both phases of the program. Verification of personal health insurance will be kept on file in Health Resources. Proof of health insurance coverage will be requested periodically throughout the program.

## MEDICAL CLEARANCES, IMMUNIZATIONS, & CLINICAL SITE GUIDELINES AND REGULATIONS

Prior to entering the program, all students entering the CBU PA program must submit health provider proof of medical clearance and up-to-date immunizations and TB testing results. Required immunizations are in compliance with the US Centers for Disease Control and Prevention. For more information about immunization of Health Care Workers go to: [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr). If there are medical reasons precluding safe administration of vaccines, such as allergy to the vaccine or components thereof, documentation from a licensed provider must be submitted.

Students should be able to provide copies of proof of health insurance and medical clearance, to include immunizations and TB testing results, to a clinical site at the start of each rotation. Additional vaccines, health requirements, or verifications may be required per the guidelines and regulations of a clinical site. You will be required to be in compliance with any and all additional guidelines and regulations at all times while at a clinical site.

Please note that students without health insurance, medical clearance, and up-to-date immunizations will not be permitted to participate in patient contact activities in both the didactic and clinical phases of the program. Failure to maintain and provide current health information and status will result in suspension of all clinical activities and may put the student at risk of dismissal.

Have your healthcare provider complete the rest of this form, as based on current recommended guidelines for healthcare workers. Always ask your healthcare provider about contraindications and adverse reactions prior to receiving any vaccination.

## HEALTH CARE PROVIDER

Name (print) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Current mailing address \_\_\_\_\_  
STREET CITY STATE ZIP

Signature \_\_\_\_\_

## MEASLES [RUBEOLA/RUBELLA/MUMPS] (MMR)

TENNESSEE STATE LAW requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. This record must be completed before registration and reflect proof of 2 MMR vaccinations administered on or after your first birthday, or documented proof of immunity to measles.

Contraindications to receiving the vaccines may include pregnancy, allergy to a vaccine component, other valid medical conditions, or religious tenets prohibiting vaccinations. If you believe you are entitled to an exemption based on one of the preceding grounds, you must provide a physician's statement or an official clergy statement. If an exempted student contracts measles or if a measles outbreak occurs, it shall be the student's responsibility to remain off campus AND rotations until a physician gives written permission for the student to return.

**The following students are not required to provide MMR documentation:** If you were born before 1957 or if you graduated from a Tennessee public high school in 1999 or thereafter, you are exempt from these requirements. Please mark the appropriate option and provide the required information.

**I am exempt from these requirements because:**

- I was born prior to 1957.       I graduated from a Tennessee public high school in 1999 or after.

Name of school/City \_\_\_\_\_

*If exemption requirements above do not apply, you MUST submit one of the following documents: immunization cards or documents from Public Health Departments, WHO International Shot Records, or official documentation from prior universities, military health records or personal physician, etc. Photocopies are accepted, as originals will not be returned.*

<input type="checkbox"/> Dates immunized with MMR vaccine (2 DOSES REQUIRED)	Dose #1: ____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	Dose #2: ____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>
<input type="checkbox"/> Medically contraindicated because of medical condition <i>(attach healthcare provider statement)</i>	<input type="checkbox"/> Refuses immunization because of religious objections <i>(attach official clergy statement)</i>	
<input type="checkbox"/> Had disease. <i>Confirmed by health care provider office record</i>	Measles: ____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	Mumps: ____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>
<input type="checkbox"/> Had disease. <i>Confirmed by health care provider office record</i>	Rubella: ____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	
<input type="checkbox"/> Has immune titer confirmation of disease:	____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	Specify type of titer _____
<input type="checkbox"/> Has immune titer confirmation of disease:	____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	Specify type of titer _____
<input type="checkbox"/> Has immune titer confirmation of disease:	____/____/____ <small style="margin-left: 40px;">MONTH DAY YEAR</small>	Specify type of titer _____

### VARICELLA (CHICKENPOX)

On December 9, 2009, the TENNESSEE DEPARTMENT OF HEALTH (TDH) made changes to the immunization requirements for students entering higher education, effective for students enrolling in Tennessee institutions on or after July 1, 2011. This change requires proof of immunity to varicella virus for all new full time students born after 1979. Proof of immunity to varicella (chickenpox) is required, meeting one of the four criteria.

