



MARICOPA
COMMUNITY COLLEGES

Maricopa Community Colleges
Healthcare Student Manual

April 2025 through June 2026

Maricopa Community Colleges Healthcare Student Manual

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Academic Healthcare Program Guidelines

For the protection of students, employees and patients, students enrolled in Maricopa Community Colleges Healthcare Programs (that include assignment to patient care facilities such as hospitals, ambulatory care clinics, skilled nursing facilities and other health care settings) requires that students comply with the following guidelines, in addition to the policies and procedures in the catalogs and student handbooks.

1. General Health Requirements

Students must be able to fully and successfully participate in all program activities, whether in the classroom, laboratory or clinical setting. This includes, but is not limited to, the capacity for sensory and motor functions that allow independent classroom/laboratory/clinical performance and routine and emergency client care. It is essential that students in many Healthcare Programs are able to perform a number of physical activities in the clinical portion of their program without restriction in the laboratory and clinical settings. For example, students may be required to physically assist and/or lift patients or equipment, stand for several hours at a time, and perform bending activities. The clinical experience places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patient lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Any student having a temporary medical condition that inhibits or restricts activities must engage in the process outlined in Section 19 (C) of this manual. Due to the accelerated and demanding nature of the curriculum, students are recommended to engage in proactive discussions regarding potential need for special accommodations along the following timelines.

- A. For disability accommodation, the student should contact the college Disability Resource Center well in advance of the first-class meeting.
- B. Should a student require accommodations at a clinical experience, the student should contact the college Disability Resource Services (DRS) and the program manager/director prior to the start of the rotation to coordinate accommodations. Because the program does not have full control over this space, any accommodation discussions will require additional processing time and will likely include communication with the clinical experience provider. Note that due to the nature of the clinical setting, there is flexibility in adjustments/accommodations.
- C. Individual faculty will not provide or allow extra time, assistive technology, or dictionaries during testing absent a properly secured accommodation through DRS. It is the responsibility of the student to reach out to DRS to determine eligibility of accommodations.
- D. Pregnant students may want to take increased precautions due to the physical requirements and potential exposure to radiation, chemicals, harmful diseases or substances. Programs with routine exposure risks, the program will include such information in the course syllabus in order for students to decide if they need to make an adjustment request. In order to receive academic adjustments due to pregnancy, requests must be made to the Title IX Coordinator per Section 19 (A) (4) of this Manual.

2. Health Declaration

The Health and Safety Documentation form (Exhibit A): must be completed by a licensed/certified healthcare practitioner (M.D., D.O., N.P., P.A.) and submitted according to the time specified by the Healthcare Program. Students should work with their healthcare provider should their health status change during the program.

- A. The Program Director may require an updated or additional health declaration should any alteration in the student's health occur.
- B. Dental programs may also require proof of completion of a Dental Health Form verifying that the student has completed a dental exam in the last 12 months, and a Vision Exam Form verifying that the student has completed a vision exam and necessary corrections have been completed within the last 6 months.

3. Immunizations

Maricopa Community Colleges does not require students to provide proof of vaccination to enroll in its colleges or programs, but certain clinical partners may require adherence to vaccination protocols. Students may be able to decline a vaccine by following the clinical partner's declination or accommodation process, if the clinical partner has one. The Maricopa Community College programs will try to assist students who decline required vaccinations with clinical placement; however, declination may limit the availability of clinical placements in a given semester.

Students must be in compliance with the immunization processes and procedures of the Healthcare Program in which they are enrolled. The program will provide students with health requirements applicable to that program and the deadline by which students must submit proof of meeting such requirements. **Individuals should consult with their physician regarding necessary and available vaccinations.**

Students will be responsible for the cost of completion for all immunization requirements. The following is a description of immunizations that may be required and the type of documentation that a student would have to provide to verify the requirements have been met. (See Exhibit B Health and Safety Documentation) If there is a communicable disease outbreak, additional vaccinations may be required as specified by the local public health agency. Proof of all immunizations and tuberculin skin tests should be copied and submitted to the third-party verification system.

Health and Safety requirements are subject to change without notice depending on clinical agency requirements. If the requirements change due to our agreements with our clinical facilities you will be notified and will be required to meet the changes in requirements.

A. COVID-19 Vaccine

As is outlined in Arizona Revised Statutes 15-1650.05, students participating in clinical settings at a healthcare institution licensed under A.R.S. Title 36 which includes hospitals, nursing care institutions, residential care institutions, intermediate care facilities for individuals with intellectual disabilities (ICF-IID), group homes, or other medical facilities may be required to provide proof of COVID-19 vaccination and subject to regular health screening and testing as determined by the healthcare institutions. (See Arizona Revised Statutes 15-1650.05). Maricopa County Community College District will require all Allied Health and Nursing students to show proof of vaccination in order to ensure compliance with our clinical partner's health and safety requirements.

MCCCD cannot provide accommodation in the clinical setting and cannot force our clinical partners to provide accommodations to students. MCCCD will work with students in an effort to provide clinical experiences necessary for the completion of the program. When necessary, students are required to obtain accommodations from the clinical site by completing the

clinical site's religious or medical disability accommodation process if the clinical site has identified a process. If you are unsure if the facility where you have been placed provides accommodations, please visit myClinicalExchange (mCE) to confirm and obtain directions for requesting accommodations from the site.

To meet this requirement:

Upload a copy of proof of COVID-19 vaccine proving vaccination.

1. Provide proof of two-dose vaccination of Pfizer-BioNTech or Moderna vaccine.
OR
2. Provide proof of one dose vaccination of Johnson & Johnson's Janssen vaccine.
OR
3. Provide proof of one dose vaccination of Pfizer-BioNTech OR Moderna Bivalent vaccine.
OR
4. Upload a copy of your signed COVID-19 declination.

Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the COVID-19 vaccine, which may impact your continuation in your clinical course.

Please Note: All documentation is required to have the student's full name, Date of Administration, Manufacturer, and Healthcare Professional or Clinical Site. Annual vaccination and/or renewal are not determined at this time.

B. MMR (Measles/Rubeola, Mumps, & Rubella)

MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) – in a single injection. Measles, mumps, and rubella are highly infectious diseases that can have serious, and potentially fatal, complications. The full series of MMR vaccination requires two doses.

If you had all three illnesses OR you have received the vaccinations but have no documented proof, you can have an IgG MMR titer drawn, which provides evidence of immunity to each disease. If the titer results are POSITIVE, showing immunity to each disease, upload a copy of the lab results.

To meet this requirement:

1. Submit documentation of two MMR vaccinations on separate dates at least 4 weeks apart.
OR
2. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella).
OR
3. NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella shows lack of immunity, meaning you must submit documentation of one MMR booster dated after negative or equivocal titer.
OR
4. Upload a copy of your signed MMR declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed

at a clinical site that does not require the MMR vaccine, which may impact continuation in your clinical course.

If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name and date of immunization administered.

C. **Varicella (Chickenpox)**

Chickenpox is a highly contagious disease caused by the varicella-zoster virus (VZV). Infection with chickenpox also makes people susceptible to develop herpes zoster (shingles) later in life. The best means of preventing chickenpox is to get the varicella vaccine.

Varicella vaccination is required for all healthcare workers who do not meet evidence of immunity by having met any of the following criteria:

- a. Documentation of receiving 2 doses of varicella vaccine, separated by at least 4 weeks
OR
- b. Laboratory evidence of immunity or laboratory confirmation of disease. If you haven't had the varicella vaccine or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) gets 2 doses of varicella vaccine, 4 weeks apart.

To meet this requirement:

1. Documentation of two varicella vaccines, including dates of administration.
OR
2. Upload a copy of proof of a POSITIVE IgG titer for varicella. If the titer is NEGATIVE or EQUIVOCAL. Upload documentation of one varicella (vaccination) booster dated after negative or equivocal titer.
OR
3. Upload a copy of your signed varicella declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the Varicella vaccine, which may impact continuation in your clinical course.

If the student has prior immunizations, it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name and date of administration.

D. **Tetanus/Diphtheria/Pertussis (Tdap):**

Tetanus, diphtheria, and pertussis are serious bacterial illnesses that can lead to illness and death. Tdap vaccination can protect against these diseases and is recommended for healthcare personnel with direct patient contact who have not previously received Tdap. Tdap vaccination can protect healthcare personnel against pertussis and help prevent them from

spreading it to their patients. The Td vaccine protects against tetanus and diphtheria but not pertussis.

Following administration of Tdap, a new Tdap should be given if 10 years or more since the initial Tdap.

