Parkland College Health Professions

Health Guidelines

Updated November 2023

Health Guidelines

- You will be held accountable for ALL information in this document so take time to familiarize yourself with the information.
- If you have ANY questions regarding the health requirements, please contact healthrecord@parkland.edu
- Castle Branch (www.castlebranch.com) is the company that Parkland College has designated as the repository for the health record information, background checks, drug screen results and Basic Life Support (BLS).
- All information will be uploaded and APPROVED by Castle Branch. Castle Branch renewal dates are 5/15 (Summer clinical), 7/15 (Fall clinical), and 12/15 (Spring clinical) see slide 12 for the renewal schedule. **Be sure to allow review time for Castle Branch the current turn around time for review is 10 business days.**

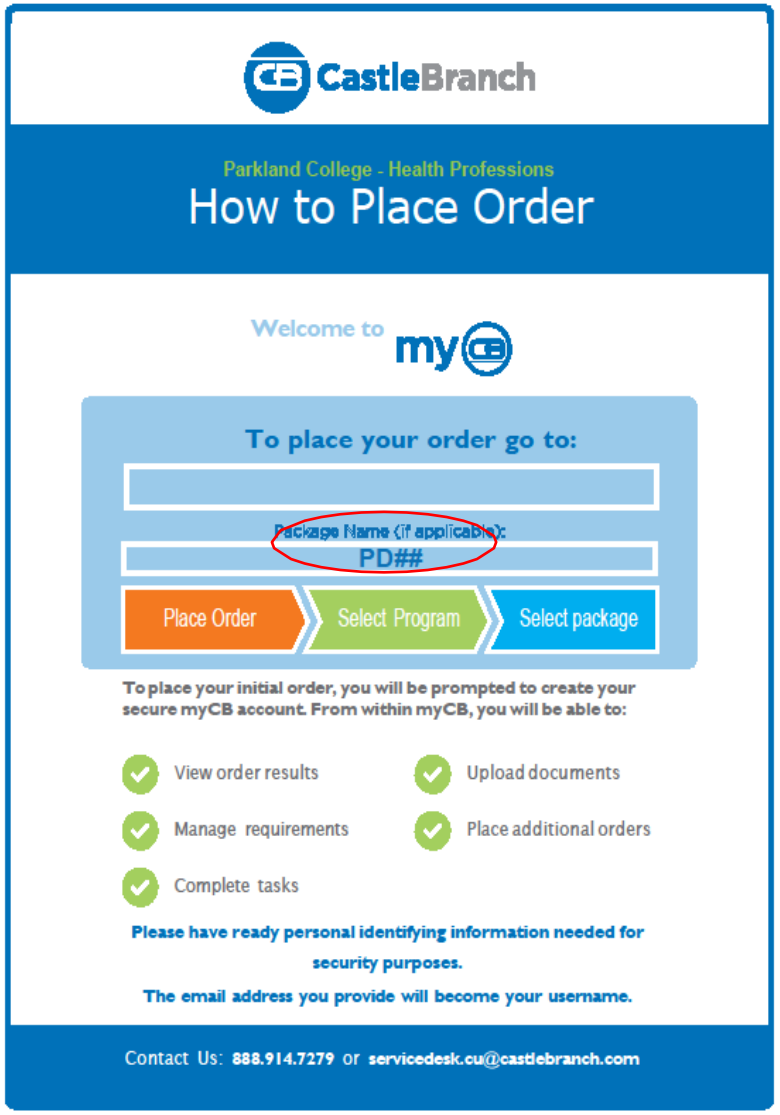
Castle Branch

- You will go to www.castlebranch.com and place your order with the program package code you received by your program director/instructor

  ***Only enter the code one time!

- Be sure to remember your login information
- Any extra accounts created that cannot be canceled will be billed to the student via Parkland

