

Nursing Assistant Long Term Care Nursing Home Clinical Student Health Requirements

WCTC School of Health
800 Main Street
Pewaukee, WI 53072
na@wctc.edu

1.	Student's Last Name	First Name	M.I.	Date of Birth	Student ID#	Program Nursing Assistant
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2.	COVID Vaccination Required of all students who are scheduled to be in a clinical site. Documented proof of COVID-19 vaccination OR approved waiver must be presented to the instructor the first day of class. Documentation of the COVID vaccination includes either Documentation from WI Immunization Registry (WIR) or Signed letter from healthcare provider who administered the vaccine including the manufacturer, lot number, and date(s) administered. Copy of vaccination card is NOT approved documentation.					
	Date of 1 st immunization:	QHCP Name:	QHCP Signature:	Date:		
	Date of 2 nd immunization:	QHCP Name:	QHCP Signature:	Date:		
	Date of 1 st booster:	QHCP Name:	QHCP Signature:	Date:		
	Date of 2 nd booster:	QHCP Name:	QHCP Signature:	Date:		

3a.	2-Step Tuberculin (TB) Skin Test Written proof of two consecutive negative TB skin test results within the last 12 months. The two tests must be 7-21 days apart. The time between each administration and reading is 48-72 hours. WCTC recommends TB skin tests be completed at a <u>ProHealth Works</u> location. See page 2 for a location near you.					
1 st Test	Date given:	Time given:		QHCP Signature:	Date:	
	Date read:	Time read:	Results:	QHCP Signature:	Date:	
2 nd Test	Date given:	Time given:		QHCP Signature:	Date:	
	Date read:	Time read:	Results:	QHCP Signature:	Date:	
Students with a history of positive reactions to TB skin tests must have a Quantiferon blood test. The two tests below are not required to be administered at a <u>ProHealth Works</u> location. Students can choose to have a Quantiferon in a place of a 2-step TB test.						

3b.	Quantiferon Blood Test					
OR 3c.	Date:	Results:	QHCP Signature:			
	Chest X-Ray					
	Date:	Results:	QHCP Signature:			

4.	Flu Vaccine Required of all students who are scheduled to be in a clinical site between October 1 and March 31.					
	Date of last booster/immunization:	QHCP Name:	QHCP Signature:	Date:		

Student Validation and Signature

I understand that the information provided on this form may be shared with WCTC-associated clinical and field sites and consent to its release. I understand that WCTC cannot guarantee allergen-free clinical or field sites and, if I have an allergy or sensitivity to a particular allergen, it is my responsibility to mitigate potential reactions through appropriate means. I further affirm that the information contained within this form is true and accurate.

Student Signature _____

Date _____

RETURN COMPLETED FORM TO INSTRUCTOR ON FIRST DAY OF CLASS.

Instructor/Date _____



WAUKESHA
COUNTY TECHNICAL
COLLEGE

Nursing Assistant Long Term Care Nursing Home Clinical Student Health Requirements (Continued)

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HEALTH REQUIREMENTS MAY BE COMPLETED AT A PROHEALTH SITE BELOW			
<p>Waukesha</p> <p>ProHealth Medical Group (Sunset) 1011 Spring City Dr.</p> <p>262.928.5900</p>	<p>Oconomowoc</p> <p>ProHealth Medical Group 1185 Corporate Center Dr. Suite 150</p> <p>262.928.5900</p>	<p>Mukwonago</p> <p>ProHealth Medical Group 240 W. Maple Ave.</p> <p>262.928.5900</p>	<p>New Berlin</p> <p>ProHealth Medical Group 13900 W. National Ave.</p> <p>262.928.5900</p>
<p>Watertown</p> <p>ProHealth Medical Group 109 Air Park Dr.</p> <p>262.928.5900</p>	<p>Brookfield</p> <p>ProHealth Medical Group 195 Discovery Dr. Second Floor</p> <p>262.928.5900</p>	<p>Sussex</p> <p>ProHealth Medical Group N57W24950 N. Corporate Circle</p> <p>262.928.5900</p>	

ProHealth charges \$18/per TB Test, \$40 for Flu vaccine and \$95 for TB blood test (Quantiferon Gold).