If you have a Tdap titer, it must include all three components (Tetanus, Diphtheria and Pertussis).

Please note- If you submit a non-immune titer for Tdap, you will be required to receive a booster or recommendation from the healthcare provider. Boosters must be dated after your titer.

To meet this requirement:

1. Provide documentation of a Tdap vaccination administered after the age of 11 and then a Tdap vaccination every 10 years thereafter.
OR
2. Lab documentation of Positive titer results for each disease (tetanus, diphtheria, and pertussis.)
OR
3. Negative or Equivocal titer results for tetanus, diphtheria or pertussis shows lack of immunity, meaning you must receive a booster dated after your titer or recommendation from the healthcare provider.
OR
4. Upload a copy of your signed Tdap declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the Tdap vaccine, which may impact continuation in your clinical course.

Please Note: All documentation is required to have the student's full name and date of administration.

E. Tuberculosis (TB)

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium*. All students entering a MCCCCD Healthcare Program are required to upload documentation showing negative TB disease status. Documentation may include a negative 2-step Tuberculosis Skin Test (TBST) or negative blood test (QuantiFERON or T-Spot) performed within the previous twelve (12) months. The TBST or negative blood test must remain current throughout the semester of enrollment.

To maintain compliance with annual TB testing requirements, students who initially submitted a 2-step TBST may submit a current 1-step TBST for subsequent annual testing. A TBST is considered current if no more than 365 days have elapsed since the date of administration of the second of the 2-step TBST. Most recent skin testing or blood test must have been completed within the previous twelve (12) months.

If you have ever had a positive TBST, you must provide documentation of a negative blood test or negative chest X-ray within the last twelve months. You will also need to complete a TB

Symptom Screening Questionnaire annually. This document can be obtained from the program director.

To meet this requirement:

1. Proof of a negative 2-step TBST completed within the previous 12 months, including date given, date read, result, and name and signature of the healthcare provider. (Please Note: 2-step TBST consist of four total visits and two separate readings).

Follow the steps below:

Step 1

1. Administer first TST following proper protocol.
2. Review result:
 - *Positive - consider TB infected, no second TST needed; evaluate for TB disease (x-ray)
 - * Negative - a second TST is needed. Retest in 1 to 3 weeks after the first TST result is read.
3. Document result.

Step 2

1. Administer second TST 1 to 3 weeks after first test is read.
2. Review results:
 - * Positive - consider TB infected and evaluate for TB disease (x-ray).
 - *Negative - consider a person not infected.
3. Document result.

OR

2. Submit documentation of a negative blood test (QuantiFERON or T- Spot) performed within the last twelve months.

OR

3. Submit documentation of a negative chest X-ray if TBST or Blood Testing is positive. The chest x-ray has to be completed within the last twelve months.
4. **POSITIVE RESULTS:** If you currently have, or have had in the past, a positive TBST, provide documentation of negative chest X-ray performed within the last twelve months or negative blood test and a completed MCCCCD Healthcare Program Tuberculosis Screening Questionnaire. The questionnaire can be found in the American DataBank Medical Document Tracker. This questionnaire must be completed annually.

OR

5. Upload a copy of your signed TB declination. Please note that a completed declination form does not guarantee clinical placement. Further, the declination notice does not guarantee an accommodation will be granted by a clinical partner or that you will be placed at a clinical site that does not require the TB vaccine, which may impact continuation in your clinical course.

If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name and date of administration.

Please Note: A new chest x-ray must be completed every five years.

F. Hepatitis B

MCCCD Healthcare Program students may be exposed to potentially infectious materials, which can increase their risk of acquiring hepatitis B virus infection, a serious disease that can cause acute or chronic liver disease, which can lead to a serious, lifelong illness.

MCCCD Healthcare Programs recommend that all students receive the hepatitis B 3-vaccine series administered over a 6-month period.

Obtain the first vaccination; the second is given 1 - 2 months after the first dose and the third injection is 4 - 6 months after the first dose. Students may also obtain the Heplisav-B 2 dose series administered at least four weeks apart.

Effective immunization status can be proven by a titer confirming the presence of anti-Hbs or HBsAb antibodies in the blood. This titer is recommended but not mandatory.

Please note- if you submit a non-immune titer for Hepatitis B, you will be required to receive a booster or recommendation from your healthcare provider. Boosters must be dated after your titer.

Students may choose to decline the hepatitis B vaccine; however, a lack of immunity to hepatitis B means that students remain at risk of acquiring the disease. Any declination must follow the proper protocol for medical or religious accommodation processes.

To meet this requirement:

1. Submit a copy of laboratory documentation of a positive HbsAb titer. Students will be required to receive a booster or recommendation from their healthcare provider that may indicate a booster, series (3 doses of the Hepatitis B vaccine or 2 doses of the Heplisav-B vaccine), or declination form. 3 Post-Titer Hepatitis B Boosters or 2 Post-Titer Heplisav Boosters dated AFTER your titer.
OR
2. Upload a copy of your immunization record showing completion of the three Hepatitis B injections or two Heplisav-B injections. If the series is in progress, upload a copy of the immunizations received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation. One to two months after your last immunization, it is recommended that you have an HbsAb titer drawn.
OR
3. Upload a copy of your signed Hepatitis B declination noting that by declining the vaccine, you continue to be at risk of acquiring hepatitis B, a serious disease. The Maricopa declination form is available in American DataBank.

If the student has prior immunizations it is required for students to provide written documentation of all doses. If results are negative and documentation is not available it is required to start a new series.

Please Note: All documentation is required to have the student's full name.

G. Influenza (Flu Vaccine)

Influenza is a serious contagious respiratory disease which can result in mild to severe illness. Susceptible individuals are at high risk for serious flu complications, which may lead to hospitalization or death.

The single best way to protect against the flu is annual vaccination. A flu vaccine is needed every season because:

- a. The body's immune response from vaccination declines over time, so an annual vaccine is needed for optimal protection.
- b. Because flu viruses are constantly changing, the formulation of the flu vaccine is reviewed each year and sometimes updated to keep up with changing flu viruses. The seasonal flu vaccine protects against the influenza viruses that research indicates will be most common during the upcoming season.
- c. Students are required to be vaccinated every flu season and to upload documentation proving annual vaccinations.

To meet this requirement:

1. Upload a copy of proof of flu vaccine proving annual vaccination.
OR
2. Upload a copy of your signed Influenza declination noting that by declining the vaccine, you continue to be at risk of acquiring the influenza virus.

Please Note: All documentation is required to have the student's full name. Documentation must also contain the following information (Student Name, Facility/Site Name, Date of Administration, and Renewal Date).

4. CPR BLS (Healthcare Provider or Equivalent) Certification

CPR BLS is a procedure performed on persons in cardiac arrest in an effort to maintain blood circulation and to preserve brain function. MCCCDC Healthcare Program students are required to learn CPR by completing an acceptable Basic Life Support course.

CPR BLS certification must include infant, child, and adult, 1-and 2-man rescuer, and evidence of a hands-on skills component. Due to accreditation and clinical partners' requirements, American Heart Association CPR BLS is required to be completed.

Please be aware that different areas of study may have other requirements, and CPR BLS requirements are subject to change. CPR BLS courses are offered at numerous locations throughout the greater Phoenix area, including MCCCDC campuses. The American Heart Association provides in-person courses and a blended learning course. Students who complete online courses must complete the hands-on skills training and testing, as well as the online didactic portion, to be eligible to receive a card. CPR BLS training without the hands-on skills training and testing component will not be accepted. Students are required to maintain current CPR BLS certification throughout enrollment in the program.

If RQI, a third-party vendor for the American Heart Association, is utilized, the AED component must be included. If you are unsure, please contact your program before enrolling in your CPR course.

To meet this requirement:

Upload a copy of the signed CPR card (front and back) or CPR certificate.

5. Level One Fingerprint Clearance Card

All students admitted to any MCCCDC Healthcare Program are required to obtain and maintain a valid Level One Arizona Department of Public Safety Fingerprint Clearance Card (FCC). The FCC must remain current throughout every semester in which the student is enrolled in a clinical experience.

If the FCC is suspended or revoked at any time during the program, the student must report this to their Program Director or Program Manager within five (5) school days and the student will be unable to continue in the program until the FCC is reinstated.

To meet this requirement:

Upload a copy (front and back) of a current Level One DPS Fingerprint Clearance Card.

6. Statement of Health Clearance

Must be completed and signed by a licensed healthcare provider (M.D., D.O., N.P., P.A.) within the past six (6) months of the start date.