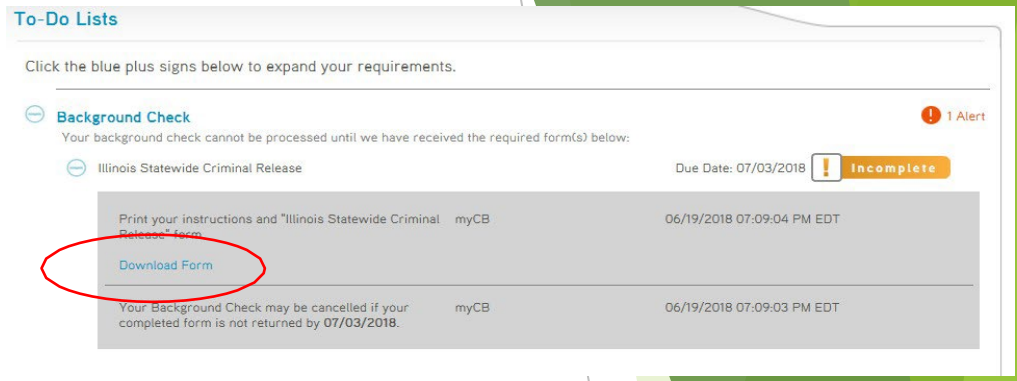
If you have questions, please call Castle Branch at 888-723-4263. 8am-8pm EST Monday - Thursday, 8am-6:30pm EST Friday

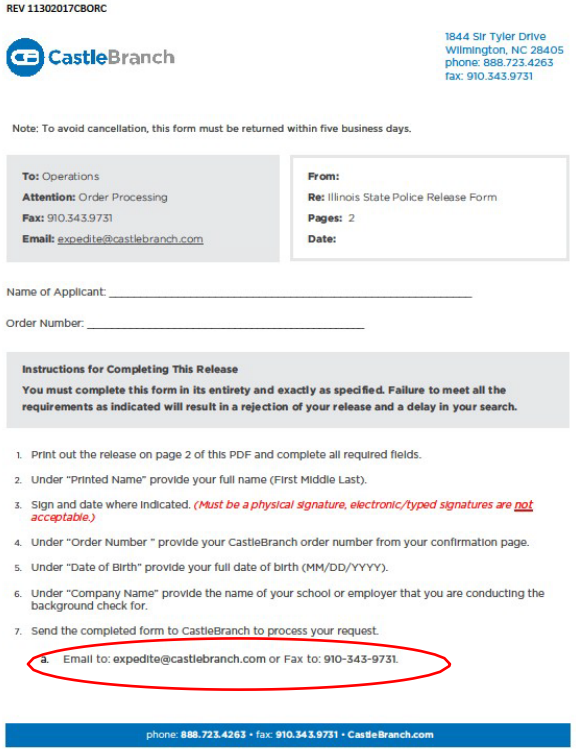


Castle Branch IL Background Authorization

- Once your account is created you will need to select the Background Check
  - Download the file
  - Print and sign the document
  - Scan and send to the email address on the instruction page (this document does not get uploaded to Castle Branch)

Your background will not be processed until this document has been returned to Castle Branch so they can run your Illinois Background. Failure to complete this task may result in being dropped from your program.




REV 11302017CBORC

CastleBranch

1844 Sir Tyler Drive
Wilmington, NC 28405
phone: 888.723.4263
fax: 910.343.9731

Note: To avoid cancellation, this form must be returned within five business days.

To: Operations
Attention: Order Processing
Fax: 910.343.9731
Email: expedite@castlebranch.com

From:
Re: Illinois State Police Release Form
Pages: 2
Date:

Name of Applicant: _____

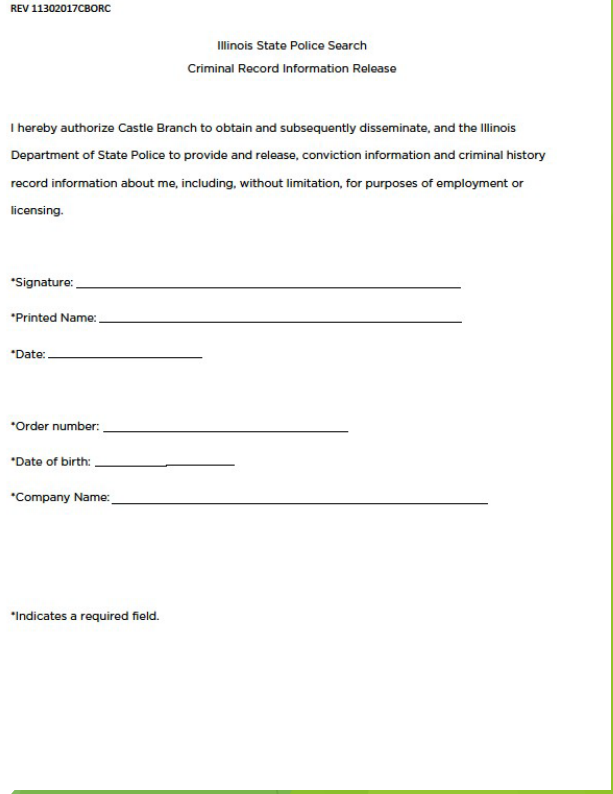
Order Number: _____

Instructions for Completing This Release

You must complete this form in its entirety and exactly as specified. Failure to meet all the requirements as indicated will result in a rejection of your release and a delay in your search.

