Dear Prospective Medical Assisting Student:

Thank you for your interest in the Medical Assisting program here at Ivy Tech Community College. If you are planning to start the Technical Certificate program there are a few items, which you need to be aware:

This program has additional requirements including a physical assessment, health history, immunization records, CPR training, criminal background checks, and drug testing. Results may prevent entry, progression or completion of program. If these requirements are not completed when needed you will be dropped or not allowed to register for a class(es).

On the back of this cover letter is a checklist of items that are required by the Medical Assisting program. I strongly recommend that you contact me to schedule an appointment to discuss the course requirements before completing the attached form.

If you have any questions about the program, requirements, or classes, please contact me for an appointment. (260) 482-9171 x 2541 or via email at: pneu@ivytech.edu. All paperwork is turned into the mailbox outside of the Medical Assisting lab-room CC1359 Coliseum Campus.

Sincerely,

Pamela L. Neu, CMA (AAMA)
Program Chair
Medical Assisting Department
pneu@ivytech.edu
260-482-9171 x 2541
CHECKLIST
MEDICAL ASSISTING PROGRAM

1. Completed Admission Process to the college
   (College admissions and placement testing)

2. Complete health physical, drug screen, and criminal background check and turn in
   before the first semester of the medical assisting. This includes all updated
   vaccinations. Must be completed and signed by an MD/DO, NP, or PA. Place in the
   metal box in front of CC1359. Keep a copy for your records!

3. CPR training MUST be completed prior to or before completing the MEAS 238 class.
   Certification must be Health Care Provider level with CPR (infant, child, adult) +
   AED.
   -American Heart Assoc. -BLS ("Basic Life Support")
   -American Red Cross ("Professional Rescuer level")
   COPY OF CARD MUST BE ON FILE BEFORE COMPLETION OF MEAS 238.

3. Once you are registered for class, you are to buy your books. Textbooks are available
   direct through the college bookstore or can be ordered through the online bookstore.
   Regardless of where you get the textbook, you will need to order a student name badge
   from our local bookstore. This name badge is a required part of the uniform and must
   be worn to class and externship.

4. Uniforms: The medical assisting program has required uniforms. The uniform policy is
   attached. All students in a MEAS classroom setting must be in uniform.

Any question about the requirements listed above should be directed to the Program Chair
at: pneu@ivytech.edu or 260-482-9171 x 2541.

*NOTE: any positive findings on the criminal background or drug screen may eliminate the
possibility of participating in the required externship, which will result in the inability to
complete the program. Likewise, positive findings will likely delay or even eliminate the
possibility of applying or receiving the national certification.
Uniform Policy

Students are required to be in full uniform for all lab classes, laboratory field trips, and for externships. Barrier precaution is used in the laboratory class based on anticipated exposure. Clinical classes may vary uniform requirements according to each practice session. Any student not in uniform are warned once and not admitted to class the second time. Medical Assistant classes requiring uniforms are those classes that begin with MEAS.

General education courses such as Anatomy & Physiology, English or Psychology do not need to be in uniform.

Medical Assistant Proper full uniform and professional appearance includes:

- Steel or pewter (dark grey) uniform pants (required for clinical and administrative) These must be hemmed off the floor and kept clean and spot free
- Teal uniform shirt from James Medical on North Coldwater Road or Uniforms and More on West Jefferson or from the Ivy Tech Bookstore (Barnes and Noble). These tops must fit even after washed, kept clean, and neat at all times. If you wish to purchase elsewhere, see the bookstore on campus for the name of the brand they currently stock.
- Clinical I students are required to wear the official uniform top color of Royal Blue with black side insets. This uniform is the Wonder Wink Mock Wrap Knit Panel Top (Four Stretch). You will wear black uniform pants. These will be required for MA externships.
- white or flesh-colored undergarments-if wearing a cami it cannot stick out the bottom of the hem, wearing any long-sleeved gray, black, or white shirt (not long underwear), must be tucked into pants
- regular hose - plain, or clean black/grey crew socks (solid color)
- Black or Grey leather (solid color), or solid white, closed toe, closed heel shoes kept clean with clean shoe laces that match the shoe color.
- student name tag available for order from The New Edition Bookstore
- hair-clean and tied back away from the face-plain head bands may be worn, no ornaments such as flowers, sequins, or combs
- fingernails - short and clean (1/4 inch recommended) no nail polish except clear
- a white lab coat or black fleece zip up jacket, women/men’s, may be worn for warmth NOT A HOODIE.