To meet this requirement:

Upload a copy of the signed Statement of Health Clearance completed within the past six (6) months of the start date.

7. American DataBank Clearance Document/Background Check

All students admitted to the MCCCDC Healthcare Program are required to show a "Pass" result on the MCCCDC-required supplemental background screening completed within the past six (6) months through American DataBank.

Information regarding the background clearance is obtained from the MCCCDC Healthcare Program following your acceptance into the program. Please note that results of the American DataBank background check cannot be accessed by the program.

To meet this requirement:

Complete the background check within American Databank and then upload a copy of your American DataBank Pass Certificate showing a passed clearance completed within the previous six (6) months. This can only be done after you have purchased the Immunization Tracker and your Background Check has met Maricopa's requirements.

IMPORTANT:

1. All students will purchase supplemental background screenings and Medical Document Tracker from American DataBank. Program requirements will be approved by American DataBank.
2. Students are responsible for maintaining all health and safety requirements and to submit documentation by due date. Failure to maintain program health and safety requirements will result in inability to continue clinical experiences and may result in withdrawal from the program.
3. All immunization records must include the student's name and the signature of the healthcare provider.
4. Health and safety requirements are subject to change depending on clinical agency requirements.

8. Pre-Clinical or Pre-Program Drug Screening

All healthcare students are required to submit to a pre-clinical or pre-program urine drug screen according to the guidelines of the specific Healthcare Program. Students will be expected to follow the guidelines and timeline provided to them by your program. The drug screening will be random, and the student will be expected to pay at the time of the order. Private health insurance will not pay for this screening.

- A. Students will receive information from the program with steps to place an order with the contracted vendor. The program will identify the time frame the student has to complete the urine drug screening.
- B. Once the order is placed, the vendor will provide a receipt upon payment.
- C. Students will receive a form authorizing the contracted laboratory to perform the test. The authorization form will be needed when performing the test. This form will include the student's name, college name, program designation, and program account number. If the form is not taken to the collection site, the student will not be able to complete the urine drug screening and a new order will be placed at an additional cost.
- D. Once the form is provided the student will be responsible for completing the drug screening at the outlined timeline provided by the program.
- E. It is important that students understand that they may not take a prescription to the lab to be evaluated during the testing process. The laboratory will conduct the urine screening and will immediately provide all negative results to the Program Director or designee indicated by the program account number.
- F. If a student provides a diluted sample, an additional test must be performed on the sample at an additional cost to the student. Diluted test results will be immediately provided to the Program Director or designee.
- G. If a student receives a negative dilute, the student will take a second drug screening at their expense. If the student receives a second dilute, the student will remain in the program, and the program will follow the "For Cause" Testing processes if needed.
- H. If a student provides a positive sample which MRO indicates may be due to food consumption, the program will verify with American DataBank, the result will remain positive and students will be asked to retest within a designated time frame at the expense of the student.
- I. If a student tests positive or has a dilute positive result for substances, the lab will contact the Medical Review Officer (MRO) contracted by the Maricopa Community Colleges. The MRO will contact the student to elicit any prescription drug usage and will subsequently inform the Program Director, Program Manager, or designee as to the final results. The Program Director, Program Manager, or designee will receive written notification from the lab that the student is under MRO review. This notification will be made immediately upon the initiation of an MRO review.

- J. If the MRO indicates the positive result could be related to food consumption, the student would have 48 to 72 hours to retest at the student's expense. If the second test is positive, we will follow due processes to review the removal of the student from the program.
- K. For a student to challenge the results that have been MRO reviewed, and released, the student will call the Medical Review Office at 1-321-821-3383. The student will state that a dispute is being requested, and the process will be provided to the student by the MRO staff.
 - 1. First, a fee of \$250.00, credit/debit or check, will be required as paid.
 - 2. This fee is set up, and structured, by the Medical Review Office, and is not collected for American DataBank.
 - 3. Once the fee has been paid, the specimen that is being challenged will be shipped to an alternate facility to uphold the integrity of the testing process.
 - 4. Once testing of the specimen has been completed, the results will be released to the Medical Review Office to be re-reviewed.
 - 5. Phone interviews will take place as needed.
 - 6. Upon the retest being done, the disputed results will be sent to American DataBank.
- L. Please note, even in the event that the disputed results do not change, the report will be released as a new report. This upholds the legal requirements that are provided to the student. This updated report will be reflected in the Complio account as the result of the retest.
- M. During the drug screen dispute process, only the original specimen will be retested. Challenged results require testing on the original specimen that was collected. Dispute actions initiated by a student are requested to be done promptly. In rare circumstances, if a new specimen is required, a new registration form will need to be obtained at the student's expense through their Complio account.
- N. If the MRO determines there are safety-sensitive issues/concerns related to a student's drug profile, further evaluation by a professional will be required and a student may be on temporary exclusion from the program until the evaluation is completed. Students testing positive for drugs that are illegal substances, non-prescribed legal substances, or students deemed unsafe for the clinical setting by the MRO will not be permitted to attend clinical courses. In the event that a student is withdrawn from classes, the student may invoke their rights under the MCCC Student Conduct Code. Students who are licensed or certified in a health profession by the State of Arizona and test positive for these drugs will be reported to their respective Boards.
- O. Students testing positive and needing an MRO evaluation will be responsible to pay for the cost of the MRO review. In the event a student fails to pay the MRO fee, a financial obligation will be posted to his/her college account.
- P. Students will **NOT** be allowed to use previous drug screens requested by any person or agency outside the Maricopa Community Colleges to meet these requirements. It is at the Program Directors discretion to accept any drug screening completed from another MCCC program or campus as long as the student has been continuously enrolled.
- Q. Students failing to test during the date and time documented on the Drug Testing Letter do not

meet the requirement for drug testing and may be withdrawn from all courses within their healthcare program. In the event of a withdrawal being made from classes, students may invoke their rights under the MCCC Student Conduct Code.

9. Medical Marijuana Policy

- A. Maricopa Community Colleges prohibit the possession and use of marijuana on all campuses and in all off-campus student activities, including internships and clinical learning experiences in health programs. This policy is dictated by Arizona Revised Statutes § 15-108, which prohibits any person, including a medical marijuana cardholder or recreational user, from possessing, distributing, or using marijuana on the campus of any public university, college, community college, or post-secondary education institution, regardless of the decriminalization of marijuana in Arizona. Federal legislation prohibits any institution of higher education that receives federal funding from allowing the possession and use of marijuana on campus or at any college/district-related activity or event.
- B. Maricopa Community Colleges receives federal funds through grants and federal student aid (financial aid). Maricopa Community Colleges continue to enforce current policies regarding controlled substances and any student or employee who violates university policy prohibiting the use, distribution, or possession of illegal drugs on campus or in student activities—including educational internships—will be subject to disciplinary action and criminal prosecution.
- C. Urine drug screens are required of students prior to attending any healthcare courses, including clinical experiences. Medical marijuana, or its metabolite, is not an accepted substance in urine drug screens and will result in a positive urine drug screen. Students with a prescription for medical marijuana would not be considered exempt from urine drug screening.
- D. All placements governed by this clinical placement/externship agreement are hereby identified as safety-sensitive positions where the health and safety of the populations served are at issue.

10. “For Cause” Drug Screening Procedure

The information below refers to the use/misuse of, or being under the influence of: alcoholic beverages, illegal drugs or drugs that impair judgment while on duty in any health care facility, school, institution or other work location as a representative of a Maricopa Community Colleges Healthcare Program. If the clinical instructor/clinical site supervisor perceives the odor of alcohol or observes behaviors such as, but not limited to, slurred speech, unsteady gait, or confusion, and these behaviors cause the faculty or clinical instructor to suspect the student is impaired by alcohol or drugs, the following steps are taken.

- A. The instructor will remove the student from the patient care setting or assigned work area and notify the clinical agency supervising personnel.
- B. Upon student’s verbal consent, the instructor will contact a transportation service and arrange for student transport to a designated medical service facility contracted by Maricopa Community Colleges.

- C. The student is to have a picture ID in their possession.
- D. After testing, the student may call the transportation service contracted by Maricopa Community Colleges for transport home.
- E. If the student admits to alcohol or drug use, a drug screening will still be required.
- F. If the results of the test are positive for drugs, alcohol, or other illegal substances or for non-prescribed legal substances, the student will be responsible for the cost of transportation and testing.
- G. If the results of the test(s) are negative for drugs, alcohol, or other illegal substances, or for non-prescribed legal substances, the student shall meet with the Program Director within 24 hours of the test results to discuss the circumstances surrounding the impaired clinical behavior.
- H. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of whatever may have caused the alcohol-like odor before being allowed to return to the clinical setting.