1. Print out the release on page 2 of this PDF and complete all required fields.
2. Under "Printed Name" provide your full name (First Middle Last).
3. Sign and date where indicated. *(Must be a physical signature, electronic/typed signatures are not acceptable.)*
4. Under "Order Number " provide your CastleBranch order number from your confirmation page.
5. Under "Date of Birth" provide your full date of birth (MM/DD/YYYY).
6. Under "Company Name" provide the name of your school or employer that you are conducting the background check for.
7. Send the completed form to CastleBranch to process your request.
   a. Email to: expedite@castlebranch.com or Fax to: 910-343-9731.

phone: 888.723.4263 • fax: 910.343.9731 • CastleBranch.com


REV 11302017CBORC

Illinois State Police Search
Criminal Record Information Release

I hereby authorize Castle Branch to obtain and subsequently disseminate, and the Illinois Department of State Police to provide and release, conviction information and criminal history record information about me, including, without limitation, for purposes of employment or licensing.

*Signature: _____

*Printed Name: _____

*Date: _____

*Order number: _____

*Date of birth: _____

*Company Name: _____

*Indicates a required field.

Castle Branch IL Background Authorization Cont.

- Castle Branch has been contacting students more frequently to confirm name, gender, SSN, address, etc. Be sure you are checking the email used to set up your account frequently.

- Failure to reply to their email in a timely manner may result in your background being canceled!

Castle Branch Drug Screen

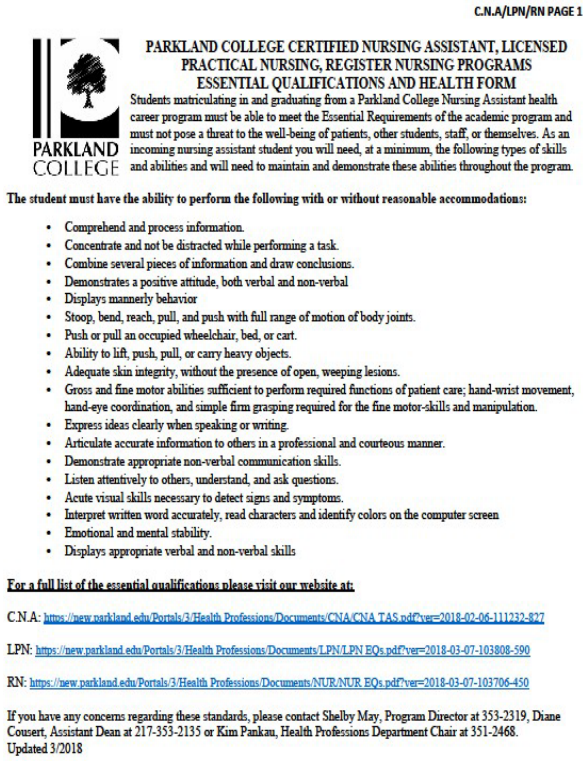
- Once the account is created you will need to select the Drug Test
  - Download and print the file
  - This is the document you will take with you to have your drug test completed

You will be contacted by Castle Branch if there are any questions regarding your drug results.

Physical Forms

- ALL pages of the physical must be taken to your healthcare provider
- -The physical can be completed by a physician or their authorized personnel (i.e. Physician Assistant or Nurse Practitioner)
- Your healthcare provider will need to sign/stamp that the physical exam was done and that the student is able to meet all Essential Qualifications (stated on page 1 of the form)
- Your healthcare provider **MUST** checks all boxes

Physical Forms:
https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms



C.N.A/LPN/RN PAGE 1

PARKLAND COLLEGE

PARKLAND COLLEGE CERTIFIED NURSING ASSISTANT, LICENSED PRACTICAL NURSING, REGISTER NURSING PROGRAMS ESSENTIAL QUALIFICATIONS AND HEALTH FORM

Students matriculating in and graduating from a Parkland College Nursing Assistant health career program must be able to meet the Essential Requirements of the academic program and must not pose a threat to the well-being of patients, other students, staff, or themselves. As an incoming nursing assistant student you will need, at a minimum, the following types of skills and abilities and will need to maintain and demonstrate these abilities throughout the program.