A complete uniform policy is located in the Student Handbook that will be on your class Canvas.
Ivy Tech Community College of Indiana
School of Health Sciences
Vaccination and Physical Examination Form

Instructions:
- This completed and signed form, including any additional documentation must be submitted prior to starting the program.
- Required documentation includes immunity status, tuberculosis screening, physical examination and validation of student’s ability to perform the Essential Functions of Nursing/Health Sciences Students.
- The health care provider must complete and sign all sections as indicated.
- It is the student’s responsibility to ensure that the form is complete and signed in all required areas prior to submission to the nursing program.

THIS SECTION TO BE COMPLETED BY THE STUDENT

Student Name: ___________________________ Student ID: C ___________________________ Date of Birth __/__/____

Address: ____________________________________________________________

Phone: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Email: ____________________________________________________________

- I understand that the information on this form or the form itself may be given to clinical affiliate sites as required for institutional accreditation.
- Qualified applicants to the School of Nursing/School of Health Sciences are expected to meet all admission criteria as well as the Essential Functions of Nursing/Health Sciences Students. Students with documented need for accommodations are to meet with the campus Disabilities Support Services Representative.
- By signing this agreement, I affirm that I meet all requirements listed below and I do not have any physical or mental limitations which would prevent me from performing the essential functions described below.

________________________________________________________________________
Name of Student (PRINT)   Student Signature   Date
### SECTION I: IMMUNITY STATUS

- Documentation of immunity requires proof of immunization or serologic evidence of immunity.
- If the initial titer is negative, vaccination according to CDC guidelines is required.
- If the student declines one or more the following vaccinations, a *Student Vaccination Declination Form* must be completed and signed by the student and health care provider. Forms are available from the Nursing or Health Science Office.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date of Vaccination(s)</th>
<th>Date of Titer(s) Showing Immunity if No Vaccination</th>
<th>If Titer Negative for Immunity, Date of Vaccination(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B #1</strong></td>
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<tr>
<td><strong>Hepatitis B #2 (1 mo. following #1)</strong></td>
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<tr>
<td><strong>Hepatitis B #3 (5 mo. following #2)</strong></td>
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<tr>
<td><strong>Influenza (1 dose annually)</strong></td>
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</tr>
<tr>
<td><strong>Measles (2 doses, 4 weeks apart)</strong></td>
<td>MMR</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mumps (1 dose)</strong></td>
<td>1:</td>
<td>1:</td>
<td></td>
</tr>
<tr>
<td><strong>Rubella (1 dose)</strong></td>
<td>2:</td>
<td>2:</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella (2 doses, 4 weeks apart)</strong></td>
<td>1:</td>
<td>1:</td>
<td></td>
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<tr>
<td></td>
<td>2:</td>
<td>2:</td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, Diphtheria, &amp; Pertussis (Tdap) – (1 dose)</strong></td>
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<tr>
<td><strong>Tetanus (Td) Booster (every 10 years after Tdap)</strong></td>
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<tr>
<td><strong>Tetanus</strong></td>
<td></td>
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<tr>
<td><strong>Diphtheria</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pertussis</strong></td>
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</tr>
</tbody>
</table>

**NOTE:** If Titer Negative for Immunity, Date of Vaccination(s)

### SECTION II: TUBERCULOSIS SCREENING

- Tuberculin skin testing (TST) or other TB testing by Quantiferon TB Gold blood, T-Spot, or Xpert MTB/RIF Assay is required.
- A chest x-ray is required if any test results are positive, or if the student has written documentation of a prior positive Tuberculin Skin Test or treatment for TB disease.

