Holyoke Community College Health Program Health Affiliate Form
ASN ~ PN ~ RDL Programs

Student ID# ____________________________

Please submit form by the Application Deadline.
Physical Exam Must Be performed within 12 months of application deadline

Section I: Identifying Information - Please print legibly

Name (last) _____________________________ (first) ___________________________ MI __________________

Address _________________________________ Phone __________________________

DOB: _______ email __________________________

Section II: Significant Medical History - to be completed by Health Care Provider (HCP) (include diagnoses of physical and/or emotional problems, impairments or restrictions, medications taken, allergies, drug sensitivities, etc.)

Physical exam done by a licensed HCP (MD, NP, PA, DO):

Date of physical exam: _______________

HEENT Pulmonary Musculoskeletal Pulses
Neck GI Lymphatic Neuro
Cardiac GU Skin

By signing on the line below the clinician states that this student is safe and capable of performing academic and clinical functions.

HCP Signature ___________________________ Printed Name __________________________

Address _________________________________ Phone __________________________ Date ______________

Section III: Immunization Records -
Attach Copies of: • Immunization Records • X-ray & Original Lab Titer Reports (not flow sheets)

Health Requirements:

1. Health Affiliate record for physical exam – completed, signed, stamped, and dated by HCP; completed within 12 months of the application deadline.

2. Positive Lab titer reports for Hepatitis B surface Ab, measles Ab, mumps Ab, rubella Ab, and varicella Ab. In the case of a NEGATIVE or EQUIVOCAL titer result, documentation of a full series of post-titer booster vaccines must be completed and submitted to ADB Compilo.

3. Adult Tdap – is required (within 10 years and must remain current throughout duration of program). In the case of a NEGATIVE or EQUIVOCAL titer result, documentation of one post-titer Tdap must be submitted to ADB Compilo. Td is not acceptable.

4. Mandatory annual TB screening is required for all students. To be completed AFTER acceptance into the program. See Health & Immunization Requirement & Acknowledgment form for specific details.

5. Mandatory annual Seasonal Flu vaccine is required for all students; vaccines are administered yearly. Documentation of the Flu vaccine must be submitted to ADB Compilo by October 15th. Waivers are not allowed.

6. 1 dose MenACWY (formerly MCV4) required for all health students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student’s 16th birthday. Doses received at younger ages do not count towards this requirement.

7. It is the student’s responsibility to keep health requirements current throughout the duration of the program. Students must notify the Department Chair if health changes occur. Failure to do so will result in the student’s inability to attend clinical.

8. Please note these requirements may be subject to change per clinical agency request.

THIS BOX MUST CONTAIN THE OFFICIAL STAMP OF HCP WHO COMPLETES FORM

Documentation of all Health Requirements must be submitted to American DataBank by the application deadline

9/2019