The student must have the ability to perform the following with or without reasonable accommodations:

- Comprehend and process information.
- Concentrate and not be distracted while performing a task.
- Combine several pieces of information and draw conclusions.
- Demonstrates a positive attitude, both verbal and non-verbal
- Displays mannerly behavior
- Stoop, bend, reach, pull, and push with full range of motion of body joints.
- Push or pull an occupied wheelchair, bed, or cart.
- Ability to lift, push, pull, or carry heavy objects.
- Adequate skin integrity, without the presence of open, weeping lesions.
- Gross and fine motor abilities sufficient to perform required functions of patient care; hand-wrist movement, hand-eye coordination, and simple firm grasping required for the fine motor-skills and manipulation.
- Express ideas clearly when speaking or writing.
- Articulate accurate information to others in a professional and courteous manner.
- Demonstrate appropriate non-verbal communication skills.
- Listen attentively to others, understand, and ask questions.
- Acute visual skills necessary to detect signs and symptoms.
- Interpret written word accurately, read characters and identify colors on the computer screen
- Emotional and mental stability.
- Displays appropriate verbal and non-verbal skills

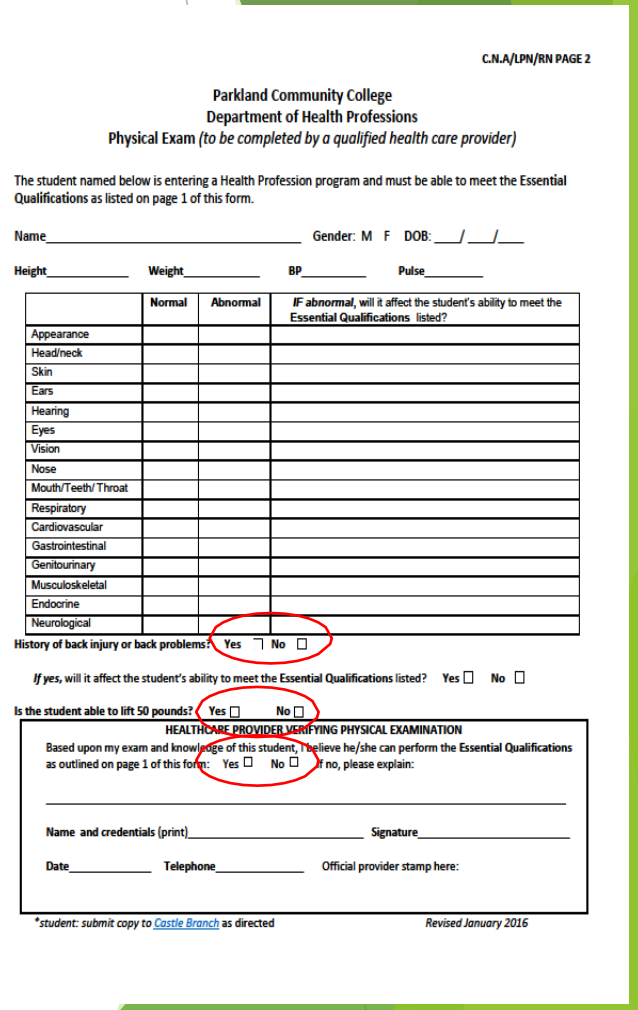
For a full list of the essential qualifications please visit our website at:

C.N.A: https://new.parkland.edu/Portals/3/Health Professions/Documents/CNA/CNA TAS.pdf?ver=2018-02-06-111232-827

LPN: https://new.parkland.edu/Portals/3/Health Professions/Documents/LPN/LPN EQs.pdf?ver=2018-03-07-103808-590

RN: https://new.parkland.edu/Portals/3/Health Professions/Documents/NUR/NUR EQs.pdf?ver=2018-03-07-103706-450

If you have any concerns regarding these standards, please contact Shelby May, Program Director at 353-2319, Diane Cousert, Assistant Dean at 217-353-2135 or Kim Pankau, Health Professions Department Chair at 351-2468.
Updated 3/2018



C.N.A/LPN/RN PAGE 2

Parkland Community College
Department of Health Professions
Physical Exam *(to be completed by a qualified health care provider)*

The student named below is entering a Health Profession program and must be able to meet the Essential Qualifications as listed on page 1 of this form.