If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation may be indicated.

- i. Based on the information provided and further medical evaluations, if warranted, the Program Director or Program Manager will make a decision regarding return to the clinical setting.
 - ii. If the results of the test(s) are positive for alcohol or other illegal substances or for non-prescribed legal substances, the Program Director or Program Manager will withdraw the student from all clinical courses for a period of one year. The student will be ineligible to enroll in further didactic courses for a period of one year. In the event of a withdrawal being made from classes, students may invoke their rights under the MCCCCD Student Conduct Code. The student will pay for all costs associated with the for-cause drug-screening test.
- I. If the student with positive results holds a certificate or license in a health profession screening result test will be reported to the applicable Board.
 - J. If a student refuses “for Cause” Testing: The instructor will remove the student from the clinical or laboratory/simulation setting pending a full investigation.
 - i. The instructor will contact the transportation service contracted by Maricopa Community Colleges to request that the student be transported home.
 - ii. Failure to comply with any aspect of this process will result in withdrawal from the program. In the event there is a withdrawal from classes, the student may invoke their rights under the MCCCCD Student Conduct Code.

11. Readmission Guidelines Related to Initial Drug Screening

- A. If a student has a confirmed positive drug screen on the initial program drug test, students are provided with due process, and if deemed to be a valid positive test, the student is withdrawn from the program.

- B. The program may be required to report to agencies that provide program oversight (i.e., accreditation agencies, state boards, certification agencies, etc.).
- C. The student is directed to re-apply to the program and meet all program requirements.

12. “For Cause” Readmission Processes

- A. The student will follow the program's admission processes and drug screening requirements for entry into the program.
- B. The program may be required to report to agencies that provide program oversight (i.e., accreditation agencies, state boards, certification agencies, etc.).

13. Due Process

If a student has his/her/their continuation in a class or the academic program called into question-based upon a positive drug test, a failed background check, or a code of conduct violation, or any action that may prevent the program's ability to place the student at a clinical site, the student will be afforded due process prior to being removed from the class/program.

14. Insurance

- A. Students are strongly advised and may be required by some clinical facilities to carry their own health and accident insurance.
- B. Given the potential exposure to communicable disease, it is highly recommended that students in MCCCC Healthcare Programs carry health care insurance at all times while enrolled in the program. Some clinical agencies may require those students who come to that facility for clinical learning experiences have health care insurance. Each student is personally liable for any illness or accident during or outside of school activities.
- C. While students are participating in any academic or clinical learning experience, they have limited accident coverage by the Student Accident Insurance Policy. They are not covered in any activity outside of school requirements. The cost of this policy is covered by the student activity fee. Program Directors, please refer to the Risk Management website <https://maricopa.sharepoint.com/sites/DO/business/rm/Pages/international-education/default.aspx> for plan brochure, Claim filing procedures, claim forms, and ID cards. Coverage is subject to change each policy year. Coverage is effective August 1st. Student accident insurance coverage is secondary to the student's primary coverage.
- D. If a student is injured or becomes ill during the clinical experience, a Maricopa Community College accident insurance form and verification of other insurance coverage must be completed. Claim forms may be obtained from the Vice President of the Student Affairs Office. Completed forms are submitted to the Program Director for signature and then forwarded according to campus procedure.
- E. Students are responsible for their own transportation and vehicle insurance to and from the clinical agency.
- F. Maricopa Community Colleges provides medical malpractice insurance coverage for students enrolling in Maricopa Community Colleges Healthcare Programs.

- G. All incidents need to be reported to Campus Public Safety. They will fill out a report and forward it to Risk Management.

15. Standard Health and Safety Practices

- A. Students are required to follow standard health and safety practices and to complete an Assumption of Risk and Liability form (obtained from the Program Director or Program Manager).
- B. All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.
- C. Contaminated sharps must be handled according to program protocol. Recapping, bending or breaking of sharps is prohibited. All sharps must be placed in the designated container as soon as possible.
- D. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure.
- E. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- F. When exposure is possible, personal protective equipment (PPE) shall be used. Personal protective equipment includes:
 - i. Gloves shall be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin when performing vascular access procedures and when touching contaminated items or surfaces.
 - ii. Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated.
 - iii. Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations and will depend upon the task and the degree of exposure anticipated.
 - iv. Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.
 - v. Hands shall be washed immediately after removal of gloves or other personal protective equipment.
(Excerpts from OSHA Blood borne Pathogens Section 1910.1030)
- G. When exposure to other hazardous materials, such as disinfectant solutions is a possibility, appropriate PPE and safe handling protocols shall be used.

16. Accident; Injury; Exposure Guidelines (Credit & Clock Hour Programs)

When a student is involved in an accident, injury, or exposure either on campus or at a clinical setting, specific guidelines have been developed to assist the program and student in navigating the process to ensure all procedural steps have been taken and all appropriate parties have been notified. Please refer to pages 42 and 43 for the *MCCCD Healthcare Programs Credit/Clock Hour Accident, Injury, and Exposure Guidelines* and *Student Injury/Exposure Incident Report Form*.

17. Professionalism

Students enrolled in a program of study in MCCCCD Healthcare Programs are responsible for conducting themselves in a professional manner at all times. Some specifics of professional behavior include:

- A. **Health Insurance Portability and Accountability Act (HIPAA):** all verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/or course. Refer to the [Student Confidentiality Agreement](#) (within the Forms section or obtained from the Program Director).
- B. **Egregious Acts:** Any Healthcare Program student engaging in any of the following behaviors or other misconduct is subject to immediate removal and possible dismissal from Allied Health and Nursing classes. All such concerns/allegations of the following will be addressed swiftly under [A.R.2.3.11 Academic Misconduct](#) or [A.R.2.5.2 Student Conduct Code](#).
 - 1. Intentionally or recklessly causing physical harm to any person on the campus or at a clinical site, or intentionally or recklessly causing reasonable apprehension of such harm.
 - 2. Unauthorized use or possession of any weapon or explosive device on the campus or at a clinical site.
 - 3. Unauthorized use, distribution, or possession for purposes of distribution of any controlled substance or illegal drug on the campus or at a clinical site.
- C. **Professional staff & client relationship:** students providing healthcare services strive to inspire the confidence of clients. Students must treat all clients, healthcare providers, and staff professionally. Clients can expect those providing Healthcare services to act in their best interests and respect their dignity.
 - 1. The student should abstain from excessive personal disclosure, obtaining personal gain at the client's expense, and refrain from inappropriate involvement in the client's personal relationships.
 - 2. In a student role, professional boundaries exist among the student, the instructor, the clinical staff, and the client. Students unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance.
- D. **Professional appearance:** proper hygiene and professional appearance are expectations of all MCCCCD Healthcare Programs.
 - i. Students must dress according to their specific Healthcare Program requirements.
 - ii. Dress and appearance for the clinical experience are also found in program- specific requirements and include but may not be limited to:
 - 1. Subtle makeup.
 - 2. Hair pulled back from face and out of the field of operation, in a professional standard style and, if dyed or if extenders are worn, they must be conservative and kept clean.
 - 3. If worn, beards and mustaches must be neatly trimmed. Some programs may require removal of facial hair should it interfere with the effectiveness of personal protection equipment.

4. Fingernails must be clean and, if performing patient care, must also be short and neatly trimmed.
 5. Proper hygiene: bathe/shower daily; use deodorant; wear, freshly laundered uniforms/lab coats, etc., for each clinical visit; avoid the use of perfume, cologne, strong-smelling body lotion or creams; brush teeth (2x day minimum) and floss daily; and avoid smoking or use of tobacco products.
 6. No body-piercing jewelry or tattoos are to be visible or a hindrance to performance in the healthcare setting.
- E. **Personal electronic devices:** pagers, cellular telephones, and other personal electronic devices (PED) must be turned off and out of sight during lectures, labs and clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record. Any personal electronic device in sight may be confiscated by the instructor and kept until the end of the day's activities. Any use of a personal electronic device during quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. In some programs students are allowed to use their PED application(s) as defined in their program handbook.