### TUBERCULIN SKIN (MANTOUX) TEST:

- For students **with** a documented negative tuberculin skin test within the preceding 12 months, the last annual results may be recorded for first test and the current test must be recorded for second test. Students will be required to show proof of the original Mantoux.
- For students **without** a documented negative tuberculin skin test in the preceding 12 months, baseline tuberculin skin testing must employ a two-step method, with the second test repeated in 1-3 weeks.
FORM VERSION: School of Health Sciences Vaccination and Physical Exam Form 11/2015

FIRST TEST:
Date given: ___/___/___ time: ___ Date Read: ___/___/___ time: ___ Results: ___ mm
☐ Negative ☐ Positive (chest x-ray required)

PROVIDER PRINTED NAME: ____________________________
PROVIDER SIGNATURE: ____________________________

SECOND TEST:
Date given: ___/___/___ time: ___ Date Read: ___/___/___ time: ___ Results: ___ mm
☐ Negative ☐ Positive (chest x-ray required)

PROVIDER PRINTED NAME: ____________________________
PROVIDER SIGNATURE: ____________________________

QUANTIFERON TB GOLD (QFT-GIT), T-Spot, or Xpert MTB/RIF Assay TEST:
Results: Date of test: ___/___/___
☐ Negative ☐ Positive (chest x-ray required)

PROVIDER PRINTED NAME: ____________________________
PROVIDER SIGNATURE: ____________________________

CHEST X-RAY: (Required if Tuberculin skin test (Mantoux), Quantiferon TB Gold (QFT-GIT), T-Spot, or Xpert MTB/RIF Assay test is POSITIVE)

Date of chest x-ray: ___/___/___ ☐ Normal ☐ Abnormal

PROVIDER PRINTED NAME: ____________________________
PROVIDER SIGNATURE: ____________________________


SECTION III: PHYSICAL EXAMINATION & ESSENTIAL FUNCTIONS OF NURSING/HEALTH SCIENCES STUDENTS
Qualified applicants to the School of Health Sciences are expected to meet all admission criteria as well as the Essential Functions for Health Sciences Students.

Note: Students with disabilities requiring accommodations must meet with the College Disabilities Support staff.
In addition to the *Essential Functions* listed below, students are expected to provide proof of the following items while enrolled in the nursing program, which may include, but are not limited to:

- annual flu shots;
- all required immunizations including Hepatitis B series;
- annual TB skin testing (Mantoux) or other documentation for positive tests per CDC guidelines; ([http://www.cdc.gov/tb/publications/factsheets/default.htm](http://www.cdc.gov/tb/publications/factsheets/default.htm))

<table>
<thead>
<tr>
<th>Functional Ability/Category</th>
<th>Standard</th>
<th>Representative Activity/Attribute</th>
<th>Health Care Provider Initials</th>
</tr>
</thead>
</table>
| Motor Abilities             | • Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care. | • Mobility sufficient to carry out patient care procedures such as assisting with ambulation of patients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces, such as treatment room or operating suite.  
  • Move within confined spaces, sit and maintain balance, reach above shoulders, and reach below waist.  
  • Twist, bend, stoop/squat, move quickly (e.g. response to an emergency), climb (e.g., ladders/stools/stairs), and walk.  
  • Physical endurance to push and pull 25 pounds (e.g., position patients), support 25 pounds (e.g., ambulate patient), lift 25 pounds (e.g., pick up a child, transfer a patient), move light object weighing up to 10 pounds, move heavy objects, defend self against combative patient, carry equipment/supplies, use upper body strength (e.g., perform CPR, restrain a patient), and squeeze with hands (e.g., operate fire extinguisher). | |
| Manual Dexterity            | • Demonstrate fine motor skills sufficient for providing safe patient care. | • Motor skills sufficient to handle small equipment, such as insulin syringe and administer medications by all routes. Pick up objects with hands, grasp small objects with hands, write with pen or pencil, key/type using computer, pinch/pick or otherwise work with fingers (e.g., manipulate syringe), twist or turn knobs or objects using hands, squeeze with finger(s). | |
| Perceptual/ Sensory Ability | • Sensory/perceptual ability to monitor and assess patients. | • Sensory abilities sufficient to hear alarms, auscultate sounds, and hear cries for help, etc.  
  • Visual acuity to read calibrations on 1 cc syringe, assess color (e.g., cyanosis, pallor, identify color of body fluids, etc.).  
  • Tactile ability to palpate pulses, feel skin temperature, palpation veins, etc.  
  • Olfactory ability to detect smoke or noxious odors | |
| Behavioral/ Interpersonal/ Emotional | • Ability to relate to colleagues, staff and patients with honesty, civility, integrity and nondiscrimination.  
  • Capacity for development of mature, sensitive and effective therapeutic relationships.  
  • Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds. | • Demonstrates emotional skills sufficient to remain calm in an emergency situation.  
  • Demonstrates behavioral skills sufficient to the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients.  
  • Adapts rapidly to environmental changes and multiple task demands. | |
<table>
<thead>
<tr>
<th>Functional Ability/Category</th>
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</tr>
</thead>
</table>
| Communication               | • Ability to communicate through verbal and written English language with accuracy, clarity and efficiency with patients, their families and other members of the health care team (including spoken and non-verbal communication, such as interpretation of facial expressions, affect and body language).  
  • Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy.  
  • Communicate professionally and civilly to the healthcare team including peers, instructors, and preceptors. | • Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in health care team discussions of patient care.  
  • Elicits and records information about health history, current health state and responses to treatment from patients or family members.  
  • Establishes and maintain effective working relations with patients and co-workers.  
  • Teaches (e.g., patient/family about health care), explains procedures, gives oral reports (e.g., reports on patient’s condition to others), interacts with others (e.g., health care workers), speaks on the telephone, influences people, and directs activities of others.  
  • Conveys information through writing (e.g., medical documentation). |                                                            |