I was born prior to 1980, therefore presumed immune through past illness.

or  History of chickenpox illness, verified by licensed provider. Year of illness: \_\_\_\_\_

Documentation of blood test [serology (IgC)] showing immunity to varicella: Year: \_\_\_\_\_

Two (2) doses of varicella vaccine (given no earlier than 4 days before the first birthday, given at least 28 days apart)

Dose #1: \_\_\_\_/\_\_\_\_/\_\_\_\_      Dose #2: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR                      MONTH DAY YEAR

### INFLUENZA VACCINATION – CDC RECOMMENDATION FOR HEALTHCARE WORKERS

Students are required to obtain an annual flu vaccine, to include H1N1.

Date of last flu immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

### HEPATITIS B (HBV)

TENNESSEE STATE LAW requires all health science student who are expected to have patient contact to complete the hepatitis B vaccine series prior to any type of patient contact. Federal law requires all health care institutions to provide the series to their employees. Healthcare institutions are requiring students in healthcare programs to become protected prior to engaging in any type of clinical education experience.

I have previously been vaccinated for Hepatitis B.

#1: ____/____/____ <small>MONTH DAY YEAR</small>	#2: ____/____/____ <small>MONTH DAY YEAR</small>	#3: ____/____/____ <small>MONTH DAY YEAR</small>
Type: _____	Type: _____	Type: _____

I have started the series and plan to complete the series.

#1: ____/____/____ <small>MONTH DAY YEAR</small>	#2: ____/____/____ <small>MONTH DAY YEAR</small>
Type: _____	Type: _____

Documentation of blood test (serology showing immunity): \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

### MENINGOCOCCAL MENINGITIS

TENNESSEE STATE LAW requires a minimum of 1 dose given at 16 years or greater if enrolling in a public institution for the first time and under 22 years of age and living in on-campus housing; private institutions set their own requirements for this vaccine.

Date of Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

### TETANUS/DIPHTHERIA/PERTUSIS (TDAP)

Students must provide proof of immunization within the past 10 years. If you had a Tetanus/Diphtheria (TD) vaccine only, and not the Tdap, then you must obtain a Tdap, regardless of the date of your last TD vaccine.

Date of last TD: ____/____/____ <small>MONTH DAY YEAR</small>	Date of last Tdap: ____/____/____ <small>MONTH DAY YEAR</small>
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## TUBERCULOSIS SCREENING

**A two-step PPD skin test is required for PA program entry. The second part of the PPD is administered within 1-3 weeks of initial testing.** Note: if both PPD and MMR are given, they must be given on the same day for the PPD to be accurate, or given 30 days apart. **PPDs must be read between 48-72 hours of administration.** The result must be listed in millimeters (mm) and results must indicate whether positive or negative according to current medical standards. If the PPD is positive, you must submit a copy of a chest x-ray report or results of the Interferon-based assay (QFT or T-spot) along with provider certification that you are disease-free, as part of this evaluation. Once positive for TB, you will always be positive for TB; therefore, future TB evaluations should always be done through a chest x-ray or an Interferon-based assay. Healthcare institutions are requiring students in healthcare programs to undergo TB screening prior to engaging in any type of clinical education experience.

<input type="checkbox"/> Initial of 2-Step PPD:	Date of test: _____/_____/_____ <small>MONTH DAY YEAR</small>	Date read: _____/_____/_____ <small>MONTH DAY YEAR</small>	Result: (+) (-) _____ mm
<input type="checkbox"/> Second of 2-Step PPD:	Date of test: _____/_____/_____ <small>MONTH DAY YEAR</small>	Date read: _____/_____/_____ <small>MONTH DAY YEAR</small>	Result: (+) (-) _____ mm
<input type="checkbox"/> Chest X-ray done	Date of CXR: _____/_____/_____ <small>MONTH DAY YEAR</small>	Results:	
<input type="checkbox"/> QFT <i>or</i> <input type="checkbox"/> T-spot	Date of Interferon-based assay: _____/_____/_____ <small>MONTH DAY YEAR</small>	Results:	

### TECHNICAL STANDARDS FOR ENTRY INTO CBU PA PROGRAM

#### Essential Functions and Technical Standards [A3.15e]

The Christian Brothers University Physician Assistant Program considers it essential that all physician assistant students have the knowledge and skills necessary to function in a variety of clinical settings. To meet this goal, every student must master a body of knowledge in the basic and medical sciences as well as the clinical medicine principles and technical skills necessary in a broad variety of clinical situations enabling them to render a wide spectrum of patient care. [A3.15e]

Completion of the PA program requires that each student independently demonstrate the ability to meet these standards continuously while enrolled. Surrogates may not be used nor may the student have undue dependence of technology or intermediaries. Students are required to acknowledge that they meet these standards at the time of matriculation into the program and prior to entering the clinical year.