18. Student's Duty to Report

All students enrolled in MCCCDC Healthcare Programs have the following duty to report:

- A. Students holding or receiving certification or licensure in a health profession must remain in good standing with the Board that issues their certification or licensure. Students receiving any disciplinary actions against their certificate and/or license must notify their Program Director within five (5) school days.
- B. Any student with an arrest or conviction must notify their Program director within (5) school days.
- C. Any student who has their fingerprint card revoked or suspended or modified in any way must notify their Program director within (5) school days.
- D. The Program Director reserves the right to dismiss or restrict the student's participation in clinical experiences and involvement in patient care until the certification/license or fingerprint card is valid and unrestricted.

19. Title IX and Non-Discrimination

A. Title IX

1. Title IX of the Education Amendments of 1972 ("Title IX"), 20 U.S.C. §1681 *et seq.*, is a Federal civil rights law that prohibits discrimination on the basis of sex-including pregnancy and parenting status in educational programs and activities. The policy of the Maricopa County Community College District (MCCCDC) is to provide an educational, employment, and business environment free of sexual violence, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communications constituting sexual harassment as prohibited by state and federal law. Discrimination under this policy is an unequal treatment of a student based on the

student's actual or perceived gender, sexual orientation, or pregnancy/parenting status. This policy prohibits sexual harassment and discrimination in any college education program or activity, which means all academic, educational, extracurricular, athletic and other programs.

2. Any person who has experienced, witnessed, or otherwise knows of sexual harassment or discrimination prohibited under this policy is to report such conduct to the college's Title IX Coordinator. The Title IX Coordinator is trained to help you find the resources you might need, to explain all reporting options, and to respond appropriately to conduct of concern. Such conduct is to be reported to the Title IX Coordinator as soon as possible after it occurs. The Title IX Coordinator tracks all reports of sexual harassment or discrimination.
3. There are several avenues available for any person who experiences, witnesses, or otherwise knows of sexual harassment or discrimination to report such conduct:
 - Submit an online report at <https://maricopa-advocate.symplicity.com/titleix-report>. Anonymous reports are accepted; however, it is impossible to provide supportive measures when the name of a Complainant is not shared;
 - Call or leave a voicemail for the Title IX Coordinator;
 - Email the Title IX Coordinator;
 - Mail a letter to the Title IX Coordinator's office;
 - Meet with the Title IX Coordinator;
 - File a Formal Complaint with the Title IX Coordinator in person, by mail, or by email;
 - Report to another trusted college official (e.g., faculty member, coach, advisor) who will provide information as required under the Policy to the Title IX Coordinator.
 - Contact information of the Title IX Coordinator can be found here: <https://district.maricopa.edu/consumer-information/title-ix/title-ix-coordinators>
4. Students will not be discriminated against on the basis of a disclosed pregnancy and/or parenting status, including reporting of:
 - Pregnancy
 - Childbirth
 - False pregnancy
 - Miscarriage or termination of pregnancy
 - Recovery from any of the above situations

A pregnant or parenting student may be provided adjustments so they are able to access and participate in their educational program or activity. The parenting period lasts up to 8 weeks after childbirth. Adjustments are available through college Title IX Coordinators. To submit an adjustment request or for more information about pregnant and parenting students, visit <https://district.maricopa.edu/consumer-information/title-ix/working-pregnant-parenting-students>.
5. Title IX Coordinator
The Title IX Coordinator is the individual responsible for reviewing pregnancy and parenting adjustment requests and coordinating investigations of sexual harassment/discrimination allegations. The Title IX Coordinator is authorized to designate trained individuals to investigate sexual harassment or discrimination complaints and reports. The contact information for the Title IX Coordinator at each college may be found at <https://district.maricopa.edu/consumer-information/title-ix/title-ix-coordinators>.

B. Non-Discrimination

1. MCCCDC is committed to promoting a non-discriminatory learning and work environment. This commitment is demonstrated through the value of inclusion, the implementation of policies and regulations that serve to prohibit discrimination and by practicing non-

discriminatory actions in both our employment and academic activities.

2. This means that MCCCCD will not discriminate-, nor tolerate discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship status (including document abuse), age, disability, veteran status or genetic information, against any applicant, employee, or student in any of its programs, activities, or sponsored events.
3. This policy covers admission to, access to, and treatment of students attempting to participate and participating in MCCCCD's programs and activities.

C. Short-Term Disability and Long-Term Disability/ADA

1. Students with a short or long-term disability should refer to the procedures outlined in [A.R. 2.8, Students with Disabilities](#). These procedures include:
 - Proactively contacting the College Disability Resource Services (DRS).
 - Supplying relevant documentation.
 - Communicating with the program and DRS regarding changes in health and ability to engage in the academic environment.
2. As per 2.8 V(2)(c), students should request accommodations each semester in a timely manner and understand that a late request does not constitute retroactive adjustments.

D. Religious Accommodations Procedure

1. For religious accommodations, please refer to [ND-4 Religious Accommodation Procedure and Request Form](#).

20. Forms

The following is a list of forms included in this manual:

Consent for Release of Information (p.22)

Compliance with Process and Procedures (p.23)

Summary & Acknowledgement of Criminal Background Check (p.24-28)

Patient Privacy and Data Security Agreement-HIPAA (p.29)

Health and Safety Requirements Worksheet (p.30-32)

Healthcare Statement of Clearance for Participation in Clinical Practice (p.33)

Accident, Injury, and Exposure Guidelines (p.34-36)

Student Injury/Exposure Incident Report Form (p.37-38)

Report of Significant Exposure to Bodily Fluids or Other Infectious Materials (p.39)

Consent for Release of Information [2025-2026]

I (print name) _____ give permission for the faculty and/or Director/Chair of the Healthcare Program in which I am enrolled to share personal information about me including name, **student identification number**, date of birth, and verification that the Program has evidence that I have met all the health and safety requirements of the Healthcare Program. This information will be provided to clinical agencies where I am assigned so that I may complete mandated pre-clinical education requirements, obtain entry into the agency’s computer system and/or medication administration system, and complete duties necessary in the actual clinical rotations.

This authorization will remain in effect until my Healthcare Program clinical experiences are completed or until revoked. I understand that signing this consent is voluntary, and that revoking the consent prior to a clinical experience may have an impact on my ability to be assigned to a clinical agency. A revocation of this consent must be in writing and be delivered to the Director of the Program in which I am enrolled. I also understand that information disclosed under this authorization might be redisclosed by the clinical agency and that such disclosure may no longer be protected by federal or state law.

Disclosure:
In compliance with the federal *Family Educational Rights and Privacy Act of 1974 (FERPA)* a college/university is prohibited from providing certain information from your student records to a third party.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (If student is a minor)

Date

Compliance with Process and Procedures [2025-2026]

These process and procedures prescribe standards of conduct for students enrolled in Maricopa Community Colleges (MCCCD) Healthcare Programs. The standards are in addition to those prescribed for students under Maricopa Community Colleges policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline.

Every student is expected to know and comply with all current policies, rules, and regulations as printed in the college catalog, class schedule, college student handbook, and the specific MCCCD Healthcare Program student handbook. Copies are available at many sites throughout the college.

I have received a copy of the MCCCD Healthcare Program Process and Procedures. I understand this handbook contains information about the guidelines and procedures of the MCCCD Healthcare Program in which I am enrolled. I also understand that I can find information about the general college policies in the College Catalog and the College Student Handbook. I can find information specific to each Healthcare Program from the Program Director and each course in the course syllabus.

_____(initial) I have read and understand that issues such as a positive drug test, a failed background check, or a code of conduct violation may prohibit me from being placed in a clinical site, which places my continuation in a class or in my academic program in jeopardy.

_____(initial) I understand that challenging a positive drug test or a failed background check is done through the vendor contracted to perform such test/check and not with Maricopa County Community College District or its associated colleges and my appeal must be made through the vendor’s established process and at my expense. In addition, I acknowledge that the full report from the Medical Review Officer will be provided to the Program Director or designee.

_____(initial) I understand that I will be afforded due process prior to being removed from a class or my academic program due to a positive drug test, a failed background check, or a code of conduct violation. I further understand my participation in this process is vital.

_____(initial) I understand that I may be afforded conditional continuation in my class or academic program pending the outcome of the appeal with the vendor (for a positive drug test or failed background check) and the results of my due process meeting with the college administration. This continuation is conditional, pending the outcome of the appeal(s) and due process meeting.

By signing this agreement, I certify that I have read and understood the MCCCD Healthcare Programs Guidelines and will comply with them.

