PLEASE COMPLETE THE STUDENTS SECTIONS OF THIS FORM AND BRING IT WITH YOU TO A LICENSED HEALTHCARE PROVIDER (MD, DO, NP, or PA) TO COMPLETE THE PHYSICAL.

IT MAY TAKE 5-10 DAYS TO OBTAIN ALL THE REQUIRED LAB WORK/ TITERS/ IMMUNIZATION DOCUMENTATIONS NEEDED TO COMPLETE THIS FORM- DO NOT WAIT UNTIL THE LAST MINUTE!

ALL FORMS DUE – COMPLETED BY April 20, 2020 by 3:00pm with the application

If you are applying after not making it into a clinical program for the RN program in Lake Charles (SPRING 2018 only) - DO NOT REPEAT these forms. Surgical Technology can request the RN department send them here for your files.

Surgical Technology Program Director Approved: 3/2018  Review Yearly: 1/2019,1/2020
Dean of Nursing and Allied Health Approval 3/2018
SCHOOL OF NURSING AND ALLIED HEALTH
SURGICAL TECHNOLOGY PROGRAM
HEALTH HISTORY FORM

Complete student sections and bring to provider for physical exam

STUDENT INFORMATION
STUDENT PROGRAM: Surgical Technology
Full Name:______________________________________________________________
Address: _______________________________________________________________

Date of Birth ___________________________________ Gender (Circle one) Male Female

IMMUNIZATION/VACCINATION HISTORY (completed by student or provider)

TETANUS/ACELLLULAR PERTUSSUS (Tdap) OR BOOSTER
BOOSTER DATE __________/_________/_________ 
***STUDENT MUST HAVE HAD A BOOSTER TO INCLUDE PERTUSSUS WITHIN THE LAST 10 YEARS***

HEPATITIS B VACCINE SERIES OR TITER (Series started prior to application date)
Vaccine Dose 1 __________/_________/_________ Dose 2 __________/_________/_________ Dose 3 __________/_________/_________

Titer Date __________/_________/_________ RESULTS: IMMUNE NON-IMMUNE (Circle one)

Booster Date: __________/_________/_________ **If Non-immune, please give current booster date within 6 months

☐ Check here when you are attaching a signed Statement for the Hepatitis B immunization if receiving the vaccine is contraindicated or refusing (Form at end of application).

VARICELLA VACCINE, TITER, OR BOOSTER
Vaccine Dose 1 __________/_________/_________ Dose 2 __________/_________/_________

Titer Date __________/_________/_________ RESULTS: IMMUNE NON-IMMUNE (Circle one)

Booster Date: __________/_________/_________ **If Non-immune, please give current booster date within 6 months

MMR – MUMPS RUBELLA RUBEOLA (MEASLES) VACCINE OR BOOSTER
Vaccine Dose 1 __________/_________/_________ Dose 2 __________/_________/_________ OR

Rubella/Rubeola Titer Date: __________/_________/_________ Results? Immune Non-immune (Circle one)

Booster Date: __________/_________/_________ **If Non-immune, please give current booster date within 6 months

Surgical Technology Program Director Approved: 3/2018 Review Yearly: 1/2019, 1/2020
Dean of Nursing and Allied Health Approval 3/2018
INFLUENZA VACCINE
Vaccine Dose 1  
MO  DAY  YYYY

MENINGOCOCCAL VACCINE
Vaccine Dose 1  
MO  DAY  YYYY  Dose 2  
MO  DAY  YYYY

☐ Check here when you are attaching a signed Statement for the Meningococcal immunization if receiving the vaccine is contraindicated or refusing (Form at end of application).

TUBERCULOSIS SCREENING
***If you do not have a documented negative Mantoux PPD test within the past year; you must have the 2 Step PPD test. The second PPD Test must be administered 1 week to 3 weeks after the first PPD Test. These tests cannot be completed during a single visit with a healthcare provider. ***

Date Read Test 1:  
MO  DAY  YYYY  Results (mm):  

Date Read Test 2:  
MO  DAY  YYYY  Results (mm):  

Chest X-Ray (required if PPD is positive)  X-Ray Date:  
MO  DAY  YYYY  Normal  Abnormal  (Circle One)

***If abnormal, you must have clearance from a healthcare provider stating you are free from contagion and complete POSITIVE TB RESULTS form on the back of this health form.