**Observation** includes the ability to perceive, using senses and mental abilities, information presented in both educational and clinical settings. Educational information will be presented through lectures, small groups and one-on-one interactions, as well as written and audiovisual materials.

- The student must possess sufficient sensory (visual, auditory, tactile, olfactory) and mental abilities to accurately perceive information provided in the educational settings. This includes written and audiovisual materials, laboratories, diagnostic images, microscopic and physical examination.
- The student must be able to accurately observe (using visual, auditory, tactile, and/or olfactory senses) a patient's medical condition, including patient affect, up close and at a distance, with and without medical instrumentation. This includes but is not limited to radiography, electrocardiograms, sonograms, monitors and other graphic images

**Communication** includes the ability to speak, hear, read, and write sufficiently to achieve adequate exchange of information with other healthcare professionals, patients and their support network.

- The student must have the ability to receive and process auditory information, and speak and write clearly for all communications with patients, their families, and other healthcare professionals.
- The student must communicate effectively through written and electronic media.
- The student must be able to communicate sensitively with patients and their families.
- The student must be able to read sufficiently to comprehend complex medical literature, and convey this information in easy to understand terms.
- The student must be able to perceive forms of non-verbal interpersonal communications including facial expressions, body language, and affect.

### **Motor/Tactile Function**

- A student must have sufficient motor function to directly perform palpation, percussion, auscultation, and other diagnostic and therapeutic maneuvers.
  - A student must be able to reasonably execute movements required to provide general and emergency medical care to patients. These skills require coordination of fine and gross motor skills, equilibrium and functional sensation.
  - A student must have the capability to manipulate equipment and instruments for the performance of basic laboratory tests and procedures.
  - A student must have the ability to move oneself from one setting to another and negotiate the patient care environment in a timely fashion.
  - A student must have sufficient physical stamina to perform the rigorous course of didactic and clinical study. This includes long periods of sitting, standing and moving which are required for classroom, laboratory, and clinical experiences.
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### **Cognitive/Intellectual Function**

- A student must be able to demonstrate cognitive and problem solving skills in an efficient and timely manner in order to meet the Program Competencies. Problem solving is one of the critical skills demanded of physician assistants. It requires all of these intellectual abilities:
    - Comprehension of visual-spatial relationships.
    - Reading and understanding the medical literature and the patient's chart.
    - Learning, measuring, calculating, retrieving, prioritizing, analyzing, organizing, assimilating, integrating, and synthesizing technically detailed and complex information and applying this information appropriately.
    - Comprehension of visual-spatial relationships.
    - Reading and understanding the medical literature and the patient's chart.
    - Learning, measuring, calculating, retrieving, prioritizing, analyzing, organizing, assimilating, integrating, and synthesizing technically detailed and complex information and applying this information appropriately.
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### **Behavioral and Social Attributes**

- The student must possess emotional stability for full utilization of her/his intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to both didactic studies and patient care.
- The student must be able to develop mature, sensitive, and effective relationships with patients and their family members, staff and colleagues.
- The student must be able to work collaboratively and effectively as a small group member as well as a health team member.
- The student must have sufficient interpersonal skills to relate positively with people across society, including all ethnic backgrounds, economic levels, sexual orientation, and belief systems.

**PROVIDER CERTIFICATION OF GOOD PHYSICAL HEALTH**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

After conducting a personal medical history and physical exam and a review of all health information, I certify that this student is found to be in good physical and mental health and meets the above described technical standards for admission into the Christian Brothers University Physician Assistant Program.

with accommodations       without accommodations

Signature \_\_\_\_\_, MD/PA/NP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current mailing address \_\_\_\_\_  
STREET CITY STATE ZIP

CHRISTIAN BROTHERS UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

**STUDENT HEALTH SERVICES CERTIFICATION STATEMENT**

**MUST BE COMPLETED BY STUDENT HEALTH SERVICES**

Student Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

has an up-to-date student health record (securely maintained in the Student Health Office) including all Physician Assistant Program required immunizations (or proof of immunity) and 2-step PPD test. Based upon review of these records, I find the student meets all technical standards for participation in PA program activities.

Signature \_\_\_\_\_, MD/PA/NP Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DIRECTOR OF STUDENT HEALTH SERVICES SIGNATURE