Signature of Program Participant

Date

Signature of Parent or Legal Guardian (If student is a minor)

Date

Signature name

Date

Allied Health and Nursing Programs Maricopa County Community College District Summary of Criminal Background Check Requirements effective September 1, 2011 Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and/or Nursing programs ("Programs") effective September 1, 2011, students must include with their application to any healthcare program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for this card. Cards that are NOT Level-One status will not be accepted.
- An original version of the "Criminal Background Check Disclosure Acknowledgement" form attached to this Summary signed by the student.

Once a student has been offered placement in a nursing or allied health program, they will be given information on how to complete the MCCCD supplemental background check with MCCCD's authorized vendor, American DataBank. To enter the program the student must be able to provide documentation demonstrating that the student has achieved a "Pass" status on this MCCCD supplemental background check. Students are required to pay the cost of obtaining the background check. Students whose background checks on the date of actual admission to a Program are more than 6 months old or students who have been in a Program for more than 12 months may be requested to obtain an updated background check. This criminal background check is required because many of MCCCD's largest clinical experience partners have established standards that are more stringent than those for obtaining a Level-One Fingerprint Clearance Card.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and a passing result on the supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners.

Implementation of the Requirements

1. Students who are denied issuance of a Level-One Fingerprint Clearance Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with DPS. Until the student obtains said card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.

The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of

Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The American DataBank data collection form may ask for the following information but the form may change from time to time:

- Legal Name
- Maiden Name
- Other names used
- Social Security Number
- Date of Birth
- Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
- Pending criminal charges that have been filed against you including dates and details.
Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCDC background check vendor will be asked to pass or fail each student based on the standards MCCCDC's clinical experience partners have established as the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not with MCCCDC or the individual college.

Acknowledgement of Criminal Background Check Requirements Applicable to Students Seeking Admission to MCCCDC Allied Health or Nursing Programs on or After September 1, 2011

In applying for admission to a Nursing or Allied Health program ("Program") within the Maricopa County Community College District, you are required to disclose on the Arizona Department of Public Safety (DPS) form all required information and on the MCCCDC authorized background check vendor data collection form any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program on this form. Additionally, you must disclose anything that is likely to be discovered in the MCCCDC supplemental background check which will be conducted.

Students should complete the DPS form, the MCCCDC authorized background check vendor form, and any clinical agency background check form honestly and completely. This means that your answers must be truthful, accurate, and complete.

By signing this acknowledgment form, you acknowledge the following:

1. I understand that I must submit to and pay any costs required to obtain a Level-One Fingerprint Clearance Card and an MCCCDC supplemental criminal background check.
2. I understand that failure to obtain a Level-One Fingerprint Clearance Card will result in a denial of admission to a Program or removal from a Program if I have been conditionally admitted.
3. I understand that I must submit to and pay any costs required to obtain an MCCCDC supplemental background check.
4. I understand that failure to obtain a "pass" as a result of the MCCCDC supplemental criminal background check will result in a denial of admission to a Program or removal from it if I have been conditionally admitted.
5. I understand that if my Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or my enrollment in a Program, I am responsible for notifying the Program Director immediately and that I will be removed from the Program.
6. I understand that any clinical agency may require an additional criminal background check to screen for barrier offenses other than those required by MCCCDC, as well as a drug screening. I understand that I am required to pay for any and all criminal background checks and drug screens required by any clinical agency to which I am assigned.
7. I understand that the both the MCCCDC supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search

8. By virtue of the MCCCCD supplemental background check, I understand that I will be disqualified for admission or continued enrollment in a Program based on my criminal offenses, the inability to verify my Social Security number, or my being listed in an exclusionary database of a Federal Agency. The criminal offenses for disqualification may include but are not limited to any or all of the following:
 - Social Security Search – Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any criminal arrest warrant in any state
 - Any misdemeanor conviction for any of the following regardless of the age of the crime
 - violent crimes
 - sex crime of any kind including nonconsensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - aggravated DUI
 - Any misdemeanor-controlled substance conviction last 7 years (as defined in 21 U.S.C. § 802)
 - Any other misdemeanor convictions within last 2 years, except for non-DUI traffic violations
 - Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)
9. I understand that I must disclose on all background check data collection forms (DPS, MCCCCD background check vendor and any clinical agency background check vendor) all required information including any arrests, convictions, or charges (even if the arrest, conviction or charge has been dismissed or expunged), or participation in first offender, deferred adjudication, pretrial diversion or other probation program. That includes any misdemeanors or felonies in Arizona, any other State, or other jurisdiction. I also understand that I must disclose any other relevant information on the forms. I further understand that non-disclosure of relevant information on the forms that would have resulted in failing the background check will result in denial of admission to or removal from a Program. Finally, I understand that my failure to disclose other types of information of the forms will result in a violation of the Student Code of Conduct and may be subject to sanctions under that Code.
10. I understand that if a clinical agency to which I have been assigned does not accept me based on my criminal background check, it may result in my inability to complete the Program. I also understand that MCCCCD may, within its discretion, disclose to a clinical agency that I have been rejected by another clinical agency. I further understand that MCCCCD has no obligation to place me when the reason for lack of placement is my criminal background check. Since

clinical agency assignments are critical requirements for completion of the Program, I acknowledge that my inability to complete required clinical experience due to my criminal background check will result in removal from the Program.

11. I understand the Programs reserve the authority to determine my eligibility to be admitted to the Program or to continue in the Program and admission requirements or background check requirements can change without notice.
12. I understand that I have a duty to immediately report to the Program Director any arrests, convictions, placement on exclusion databases, suspension, removal of my DPS Fingerprint Clearance Card or removal or discipline imposed on any professional license or certificate at any time during my enrollment in a Program.

Signature

Date

Printed Name

Desired Health Care Program



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281 -6942
PATIENT PRIVACY AND DATA SECURITY AGREEMENT
for MCCCCD Allied Health and Nursing Programs Clinical Training

Name (Print): _____ College: _____

The discussions, uses, and disclosures addressed by this agreement mean any written, verbal, or electronic communications.

I understand that I am never to discuss or review any information regarding a patient at a clinical site unless the discussion or review is part of my educational program. I understand that I am obligated to know and adhere to the privacy and data security policies and procedures of any clinical site to which I am assigned. I acknowledge that health records, accounting information, patient information, and conversations between or among healthcare professionals about patients are confidential under law and this agreement.

I understand that, while in the clinical setting, I may not disclose any information about a patient during the clinical portion of my assignment to anyone other than the site's designated health care professionals.

I understand that I may not remove any original health record from the clinical site. I further understand that I may not remove any copy, in part or in total, of the health record without prior written authorization of the clinical site. Additionally, I understand that, before I use or disclose patient information in a learning experience, classroom, case presentation, class assignment, or research, I must exclude as much of the following information as possible:

- Names of the patient or the patient's relatives, employers, or household members
- Geographical subdivisions smaller than a state
- Dates of birth, admission, discharge, and death
- Telephone numbers
- Fax numbers
- E-mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers
- Device identifiers
- Web locators (URLs)
- Internet protocol addresses
- Biometric identifiers
- Full face photographs
- Any other unique identifying number, characteristic, or code
- All ages over 89 years

Additionally, I acknowledge that any patient information may only be used or disclosed for health care training and educational purposes at MCCCCD, and must otherwise remain confidential. I understand that I must promptly report any violation of the clinical site's privacy policies and procedures, applicable law, or this confidentiality agreement, by me, or an MCCCCD student or faculty member to the appropriate MCCCCD program clinical coordinator or program director. Finally, I understand that, if I violate the privacy policies and procedures of the clinical site, applicable law, or this agreement, I will be subject to disciplinary action. By signing this agreement, I certify that I have read and understand its terms, and will comply with them.

Signed: _____ Date: _____

Health and Safety Requirements Worksheet

Name: _____ Date: _____

Use this worksheet as a guide to ensure that you have documentation of each requirement. **DO NOT upload this document into American DataBank or MyClinicalExchange.** Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded. Additional information regarding acceptable documentation for each requirement can be found on the American DataBank website.

☐ **MMR (Measles/Rubeola, Mumps and Rubella)** To meet requirement:

1. MMR vaccination: Dates: #1 _____ #2 _____
OR
2. Date & titer results:
Booster: _____
Measles: _____
Mumps: _____
Rubella: _____
OR
3. Provide a signed declination form for medical or religious reasons.

☐ **Varicella (Chickenpox)** To meet requirement:

1. Varicella vaccination dates: #1 _____ #2 _____
OR
2. Date & results of varicella
IgG titer: Date: _____ Results: Negative or Positive
OR
3. Provide a signed declination form for medical or religious reasons.

