



SCHOOL OF NURSING AND ALLIED HEALTH

Surgical Technology Health Form

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.

A licensed Healthcare Provider's name & practice information must be provided on practice letterhead, EMR records, or a practice stamp which includes the provider's name, phone number, and email or address should the program director have questions or need to clarify/ verify results).

ALL FORMS DUE – COMPLETED BY April 12, 2021 by 3:00-

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 accept the ASN Program files if requested by the student- LC will send them to the program for your files.

**SCHOOL OF NURSING AND ALLIED HEALTH
SURIGICAL TECHNOLOGY PROGRAM
HEALTH HISTORY FORM**

Complete student sections and bring to provider for physical exam

STUDENT INFORMATION

STUDENT PROGRAM: Surgical Technology

Full Name: _____

Address: _____
(Street) (City) State Zip

Date of Birth _____
Mo Day YYYY

Gender (Circle one) Male Female

IMMUNIZATION/VACCINATION HISTORY (completed by student or provider)

TETANUS/ACELLULAR PERTUSSUS (Tdap) OR BOOSTER

BOOSTER DATE _____
MO DAY YYYY

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 _____
MO DAY YYYY MO DAY YYYY MO DAY YYYY

Titer Date _____ RESULTS: IMMUNE NON-IMMUNE (Circle one)
MO DAY YYYY

Booster Date: _____ ***If Non-immune, please give current booster date within 6 months
MO DAY YYYY

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 _____
MO DAY YYYY MO DAY YYYY

Titer Date _____ RESULTS: IMMUNE NON-IMMUNE (Circle one)
MO DAY YYYY

Booster Date: _____ ***If Non-immune, please give current booster date within 6 months
MO DAY YYYY

MMR – MUMPS RUBELLA RUBEOLA (MEASLES) VACCINE OR BOOSTER

Vaccine Dose 1 _____ Dose 2 _____
MO DAY YYYY MO DAY YYYY

OR

Rubella/Rubeola Titer Date: _____ Results? Immune Non-immune (Circle one)
MO DAY YYYY

Booster Date: _____ ***If Non-immune, please give current booster date within 6 months
MO DAY YYYY

INFLUENZA VACCINE

Vaccine Dose 1 _____
MO DAY YYYY

COVID-19 (SARS) VACCINE

Vaccine Dose 1 _____ Vaccine Dose 2 _____
MO DAY YYYY MO DAY YYYY

Check here when you are attaching a signed Statement for the Covid-19 SARS immunization if receiving the vaccine is contraindicated, you are refusing (Form at end of application), or you are unable to receive the vaccine at this time (not released for the general public).

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: / / Normal Abnormal
MO DAY YYYY (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.

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.

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 to complete the necessary paperwork required (see the website for contact information). Determination of reasonable and appropriate accommodations will be made on an individual basis in the Surgical Technology department in consultation with the ADA officer.

Office of Student Services
3820 Sen. J Bennett Johnston Ave
Lake Charles, LA 70616
337-421-6969
800-256-2443

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.



SCHOOL OF NURSING AND ALLIED HEALTH
SURGICAL TECHNOLOGY HEALTH STATUS FORM
HEALTHCARE PROVIDER FORM

Full Name: _____ Date of Birth / /
MM DD YYYY

Ht: _____ Wt: _____ Temp: _____
 B/P: _____ HR: _____ Resp: _____

General appearance:

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
LUNGS			
CARDIOVASCULAR			
MUSCULOSKELETAL			
NEUROLOGICAL			
DERMATOLOGICAL			

Notes: **EMR or Office/Clinical notes should be attached with all lab records and/or immunization shot records.**

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:

Surgical Technology Program Director Approved: 3/2018
Dean of Nursing and Allied Health Approval 3/2018

Review Yearly: 1/2019;1/ 2021

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)*

PHYSICAL DEMANDS: Strength Requirements		Approximate frequency
Standing (most often in place)		80% of time
Walking		15% of time
Sitting		5% of time
Lifting	40-60 lbs	Frequently
Carrying	20 lbs	Frequently
Pushing	< 200 lbs	Frequently
Pulling	45-50 lbs	Frequently
Pushing with Assist	> 200 lbs	Occasionally
Climbing		Occasionally
Stooping		Frequently
Balancing and Kneeling		Frequently
Sensory Demands		
SIGHT REQUIREMENTS		Approximate frequency
Acuity, Near and Far		Constantly
Depth Perception		Constantly
Color Vision		Frequently
Field of Vision		Constantly
HEARING REQUIREMENTS		
Ordinary Conversation		Constantly
Other Sounds (low or muted tones)		Constantly
Interpret sounds accurately with ancillary noises or conversations occurring simultaneously		Constantly
MENTAL DEMANDS and DISCIPLINE		
Reading		Constantly
Reasoning and Problem Solving		Constantly
Organization		Constantly
Math		Occasionally
Language		Constantly
Detailed Work		Constantly
Multiple Concurrent Tasks and Interruptions		Constantly
Stress		Constantly
Confidentiality		Constantly
Training classes		Occasionally
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

PROVIDER'S PRINTED NAME	DATE
PROVIDER'S ORIGINAL SIGNATURE	DATE





**SCHOOL 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