Name_____ Gender: M F DOB: ___/___/___

Height_____ Weight_____ BP_____ Pulse_____

	Normal	Abnormal	*IF abnormal*, will it affect the student's ability to meet the Essential Qualifications listed?
Appearance			
Head/neck			
Skin			
Ears			
Hearing			
Eyes			
Vision			
Nose			
Mouth/Teeth/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Endocrine			
Neurological			

History of back injury or back problems? Yes ☐ No ☐

If yes, will it affect the student's ability to meet the Essential Qualifications listed? Yes ☐ No ☐

Is the student able to lift 50 pounds? Yes ☐ No ☐

HEALTHCARE PROVIDER VERIFYING PHYSICAL EXAMINATION

Based upon my exam and knowledge of this student, I believe he/she can perform the Essential Qualifications as outlined on page 1 of this form: Yes ☐ No ☐ If no, please explain:

_____

Name and credentials (print)_____ Signature_____

Date_____ Telephone_____ Official provider stamp here:

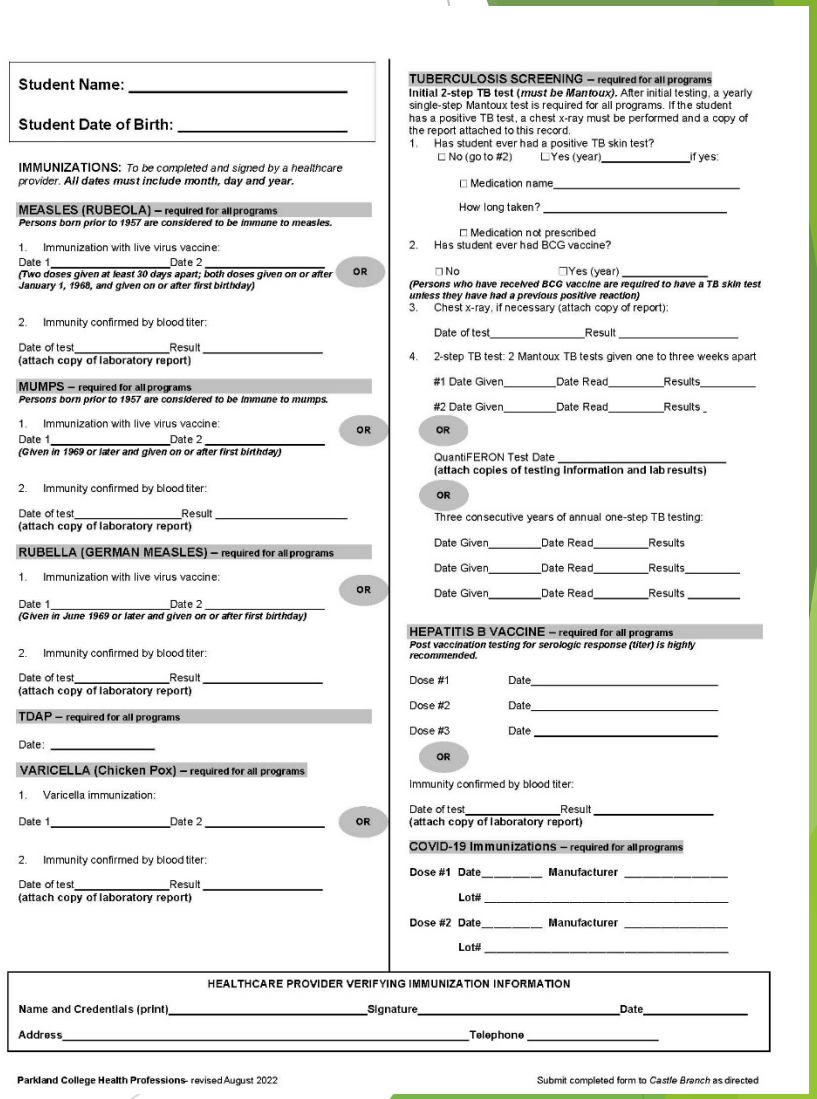
*student: submit copy to Castle Branch as directed

Revised January 2016

Immunization Record

- Immunization record must be completed by your healthcare provider or their authorized personnel (i.e. Physician Assistant or Nurse Practitioner)
- Your healthcare provider will need to sign/stamp that the immunization record
- If you have titers be sure to upload lab reports with the immunization record
- If you choose to upload an immunization summary you will need to be sure your Name, Provider/Facility and Immunization information is on the document

Immunization Form:
https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms



Student Name: _____

Student Date of Birth: _____

IMMUNIZATIONS: *To be completed and signed by a healthcare provider. All dates must include month, day and year.*

MEASLES (RUBEOLA) – required for all programs
Persons born prior to 1957 are considered to be immune to measles.