☐ **COVID**

1. Pfizer or Moderna
Dose 1: _____
Dose 2: _____
OR
2. Johnson and Johnson
Dose 1: _____
OR
3. Pfizer or Moderna Bivalent
Dose 1: _____
OR
4. Provide a signed declination form for medical or religious reasons.

☐ **Tetanus/Diphtheria/Pertussis**

(Tdap) To meet requirement:

1. Tdap vaccine: Date: _____

OR

2. Provide a signed declination form for medical or religious reasons.

☐ **Tuberculosis** To meet requirement:

Result: _____, Booster: _____

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.

Initial Test (#1)

Date: _____ Date Read: _____ Results: Negative or Positive

Boosted Test (#2)

Date: _____ Date Read: _____ Results: Negative or Positive

2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)

Date: _____ Date Read: _____ Results: Negative or Positive

OR

3. Negative blood test (Either QuantiFERON or TSpot)

QuantiFERON Date: _____

T-Spot Date: _____

OR

4. Negative chest X-ray

OR

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in American DataBank).

Date: _____

OR

6. Provide a signed declination form for medical or religious reasons.

☐ **Hepatitis B** To meet requirement:

1. Proof of 3 Hepatitis B vaccinations

Hepatitis B vaccine/dates:

#1 _____ #2 _____ #3 _____

OR

Proof of 2 Hepatitis B vaccinations

Hepatitis B vaccine/dates:

#1 _____ #2 _____

2. Positive HbsAb titer:

Date: _____ Result _____

OR

3. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit an HBV Vaccination Declination form.

☐ **Flu Vaccine** To meet requirement:

Documentation of current annual flu vaccine Date: _____

☐ **CPR (Healthcare Provider or Equivalent) Certification** To meet requirement:

CPR card or certificate showing date card issued: _____ Expiration date: _____

☐ **Level One Fingerprint Clearance Card (FCC)** To meet requirement:

Level One FCC including date card issued: _____ Expiration date: _____

☐ **Health Care Provider Signature Form** To meet requirement:

Healthcare Provider Signature Form signed and dated by healthcare provider.

Date of exam: _____

☐ **American Databank Background Clearance Document** To meet requirement:

American DataBank background check document with date of “Pass” status: _____

Healthcare Student Health and Safety Documentation Checklist

Healthcare Statement of Clearance for Participation in Clinical Practice Instructions for Completion of Healthcare Statement of Clearance Form

A healthcare provider must sign the Healthcare Provider Signature Form within six (6) months of start date and indicate whether the applicant will be able to function as an Allied Health and/or Nursing student. Healthcare providers who qualify to sign this declaration include a License Physician (M.D., D.O.), a Nurse Practitioner (N.P.), or Physician's Assistant (P.A.). This declaration should not impede students with disabilities from applying or being accepted into the program.

(Please Print)

Applicant Name: _____ **Student ID Number:** _____

It is essential that healthcare students be able to perform a number of physical activities in the clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement their assigned responsibilities. The clinical Allied Health and/or Nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. This declaration should not impede students with disabilities from applying or being accepted into the program.

I believe the applicant (print name): _____ Date: _____

_____ WILL OR _____ WILL NOT be able to function as an Allied Health and/or Nursing student as described above.

If not, explain: _____

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____



MCCCD Healthcare Programs Credit/Clock Hour Accident, Injury, and Exposure Guidelines

Instructions:

Below are the steps to complete when a student is involved in an accident, injury or exposure either on campus or at a clinical setting. This document should be used in conjunction with the MCCCD Student Injury/Exposure Incident Report Form to ensure all procedural steps have been taken and all appropriate parties have been notified.

Students, Instructors, and/or Program Directors should also refer to MCCCD Student Accident Insurance Plan website and/or Allied Health, Nursing, or Dental Process and Procedures Manual.

STEP 1	INSTRUCTIONS: Immediately: Student reports the incident to the clinical site preceptor/ supervisor. If the student is on campus, they should report the incident to the instructor.	DATE COMPLETED	TIME COMPLETED	INITIALS
	IMPORTANT NOTES: Student should follow the clinical site process and not delay treatment or medical attention if at a clinical site. While on campus, students will follow MCCCD reporting process.			
STEP 2	INSTRUCTIONS: Immediately: Student is informed to seek medical triage and treatment	DATE COMPLETED	TIME COMPLETED	INITIALS
	IMPORTANT NOTES: Student is informed they are responsible for all costs related to exposure, triage, and treatment. Treatment must be rendered within 120 days from the incident date for benefits to be considered but may be shorter depending on the type of exposure. Student must refer to the Student/Injury Exposure Incident Report Form for specific timelines for testing following an exposure. Should the student refuse medical treatment, testing, or triage, the student will need to sign the declination of care on the MCCCD Student/Injury Exposure Incident Report Form.			
STEP 3	INSTRUCTIONS: Student reports the incident to Program Instructor and/or Director within 24 hours	DATE COMPLETED	TIME COMPLETED	INITIALS
	IMPORTANT NOTES: MCCCD Instructor or Program Director will direct the student to the MCCCD			

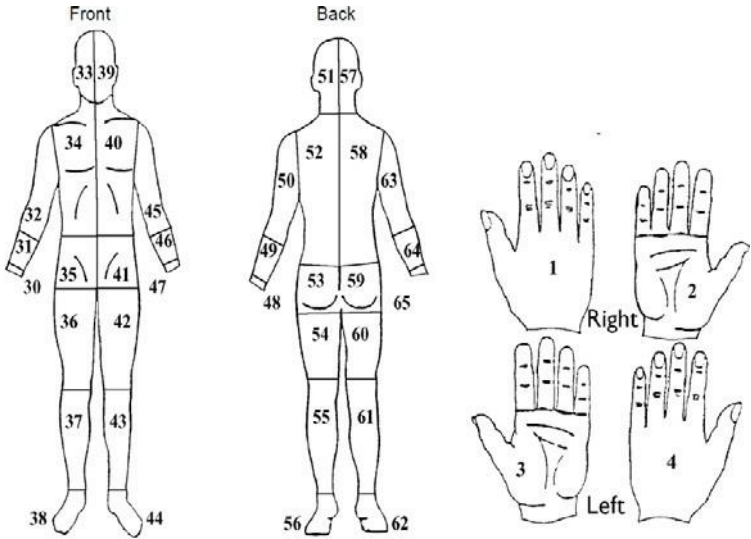
STEP 4	INSTRUCTIONS: Student downloads and completes the MCCCDC Student Injury/Exposure Incident Report Form	DATE COMPLETED	TIME COMPLETED	INITIALS
IMPORTANT NOTES: MCCCDC Instructor or Program Director will assist the student in completing the MCCCDC Student/Injury Exposure Incident Report Form as needed. MCCCDC Instructor or Program Director will retain a copy of the report for the student file and the student will be provided a copy as well. For insurance and claims processes, refer to the MCCCDC Student Accident Insurance Plan for the current academic year.				
STEP 5	INSTRUCTIONS: Instructor or Program Director follows up with all parties to ensure the reporting processes have been completed.	DATE COMPLETED	TIME COMPLETED	INITIALS
IMPORTANT NOTES: If the incident occurred at the clinical site, the Instructor or Program Director should follow-up with the Clinical Preceptor or supervisor.				
STEP 6	INSTRUCTIONS: Instructor/Program Director conducts a follow up with the student every 30 days (up to 120 days) to ensure we are providing the appropriate level of support to the student while in their academic program.	DATE COMPLETED	TIME COMPLETED	INITIALS
IMPORTANT NOTES: Identify if the student is progressing in the submission of forms and documents if they need any college level resources such as DRS, Financial Aid, Veterans Affairs, Admissions and Records, Advising, and Tutoring. Instructor/Program Director should not be discussing medical care or treatments and should make every effort to maintain strict confidence.				

STEP 7	INSTRUCTIONS: File all incident reports in a secure student file or file with your Campus Security.	DATE COMPLETED	TIME COMPLETED	INITIALS
	IMPORTANT NOTES: Contaminated needlestick/sharps injuries are considered sensitive cases, due to the potential for a blood-borne disease. For employees, per OSHA, blood-borne pathogen exposure and the possible subsequent treatments require documentation in a separate restricted access medical record. Confidentiality is a must. Although OSHA, does not govern student activities/school work, the same protections should be afforded students. The injury report should be kept in a location that has limited access to large numbers of employees. Best Practices should include: 1. Ensuring that all employees that have access to student records are current on FERPA training. 2. Volunteers, if utilized, should not have access to student's records. 3. Ideally, the department chair would create an internal folder and all needle stick injury reports would be kept in that folder for at least five years from the date of injury. (This is a different length of time than for employees which is the duration of employment + 30 years) 4. DO NOT ask for or take receipt of post-exposure test results from the affected student(s). Tell them that you do not need a copy, nor do they need to tell you the results.			