Please attach documentation of medical clearance and copies of immunization records.

PAST MEDICAL HISTORY (completed by student)
Chronic health problems:
Surgical procedures/dates:
Hospitalizations:
Allergies/reactions:

Do you have a latex allergy or sensitivity? Yes  No  
If yes, it is the student’s responsibility to notify each assigned clinical instructor of this condition and to provide proof of medical management prior to the start of each clinical setting. Please refer to the Latex Allergy Policy in the Surgical Technology Student Handbook online.

*** Neither SOWELA College Surgical Technology labs nor any current clinical site affiliate can provide a completely LATEX FREE or POWDER FREE environment at this time. Serious consideration should be given to this information when deciding to continue with the application process. Adverse environmental reactions to latex or latex powder could hinder or halt the student’s progression in the program and result in an inability to complete the program.

STUDENTS PLEASE VERIFY:
All areas of the history and physical, signatures and provider’s practice stamp must be completed, or: the form is considered incomplete, will not be considered or reviewed, and will affect your ability to enter the program.

Surgical Technology Program Director Approved: 3/2018  Review Yearly: 1/2019,1/2020
Dean of Nursing and Allied Health Approval 3/2018
List Current Medications (include over-the-counter medications and herbal supplements):

Any Other Relevant History Information:

If you have had a positive PPD or are allergic to the PPD components, please contact the Surgical Technology Program Director for the steps that need to be taken.

If you have a Latex allergy, please refer to the Surgical Technology student handbook online under the Latex Allergy policy for the steps that need to be taken.

It is essential for students of Surgical Technology to perform these activities in the clinical portion of the program. Students who have chronic illness or conditions must be maintained on current treatment and be able to function during a clinical day without impairment. Students who identify potential difficulties should contact the program director if Surgical Technology and communicate their concerns. If the concern is related to a documented disability, students are responsible to contact the College ADA Service officer in order to complete the necessary paperwork required. Determination of reasonable and appropriate accommodations will be made on an individual basis in the Surgical Technology department in consultation with the ADA officer.

**ADA Officer:**
Christine Collins
3850 Sen. J. Bennett Johnston Ave.,
Lake Charles, LA 70615
(337) 421-6969 or (800) 256-0483
christine.collins@sowela.edu

**SOWELA Technical Community College does not discriminate based on race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies:**

**Compliance Officer**
3820 Sen J Bennett Johnston Ave
Lake Charles, LA 70615
337-421-6565 or 800-256-0483
complianceofficer@sowela.edu

Surgical Technology Program Director Approved: 3/2018  Review Yearly: 1/2019,1/2020
Dean of Nursing and Allied Health Approval 3/2018
SCHOOL OF NURSING AND ALLIED HEALTH
SURGICAL TECHNOLOGY HEALTH STATUS FORM
HEALTHCARE PROVIDER FORM

Full Name: __________________________ Date of Birth ______ / ______ / ______

Ht: ______________ Wt: __________ Temp: ________________
B/P: ______________ HR: __________ Resp: ______________
General appearance:

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LUNGS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MUSCULOSKELETAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEUROLOGICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DERMATOLOGICAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

Surgical Technology Program Director Approved: 3/2018    Review Yearly: 1/2019, 1/2020
Dean of Nursing and Allied Health Approval 3/2018
SURGICAL TECHNOLOGY VERIFICATION OF PERFORMANCE DUTIES

Purpose:
SOWELA Technical Community College surgical technology students are expected to be able to perform duties associated with those of the profession, which means able to perform their clinical care responsibilities in a safe, appropriate, and effective manner free from the adverse effects of physical, mental, emotional, and personal problems.

Surgical Technology students with physical health conditions must be under control and able to function safely in a clinical setting. Students must be emotionally stable to provide safe care to patients. Students on medication for psychological/psychiatric conditions must be on a stabilized dose to function safely in a clinical setting.