1. Immunization with live virus vaccine:
Date 1_____Date 2 _____
(Two doses given at least 30 days apart; both doses given on or after January 1, 1968, and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:
Date of test_____Result _____
(attach copy of laboratory report)

MUMPS – required for all programs
Persons born prior to 1957 are considered to be immune to mumps.

1. Immunization with live virus vaccine:
Date 1_____Date 2 _____
(Given in 1969 or later and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:
Date of test_____Result _____
(attach copy of laboratory report)

RUBELLA (GERMAN MEASLES) – required for all programs

1. Immunization with live virus vaccine:
Date 1_____Date 2 _____
(Given in June 1969 or later and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:
Date of test_____Result _____
(attach copy of laboratory report)

TDAP – required for all programs

Date: _____

VARICELLA (Chicken Pox) – required for all programs

1. Varicella immunization:
Date 1_____Date 2 _____

OR

2. Immunity confirmed by blood titer:
Date of test_____Result _____
(attach copy of laboratory report)

TUBERCULOSIS SCREENING – required for all programs
Initial 2-step TB test (*must be Mantoux*). After initial testing, a yearly single-step Mantoux test is required for all programs. If the student has a positive TB test, a chest x-ray must be performed and a copy of the report attached to this record.

1. Has student ever had a positive TB skin test?
☐ No (go to #2) ☐ Yes (year)_____if yes:
☐ Medication name_____
How long taken? _____
☐ Medication not prescribed
2. Has student ever had BCG vaccine?
☐ No ☐ Yes (year) _____
(Persons who have received BCG vaccine are required to have a TB skin test unless they have had a previous positive reaction)
3. Chest x-ray, if necessary (attach copy of report):
Date of test_____Result _____
4. 2-step TB test: 2 Mantoux TB tests given one to three weeks apart
#1 Date Given_____Date Read_____Results_____
#2 Date Given_____Date Read_____Results _

OR

QuantiFERON Test Date _____
(attach copies of testing information and lab results)

OR

Three consecutive years of annual one-step TB testing:
Date Given_____Date Read_____Results
Date Given_____Date Read_____Results_____
Date Given_____Date Read_____Results _____

HEPATITIS B VACCINE – required for all programs
Post vaccination testing for serologic response (titer) is highly recommended.

Dose #1 Date_____
Dose #2 Date_____
Dose #3 Date _____

OR

Immunity confirmed by blood titer:
Date of test_____Result _____
(attach copy of laboratory report)

COVID-19 Immunizations – required for all programs

Dose #1 Date_____ **Manufacturer** _____
Lot# _____
Dose #2 Date_____ **Manufacturer** _____
Lot# _____

HEALTHCARE PROVIDER VERIFYING IMMUNIZATION INFORMATION

Name and Credentials (print)_____**Signature**_____**Date**_____
Address_____**Telephone** _____

Parkland College Health Professions- revised August 2022

Submit completed form to *Castle Branch* as directed

Hepatitis B

- There must be documentation of one of the following:
  - Positive antibody (lab report required)

    OR
  - Declination waiver

- If you choose to obtain a titer after completing a declination you must contact Castle Branch so they can open the requirement for you to upload your new immunizations and titer

Hep B Declination form:
https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms

PARKLAND COLLEGE HEALTH PROFESSIONS

DECLINATION/ACCEPTANCE STATEMENT FOR HEPATITIS B VACCINE

NAME _____ ID #_____

HEALTH PROFESSION PROGRAM: _____

Check one of the following:

[ ] STANDARD DECLINATION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for acquiring hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to be at risk of exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I may receive the vaccination at that time.

[ ] TITER DECLINATION:

I acknowledge that while attending clinical as a student in a Parkland Health Professions program I am at risk of exposure to Hepatitis B through blood or other potentially infectious materials and while I choose to decline immunization or confirmed immunity via titer at this time, I may complete the 3 immunization series at any time, acknowledging that immunity cannot be verified unless all 3 immunizations have been received, AND a titer indicating a positive result for immunity has been received.

