**NIAGARA COUNTY COMMUNITY COLLEGE**

**WELLNESS CENTER**

**MEMO TO:** Surgical Technology Students

**FROM:** Cheri Yager MSN, BSN, RN

Supervisor of College Nursing Services/Wellness Center

**SUBJECT:** Physical Requirements for Clinical Rotations

In addition to the requirements of the New York State Public Health Laws, Allied Health students have the following requirements:

1*.* **Please review the entire physical form before submitting to your Health Care Provider, taking note of the**

**essential activities required for Surgical Technology students listed in red on the bottom of the physician’s**

**page.**

2. Physical – must be on NCCC’s *Physician’s Physical for* *Clinical Rotations* form. Please be sure the physician has

addressed **all** questions and signed all required areas. Make sure your physician’s stamp is included on the *bottom of BOTH* t*he third* ***and*** *the fourth pages* of the form.

\*\*PLEASE NOTE: If your physician identifies a health problem/issue, we may ask for additional information

from a specialist for personal and client safety purposes.\*\*

3. Proof of immunity to Measles, Mumps, Rubella, and Varicella is required for all students **regardless of age or**

**disease history**. Proof of **two** vaccinations or Titer results are acceptable to meet this requirement. (Note: A copy

of the titer report submitted with the physical form.)

4. Tuberculosis skin testing (TST) is required with the **initial physical** and is updated on an **annual** basis. The **date**

**given, date** **read**, **result** in mm, and **MD/PA/NP/RN signature** are required.

***\*\*****(Please Note:* ***TST*** *read by* ***LPN****’s are* ***NOT*** *acceptable)\*\**

A chest x-ray and a physician’s statement indicating no signs or symptoms of Tuberculosis disease is required for

a **positive** skin test. (No further TST’s are to be done after a positive skin test.)

5. Proof of Diphtheria Tetanus (NOT Tetanus Toxoid) within the last 10 years. (**Tdap** is requested as a one time

update, rather than TD, if not already received.)

6. Varicella titers are mandatory whether or not you have had Chicken Pox, unless proof of 2 Varicella

immunizations are submitted. (*Note: A copy of the Titer report must be submitted with the physical form*.)

7. Hepatitis B vaccination is **STRONGLY** recommended. Please review the Hepatitis B Vaccine Information Sheet

so that you may make an informed decision regarding this important immunization.

For your convenience, you may view your immunization information on file by:

* Logging in to Banner Web – Personal Information – Immunization Data Display

\*\* (Please Note: ***Compliance*** *refers to the Public Health Laws – NOT Clinical Compliance*)

Please submit the above information to the Wellness Center 1 MONTH PRIOR TO CLINICAL ROTATIONS to avoid any delay or restriction regarding your attendance for clinical rotations. Please **allow at least 5 business days** for your forms to be processed**.**

Students will be cleared for clinical rotations by one of the Registered Nurses in the Wellness Center after **ALL** requirements have been satisfied. *It is NOT the responsibility of the Support Staff to advise you of the status of your clinical clearance.* If you have any questions or need assistance, please contact a **Nurse** in the Wellness Center, C–122, call (716) 614-6275.

*Please make copies of all forms for your records* ***prior*** *to submitting them to the Wellness Center, if possible.*

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