The student must be able to meet or perform the following standards and skills to participate in all laboratory and clinical portions of the Surgical Technology program:

1. Perform a full-range of body motion including handling and lifting clients, manual and finger dexterity, eye-hand coordination, and distinguish left from right.
2. Bend, reach, pull, push, stand, stoop, walk during shift, and agility to handle body mass.
3. Lift and carry up to sixty (60) pounds (considerable physical strength and effort may be required perform daily job requirements).
4. Demonstrate visual acuity (with correction if needed) within normal range (minimum of 6 feet) including peripheral vision and reading of fine print. Students must have the ability to judge distance as well as special relationships and distinguish and identify different colors. Should be able to work in dim to minimal lighting environments with accuracy.
5. Demonstrate auditory acuity (with correction if needed) that includes hearing voices and speech which may be impeded by PPEs and extraneous environmental background noise.
6. Withstand unusual sights/odors and while remaining professional and performing job duties.
7. Emergency situations frequently occur that require immediate and action by the staff and student, including situations involving agitated patients or those emerging from anesthesia who may be physically or verbally combative.
8. Be free from any blood borne infections that may limit the participation in invasive procedures without the risk of transmission to the patient, OR staff or peers. (Please refer to the policies stated by the CDC. Louisiana Department and Health and Hospitals)
9. Wear full surgical attire for extended periods of time including face masks, lead aprons, protective eye shields and full-face splash protection masks, N95 respirators and any other all personal protective equipment required for safe patient care.
10. Adapt effectively, displaying flexibility in environments with high tension to ensure client safety.
11. Concentrate and pay attention to detail. Ability to learn quickly without repetition of instructions.
12. Perform fine motor skills with both right and left hands. Dexterity and application in working with microscopic pieces of equipment and sutures (finer than a human hair), hold retractors, etc.] Students should be able to perform manual tasks free from tremors and/or jerking motions to safely loan/unload and pass instruments or sharps without causing injury to themselves, team members, or the patient.
13. Adapt to irregular working hours as well as ability to stay over shift as necessary and stand unassisted for eight continuous hours maintaining alertness.
14. Respond quickly and in an emotionally controlled manner in emergency situations.
15. Communicate in a rational and coherent manner both orally and in writing with individuals of all professions and social levels.
16. Recognize that work environment will include exposure to blood borne pathogens, diseases and toxic or caustic substances (sterilizing agents, radiation in the forms of x-ray,
fumes, development of latex allergy, and so forth—this list is not to be considered all inclusive).

17. Show evidence of skin integrity, without open weeping lesions of the skin.
18. Be able to problem solve using conceptual, integrative, and quantitative reasoning skills.
19. Ability to recall and apply previously learned material from prerequisite or concurrent courses and apply them to the daily practice in the operating room environment.
20. The ability to develop and improve skills in organization of work and in learning to use time management methods.
21. The ability to use proficiently English language to communicate with individuals of all professions and social levels.

The following table is meant to be considered examples of the everyday demands of the Surgical Technology professional and student and should not be considered all inclusive.

**Description of Terms:**
Occasionally (activity or condition exists up to 1/3 of the time)
Frequently (activity or condition exists from 1/3 to 2/3 of the time)
Constantly (activity or condition exists 2/3 or more of the time)

<table>
<thead>
<tr>
<th>PHYSICAL DEMANDS: Strength Requirements</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing (most often in place)</td>
<td>80% of time</td>
</tr>
<tr>
<td>Walking</td>
<td>15% of time</td>
</tr>
<tr>
<td>Sitting</td>
<td>5% of time</td>
</tr>
<tr>
<td>Lifting</td>
<td>40-60 lbs.</td>
</tr>
<tr>
<td>Carrying</td>
<td>20 lbs.</td>
</tr>
<tr>
<td>Pushing</td>
<td>&lt; 200 lbs.</td>
</tr>
<tr>
<td>Pulling</td>
<td>45-50 lbs.</td>
</tr>
<tr>
<td>Pushing with Assist</td>
<td>&gt; 200 lbs.</td>
</tr>
<tr>
<td>Climbing</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Stooping</td>
<td>Frequently</td>
</tr>
<tr>
<td>Balancing and Kneeling</td>
<td>Frequently</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory Demands</th>
<th>Approximate frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGHT REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>Acuity, Near and Far</td>
<td>Constantly</td>
</tr>
<tr>
<td>Depth Perception</td>
<td>Constantly</td>
</tr>
<tr>
<td>Color Vision</td>
<td>Frequently</td>
</tr>
<tr>
<td>Field of Vision</td>
<td>Constantly</td>
</tr>
<tr>
<td>HEARING REQUIREMENTS</td>
<td></td>
</tr>
<tr>
<td>Ordinary Conversation</td>
<td>Constantly</td>
</tr>
<tr>
<td>Other Sounds (low or muted tones)</td>
<td>Constantly</td>
</tr>
<tr>
<td>Interpret sounds accurately with ancillary noises or conversations occurring simultaneously</td>
<td>Constantly</td>
</tr>
</tbody>
</table>