[ ] DELAY IN COMPLETION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for acquiring hepatitis B virus (HBV) infection. I have begun the Hepatitis B vaccination series at this time but will be unable to complete the series by the deadline provided to me. I understand that I continue to be at risk of acquiring Hepatitis B and understand the importance of completing the series of vaccinations as prescribed. Furthermore, I understand it is my responsibility to complete the series and provide a titer of immunity and upload the documentation of this series at a later date.

Signature_____ Date _____

2023 RS

Tdap

- Tdap administered as an adult (age 18+)
- Tdap expires after 10 years and cannot expire during a semester of your program.

2-step Tuberculosis (TB)

- 2-step TB test consist of 4 office visits
  - Receive 1st Injection
  - Return in 48-72 hours after 1st injection for the reading
  - Receive 2nd Injection; 1-3 weeks after 1st injection
  - Return 48-72 hours after 2nd injection for the reading
- Or student may provide 3 years of consecutive one-step TB test
- Or a QuantiFERON blood test may be completed but you must upload the lab report

2-step Tuberculosis (TB) cont.

- TB results must state if the results are **positive** or **negative** to be accepted.
- Yearly updates will only need to be a one-step

Positive TB

- You will need to submit a copy of a follow-up x-ray report.
- You do not need another chest x-ray unless you have symptoms.
- Your healthcare provider must document you are currently symptom-free when they do the physical examination to meet this requirement.

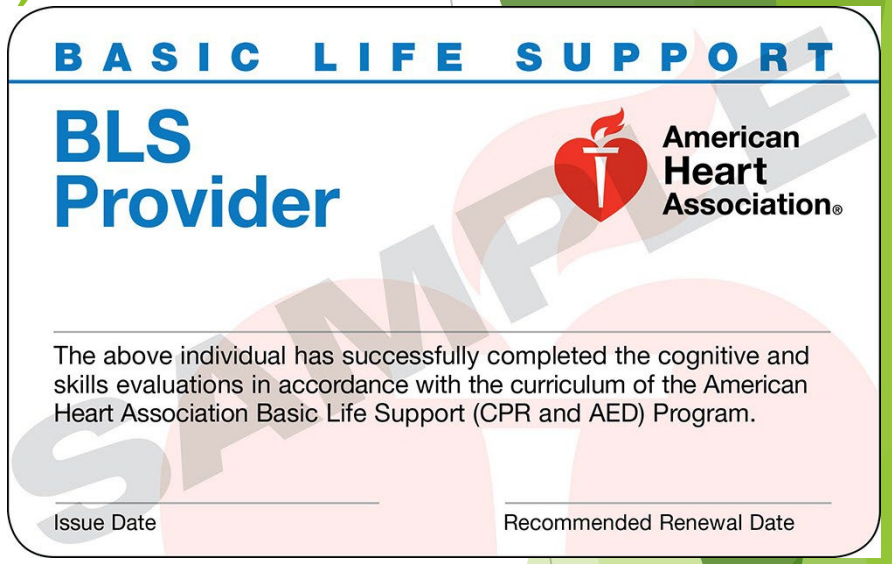
Basic Life Support (BLS)

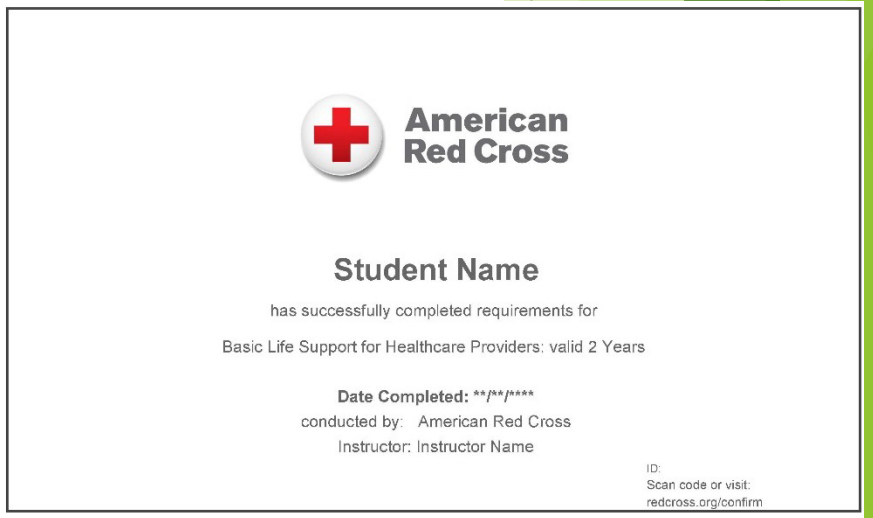
Formerly CPR

- Parkland Health Professions only accepts 2 types of BLS cards
  - American Heart Association Basic Life Support for Healthcare Provider