**THIS SECTION TO BE COMPLETED BY A PHYSICIAN, LICENSED PHYSICIAN ASSISTANT, OR LICENSED REGISTERED NURSE PRACTITIONER**

I have reviewed the student’s immunity status documentation and verified this information to be accurate, including initiation of immunization series.

- Yes □ No □

I have reviewed results of TB screening and verify that the student is free of active tuberculosis.

- Yes □ No □

I have reviewed the Essential Functions for Nursing/Health Sciences requirements with the student, and based on my assessment and the medical history and information provided by the patient, I have not identified any physical or mental limitations which would prevent the student from performing the essential functions described above.

- Yes □ No □

**PROVIDER PRINTED NAME/CREDENTIALS:**

(MD, DO, NP, PA)

**PROVIDER SIGNATURE:**


**PROVIDER PHONE:** ______-______-______  **DATE:** ____________
Mycb.castlebranch.com
Student Instructions

Background Check

Ivy Tech Community College NE: Medical Assisting, Health Care Support, Health Information Technology
The above organization has chosen CastleBranch as an approved source for background checks and drug testing.

About Castlebranch.com

CastleBranch is a background check and drug testing service that allows students to purchase their own background check and/or drug test. The results of the background and/or drug test are posted to the CastleBranch website in a secure, tamper-proof environment, where the student, as well as organizations can view the background check and drug screen. For the Medical Assisting program, students need to print their results and hand them in with the Medical Assisting Externship packet. The results may be viewed online by authorized Ivy Tech personnel.

To order your background check and/or drug testing from CastleBranch, please follow the instructions below.

1. Go to www.mygb.castlebranch.com
2. Click on “Place Order” in the right corner, after inserting the appropriate code listed below.
   • iV12N-for background check AND drug test
   • iV12ndt-for drug test only
   • iV12nbg for background check only
3. Complete user information and follow instructions.
4. Select a method of payment and submit.
5. Once your order is submitted, you will receive a password via email, to view the results of your background check and/or drug test. The results will be available in approximately 72 hours.

NOTES:

1. Your package contains a Drug Test. **After your order is completed, within two to three business days, check your email for a confirmation page to print out that includes a bar code to take to the lab to submit your urine drug test sample. Results of your background check will be available only after you have submitted your drug test sample and the lab has returned the results.
2. To view the status of your order go to www.mygb.castlebranch.com and click on “View Order”.

Directions to LabCorp for Urine Drug Testing
6033 North Clinton Street Fort Wayne, IN

1. From Ivy Tech Community College at 3800 N. Anthony Blvd. head north to Coliseum Blvd.

2. Turn left on Coliseum Blvd.

3. Turn right at the second right onto Parnell Avenue.

4. Road will curve into North Clinton Street-follow North Clinton for approximately 1.2 miles. Go through the intersection of Washington Center Road. You will see Dwenger High School on your left.

5. PA Labs will be on your left in the strip mall.