



Physical & Required Immunizations for Blinn Emergency Medical Program Students

❖ Physical

- The student must have a physical performed **within a calendar year** of the pre-clinical deadline. If the physical expires during the semester, the student will need to provide another physical for any following semesters.
- Physical may be documented on the program form, or the provider form.

❖ Vaccinations / Serologic Tests

- Hepatitis B
- Influenza
- MMR (Measles, Mumps, Rubella)
- Meningitis
- Tdap (Tetanus, Diphtheria, Pertussis)
- Tuberculosis (PPD)
- Varicella (Chickenpox)

➔ For any serologic (titer) testing, the result must be **positive/immune** to qualify. If the test is **equivocal/negative/not immune**, proof of vaccination is required.

- Note: *equivocal is not the same as positive/immune*

➔ All serologic (titer) tests should include a **number (quantitative) result** and a **number reference range**.

1. Hepatitis B:

*VACCINE SERIES USUALLY REQUIRES AN INTERVAL OF FOUR (4) MONTHS TO COMPLETE. IF THE STUDENT DOES NOT HAVE AT LEAST THREE (3) VACCINES AT THE BEGINNING OF THE SEMESTER, THEY WILL LIKELY NOT COMPLETE IT IN TIME.

- Positive serologic test (titer) with numerical result & reference range
 - ✓ If the result is positive, **no further action is needed**
 - ✗ If the result is equivocal/negative, **student must provide proof of vaccination**
Student may provide:
 - Three (3) doses of Hepatitis Vaccine, given according to schedule PRIOR to serologic (titer) test
 - Student must repeat three (3) shot series
 - Student may continue in program, will need to provide proof of continuing vaccinations
 - OR-
 - Six (6) doses of Hepatitis Vaccine, given according to schedule

Last shot/result within: Lifetime vaccine

2. Influenza:

- One (1) dose of Influenza vaccine

Last shot/result within: One (1) year of end of semester clinical deadline

3. Measles (Rubeola), Mumps, Rubella (MMR):

[^]VACCINES ARE USUALLY GIVEN TOGETHER

- ✓ Positive serologic test (titer) for Measles, Mumps, and Rubella with numerical result & reference range

- OR-

- Two (2) doses of MMR vaccine, at least 4 weeks apart

Last shot/result within: Lifetime vaccine

4. Meningococcal (Meningitis) Vaccine (MCV4):

[^]FOR STUDENTS UNDER THIRTY (30) YRS., VACCINE IS REQUIRED. FOR STUDENTS THIRTY (30) YRS. & OVER IT IS HIGHLY RECOMMENDED. STUDENTS THIRTY (30) AND OVER MAY SIGN A WAIVER TO REJECT THE VACCINATION.

- One (1) dose of Meningococcal Vaccine
- Booster recommended five (5) years after second dose, but student only needs to show one.

Last shot/result within: Lifetime vaccine

5. Tetanus, Diphtheria, Pertussis (Tdap):

[^]MUST INCLUDE PERTUSSIS - TD (TETANUS, DIPHTHERIA) IS NOT ACCEPTABLE.

- One (1) dose of Tdap vaccine

Last shot/result within: Ten (10) years from end of semester clinical deadline

6. Tuberculosis:

^{*}TEST INVOLVES INITIAL VISIT, THEN RETURN VISIT AFTER FORTY-EIGHT (48) HOURS TO "READ" THE SKIN REACTION

- Tuberculosis skin test (PPD) with date "read" and numeric results
 - ✓ If test is negative, **no further action is needed**
 - × If test is positive, **chest X-Ray is required**

Last shot/result within: Six (6) months of pre-clinical deadline. X-Rays are valid for one (1) year.

7. Varicella (Chicken Pox):

^{*}VACCINE SERIES USUALLY REQUIRES AN INTERVAL OF ONE (1) MONTH TO COMPLETE. IF THE STUDENT DOES NOT HAVE AT LEAST ONE (1) VACCINE AT THE BEGINNING OF THE SEMESTER, THEY WILL LIKELY NOT COMPLETE IT IN TIME.

- ✓ Positive serologic test (titer) with numerical result & reference range

- OR-

- Two (2) doses of Varicella vaccine, at least four (4) weeks apart

Last shot/result within: Lifetime vaccine

Blinn College EMS Program Physical Form

Physical may be documented on the program form, or the provider form.

TAMHSC Campus, 8441 Riverside Parkway — Suite #2500, Bryan, TX 77807

Fax: (979) 691-2430

Report of Health Evaluation

TO THE EXAMINING PHYSICIAN: Please review the students' history and complete the physician's form. Please comment on all positive answers. This information will be used only as a background for providing health care, if necessary.

Student Name		Blinn ID #	
Blood Pressure	Height in inches	Weight in pounds	

ARE THERE ANY ABNORMALITIES OF THE FOLLOWING SYSTEMS?			
SYSTEM	YES	NO	COMMENTS
Head/Ears/Nose/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Hernia			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			
Gynecological/OB			
Are there any speech/vision/hearing impairments?			
Eyes			Vision: Lt. Rt. Corrected: Yes No
Hearing			Hearing: Lt. Rt. Corrected: Yes No

In your opinion, is this individual in suitable physical and emotional condition for this Health Science Program?

- Unlimited
- Limited

Please explain: _____

Physician's Signature _____

Date _____

Physician's Print Last Name _____ First _____

Office Number _____

Address _____ City _____ State _____ Zip _____

Office Fax _____