    OR
  - American Red Cross Basic Life Support for Healthcare Providers

If you have questions regarding if your BLS is correct contact healthrecord@parkland.edu





TB and BLS Renewal Schedule

- Must be current through the ENTIRE semester you are entering.
- This means you may need to renew before it is actually due.
- This means that you will need to stay aware of your TB and BLS expiration dates.
  - if administered between January and April, the renewal will be set for 12/15 of the same year
  - if administered between May and August, the renewal will be set for 5/15 of the following year
  - if administered between September and November, the renewal will be set for 7/15 of the following year
  - if administered in December, the renewal will be set for 12/15 of the following year

Flu Vaccine

- Flu vaccines are usually not available until September and documentation must be submitted and approved by October 15th or earlier depending on the clinical site.
- IF you submit a flu vaccine from a previous year it will be rejected
- Declination Form must be completed if you choose not to have a flu vaccine. Complete the declination form (link below), upload to Castle Branch, and email a copy to rstaley@parkland.edu
- Some clinical sites will not accept a declination except for documented medical conditions where it is contraindicated.
- Always check with your instructor regarding declinations.
- There may be other requirements specific to a clinical site when the vaccine is declined.

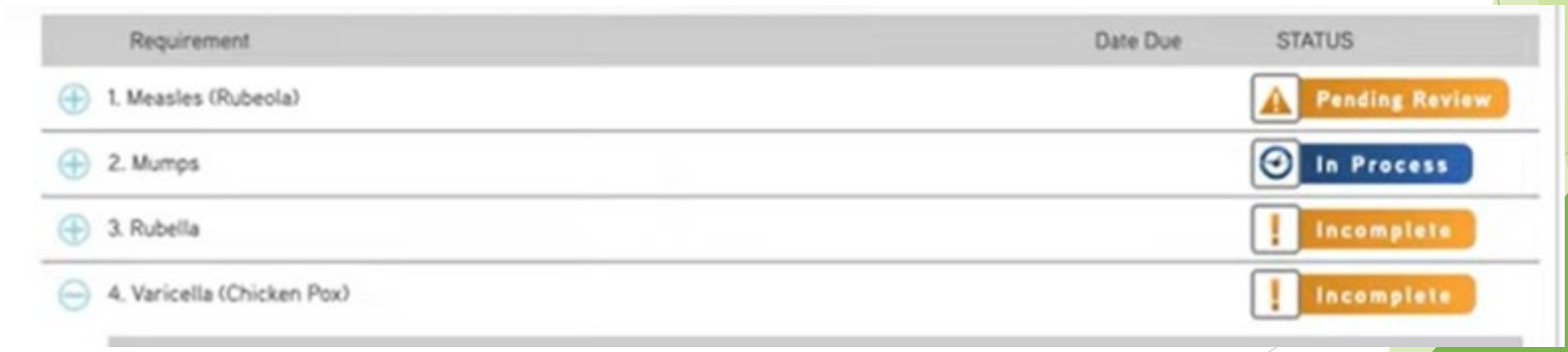
https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms

COVID-19 Vaccination Information

- Covid Vaccinations are required if an exemption is not granted.
- Upload the Covid vaccination card when the series is complete but before the health record deadline (December 15 for October 1 admits and July 15 for March 1 admits)
- EXEMPTIONS:
  - The exemption process can be found at Health Professions Health Record Requirement Policy
  - If an exemption is approved, the Dean of Health Professions will send an exemption form to be uploaded in your Castle Branch account.

Uploading to document tracker

- Once you have uploaded the document and submitted the status should show as a blue “In Process” for 30-40 seconds, if it does not change to the orange “Pending Review” there is likely an issue with the upload. Try reducing the size of the document but if you continue to have trouble contact Castle Branch customer service.



Uploading Documents

- It is always best to scan and upload documents rather than using the App on your phone due to blurry images
- Scanners are available in the Library or Health Professions on Mattis, H120
- For help with scanning please contact Cindy Reynolds at 217/353-2760 or creynolds@parkland.edu to schedule an appointment.
- For health related questions contact healthrecord@parkland.edu