STUDENT INJURY/EXPOSURE INCIDENT REPORT FORM

Privacy Notice: The information on this form together with any attachments is the property of Maricopa County Community Colleges. State Law requires that you be informed that you are entitled to: (1) request notification of the information collected about you by use of this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge to you.

Instructions: Complete this form within 24 hours of any incident involving injury to a student or exposure of a student to an infectious or contagious disease in conjunction with their coursework. **DO NOT LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE.**

STUDENT	Name		Email Address		Phone	
COURSE OF STUDY	Address				MEID	
TIME & PLACE	Date/Time of incident			Location: Street, City, Building, Room No. (Be specific)		
	<input type="radio"/> AM <input type="radio"/> PM					
LOCATION OF INCIDENT	Type of Premise				Conditions	
	<input type="checkbox"/> Clinical <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Office <input type="checkbox"/> Lab	<input type="checkbox"/> Stairway <input type="checkbox"/> Clinical @Patient's Residence <input type="checkbox"/> Community Health Event <input type="checkbox"/> Experiential Site <input type="checkbox"/> Other Location:	<input type="checkbox"/> Lobby/Entrance <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sidewalk <input type="checkbox"/> Street	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Icy <input type="checkbox"/> Uneven surface <input type="checkbox"/> Other:		
INCIDENT DESCRIPTION	Describe What Happened & If at Clinical/Experiential site include process steps taken (Use add'l sheet if needed):					
DESCRIPTION OF INJURY	Injury - Describe the type, severity, and body part involved					
DETAIL OF INJURY	Was First Aid Given?		Will seek treatment later?		Transported for Care?	
	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
DETAIL OF INJURY	MARK AFFECTED AREAS WITH X					
	Body Part	L	R	Body Part	L	R
	Head	<input type="checkbox"/>	<input type="checkbox"/>	Arm	<input type="checkbox"/>	<input type="checkbox"/>
	Face	<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>
	Neck	<input type="checkbox"/>	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	<input type="checkbox"/>
	Chest	<input type="checkbox"/>	<input type="checkbox"/>	Knee	<input type="checkbox"/>	<input type="checkbox"/>
	Back	<input type="checkbox"/>	<input type="checkbox"/>	Calf	<input type="checkbox"/>	<input type="checkbox"/>
	Groin	<input type="checkbox"/>	<input type="checkbox"/>	Foot	<input type="checkbox"/>	<input type="checkbox"/>
	Buttock/Hip	<input type="checkbox"/>	<input type="checkbox"/>	Toe	<input type="checkbox"/>	<input type="checkbox"/>
	Hand Part	L	R	Finger	L	R
	Palm	<input type="checkbox"/>	<input type="checkbox"/>	Thumb	<input type="checkbox"/>	<input type="checkbox"/>
	Dorsum	<input type="checkbox"/>	<input type="checkbox"/>	Index/First	<input type="checkbox"/>	<input type="checkbox"/>
	Thumb base	<input type="checkbox"/>	<input type="checkbox"/>	Middle/Second	<input type="checkbox"/>	<input type="checkbox"/>
	Heel of Hand	<input type="checkbox"/>	<input type="checkbox"/>	Ring/Third	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	Pinky/Fourth	<input type="checkbox"/>	<input type="checkbox"/>
						

DETAIL OF INCIDENT	MARK ALL THAT APPLY Items marked with an asterisk (*) require completion of a Contaminated Sharps Report Form		
	<input type="checkbox"/> Exposure to communicable disease Source known	<input type="checkbox"/> Face/Head/Eye Injury	<input type="checkbox"/> Slip/Trip/Fall
	<input type="checkbox"/> Exposure to Communicable disease Source unknown	<input type="checkbox"/> Rash/Allergic Reaction	<input type="checkbox"/> Fracture
	<input type="checkbox"/> Human blood/body fluid exposure (Splash/spray into eyes, nose, mouth skin)	<input type="checkbox"/> Burn (chemical/thermal/radiation)	<input type="checkbox"/> Sprain/Strain
	<input type="checkbox"/> Human blood/body fluid exposure * (Needle stick/sharps exposure)	<input type="checkbox"/> Abrasion/Contusion/Bruise	<input type="checkbox"/> Crush injury
	<input type="checkbox"/> Sharps Injury – uncontaminated sharp	<input type="checkbox"/> Other:	
COURSE INSTRUCTOR OR SUPERVISOR FOR STUDENT	Name	Email Address	Phone No.
	Address		HAS THIS PERSON BEEN NOTIFIED?
			<input type="radio"/> Yes <input type="radio"/> No
WITNESSES	Name	Email Address	Phone No.
	1.		
	2.		
	3.		
REPORTED BY	Name	Email Address	Phone No.
	Title	Department	Date
CLINICAL NAME & ADDRESS			
DID YOU SEEK TREATMENT?	<input type="radio"/> Yes <input type="radio"/> No	DETAILS	
DID YOU REFUSE TREATMENT?	<input type="radio"/> Yes <input type="radio"/> No		

INSTRUCTIONS FOR COMPLETION OF INJURY/EXPOSURE INCIDENT REPORT

THIS FORM SHOULD BE COMPLETED BY THE INJURED STUDENT.

- BE DETAILED – DOCUMENT AS MUCH INFORMATION AS POSSIBLE ABOUT THE FACILITY, ENVIRONMENT CIRCUMSTANCE OF THE INCIDENT AT THE TIME OF THE REPORT, INCLUDING ANY WITNESSES' CONTACT INFORMATION.

ONLY LIST INFORMATION REGARDING A SOURCE PATIENT FOR A BBP EXPOSURE ON PAGE 3 OF THIS FORM.

DO NOT DISCUSS THE ACCIDENT WITH ANYONE - EXCEPT A RESPONDING INSTRUCTOR OR CLINICAL PRECEPTOR OR COLLEGE POLICE (POLICE ONLY IF THE INCIDENT OCCURRED ON CAMPUS PROPERTY).

Declination Statement

I understand that due to my exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B, Hepatitis C or HIV infection. I am aware of the risks of not seeking post-exposure testing and prophylactic treatment; however, I decline these measures at this time. I understand that by declining, I continue to be at risk of acquiring these blood borne diseases.

Student Signature: Date:

REPORT OF SIGNIFICANT EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL

(This form is NOT a claim form; but ONLY a report of exposure).

1. Exposed Student _____ Birth Date _____ Curriculum _____
2. Address _____ Phone No. _____

3. Employer's Full Name _____

4. Employer's Address _____

5. Date of Exposure _____ Time of Exposure _____

6. Address or Location of Exposure _____

7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific)

8. What were you exposed to? (Directly or indirectly via bandages, personal items, etc.) Check all that apply.
☐ Blood ☐ Vaginal fluid ☐ Broken skin ☐ Urine ☐ Any other fluid(s) containing blood or infectious material (Describe) _____
☐ Semen ☐ Surgical fluid(s) ☐ Mucous membrane ☐ Feces ☐ Airborne/Respiratory/Oral Secretions Other (specify): _____
☐ Saliva ☐ Vomitus ☐ Skin infection (e.g., abscesses, boils, or pus-filled/red/swollen/painful skin lesions)

9. Source person(s) information Unknown Known
Name _____ DOB _____ Phone No. _____
Address _____ City _____ State _____ Zip _____

10. What part(s) of your body was exposed to bodily fluids/infectious material? Did exposure take place through your skin or mucous membrane (be specific)?

11. Did you have any open cuts, sores, rashes, or other breaks/ruptures in your skin or mucous membrane that were exposed to bodily fluids/infectious material (please describe)?

I HAVE GIVEN THIS FORM TO MY INSTRUCTOR AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

STUDENT SIGNATURE _____ DATE _____

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C

1. You must file this report with your instructor no later than ten (10) days after your exposure.
2. You must have blood drawn no later than ten (10) calendar days after exposure. (Baseline testing)
3. You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
4. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.

Other Required Steps to Establish Prima Facie Claim for MRSA

1. You must file this report with your instructor no later than thirty (30) days after your exposure.
2. For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your
3. Instructor the details of the exposure.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB

1. You must file this report with your instructor no later than ten (10) days after your exposure.
2. For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.

Instructor: Keep Original

Student: Keep Copy