<p>| MENTAL DEMANDS and DISCIPLINE          |                       |
| Reading                                | Constantly            |
| Reasoning and Problem Solving          | Constantly            |
| Organization                           | Constantly            |
| Math                                   | Occasionally          |</p>
<table>
<thead>
<tr>
<th>Language</th>
<th>Constantly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed Work</td>
<td>Constantly</td>
</tr>
<tr>
<td>Multiple Concurrent Tasks and Interruptions</td>
<td>Constantly</td>
</tr>
<tr>
<td>Stress</td>
<td>Constantly</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Constantly</td>
</tr>
<tr>
<td>Training classes</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

**Potential Environmental Exposures - Approximate frequency**

| Exposure to radiation and chemicals            | Frequently |
| Exposure to blood/body fluids, infectious agents, and airborne pathogens | Constantly |
| Exposure to needle/syringes and waste handling | Constantly |
| Handling potentially infectious tissues for specimen or pathology submission | Frequently |
PROVIDER STATEMENT OF MEDICAL OPINION

Review of Student Provided History Information  □ YES  □ NO

Evidence or stated history of any Communicable Diseases that might exclude them from participating in invasive procedures at a clinical site?
□ YES  □ NO

In your opinion, is there any reason the student could not withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Surgical Technology program?
□ YES  □ NO  If YES, please explain:
_______________________________________________________

In your opinion, is there any disability or disorder that limits the student’s cognitive awareness or physical activity or that requires special accommodations to withstand the physical or mental exertions related to the requirements of the SOWELA Technical Community College Surgical Technology program?
□ YES  □ NO  If YES, please explain:
_______________________________________________________

**IF STUDENT IS PREGNANT**

_____ I have examined this student and she is able to participate FULLY in all activities required.

_____ I have examined this student and she is NOT able to participate FULLY in all activities required due to complications. Please list all restricted activities required:

_______________________________________________________

With the findings of the above study and tests, I find the above-named individual able to perform the applicable duties of a student surgical technologist:
□ YES  □ NO

<table>
<thead>
<tr>
<th>PROVIDER’S PRINTED NAME</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>PROVIDER’S ORIGINAL SIGNATURE</td>
<td>DATE</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PRACTICE ADDRESS AND PHONE NUMBER STAMP- MUST BE STAMPED TO BE CONSIDERED COMPLETE
SCHIOOL OF NURSING AND ALLIED HEALTH
SURGICAL TECHNOLOGY PROGRAM

POSITIVE TB TEST REPORT (PPD OR IGRA)

Student: _______________________________________________

Date: _____/____/______ D.O.B: _____/_____/_____

Phone: ( ) __________________________ Cell: ( ) __________________________

Address: ________________________________________________

Date of IGRA: ______/_____/______ QFT or T-spot Result: ______________________

Date of PPD: ______/_____/______ PPD Read: ______/______/______

Result: ________ (mm)

Date of Previous Test: _____/_____/_____ Result: ______ (mm)

SYMPTOMS (Circle all that apply)

Cough  Hemoptysis  Productive Cough  Fever  Chills  Night Sweats  Weight Loss (>10%)

No Symptoms  Other: __________________________

Date of CXR: ______/_____/______  CXR Results (Circle one):  Normal  Abnormal

Have you been screened by the Office of Public Health? (Circle one):  YES  NO

Treatments received: ____________________________________________

I understand that if I have any symptoms of tuberculosis, I will seek immediate medical
attention from the Office of Public Health and notify clinical faculty.

STUDENT SIGNATURE ___________________________ DATE __________

Surgical Technology Program Director Approved: 3/2018  Review Yearly: 1/2019,1/2020
Dean of Nursing and Allied Health Approval 3/2018