

PART I: To be completed by Student

Name: _____ FCC ID # _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Emergency Contact (ICE): _____ Cell _____ Other: _____

Student Contact Cell: _____ Email: _____ Other: _____

ACKNOWLEDGMENTS

I am aware of the duties of a surgical technologist including the need to stand for long periods of time, ambulate without assistive devices, lift at least 30 pounds, refrain from bathroom or food breaks, communicate accurately, hear safety alarms, and have accurate near-vision. Refer to the Association of Surgical Technologists' website for additional qualifications: www.AST.org

I hereby acknowledge that I have provided my health care practitioner with truthful and accurate information and that nothing has been omitted which would interfere with my physical and or mental ability to perform functions in the Surgical Technology Program.

I am aware that clear findings in Criminal Background Checks, Fingerprinting, and nine panel non-DOT drug screening are required before assignment into a clinical site, and for prospective employment after graduation.

My signature below indicates that I have never been convicted of any of the following: murder, arson, assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm, burglary, robbery, kidnapping, theft, fraud, forgery, extortion or blackmail, illegal use or possession of a firearm, rape, sexual assault, sexual battery, or sexual abuse, child abuse or cruelty to children, or unlawful distribution, or possession with intent to distribute, a controlled substance.

The College does not guarantee clinical placement, or employment for program graduates.

Student surgical technologists must be free of communicable diseases in order to be admitted into the program, and to function in the operating room environment.

- These diseases include: MMR, Varicella, Tuberculosis, and Hepatitis B.
- Tetanus immunity must be validated, and influenza vaccine must be received.
- If any student has an active disease, they may not enroll in the ST program. Once enrolled and later found to have an active disease, then the student may not continue in the program.
- Written permission from your physician to participate in the ST program is required.

The student is responsible financially for health care services received at the clinical site. Payment is required through the student's health care insurance, or by paying out of pocket.

Acknowledge and agree by signing below.

Student Signature: _____ Date: _____

PART II: Immunity Record To be completed by the Health Care Provider

Step one: Identify if student has an active disease such as Hepatitis B or TB. Student will obtain titers for immunity to Tetanus, MMR, Varicella, and Hepatitis B, and will receive the PPD. Physician will perform a history and physical examination. Document on last page.

Step two: If any active, communicable disease is found then the student may not begin the ST program, ie) TB or Hepatitis B. Student will notify ST Program manager if unable to begin the program.

Step three: Physician will determine treatment plan for an active disease. The student may reapply to the program at a future date and when disease free.

Step four: If results indicate immunity to all, then complete and return this form.

Step five: Without documented immunity provide immunizations. Student will provide proof of immunity with second lab results and will attach results to this form.

Step six: Physician will validate that student is free of communicable disease.

Note: History of disease is not acceptable. Attach lab results.

		Date	Result			Date	Result
1	TB Test PPD (annual) 1 Record results 48-72 hours			4	Varicella Titer		
	Chest X ray For positive PPD			5	Varicella Vaccine Complete when titer indicates no immunity.		
2	Tetanus titer				Varicella Titer After immunization.		
	Tetanus/DT vaccine 10 years or less				Hepatitis B Titer		
3	MMR Titers				HBV Series Non-reactive titer		
	Measles – Rubeola				HBV 1		
	Mumps				HBV 2		
	Rubella				HBV 3		
	MMR vaccine Complete when titers indicate no immunity.			6	Hepatitis B Titer after HBV series		
	MMR Titers After immunization.				HBV Waiver Signed, attached		
	Measles			7	Influenza Vaccine Annual		
	Mumps						
	Rubella						

Part III: History and Physical, and permission to perform as a student surgical technologist.

To be initialed and completed by the Health Care Provider

Meets	Does not Meet	
Initials	Initials	
		Communicates and understands <u>fluent English</u> both verbally and in writing.
		Able to <u>stand, bend, stoop</u> and or <u>sit for long periods</u> of time in one location with a minimum or without breaks.
		Able to <u>lift a minimum of 20 pounds</u> and or <u>push or pull</u> additional weight.
		Able to <u>refrain from nourishment</u> or restroom breaks for periods of 2-6 hours, or more.
		Demonstrates sufficient <u>visual ability</u> to load a fine (10-0) suture onto needles.
		Demonstrates sufficient <u>peripheral vision</u> to anticipate and function while in the sterile surgical environment.
		Can hear and understand <u>muffled communication without visualization</u> of the communicator's mouth or lips and within 20 feet.
		Able to <u>hear activation or warning signals</u> on equipment.
		Able to <u>detect odors</u> sufficient to maintain environmental safety and patient needs.
		Capable of <u>manipulating</u> instruments, supplies and equipment with speed, dexterity and good eye-hand coordination.
		Ambulates or moves around <u>without assistive devices</u>.
		Able to assist with and or <u>lift, move, position and manipulate</u> the patient who is unconscious with or without assistive devices.
		<u>Free of reportable communicable</u> diseases and free of chemical abuse.
		<u>Free of conditions-</u> biological-psychological-social- which may endanger the health and well-being of other students, faculty, patients or staff.
		Possess <u>short and long term memory</u> sufficient to perform tasks such as mentally tracking surgical supplies and performing anticipation skills in the operating room.
		Able to make <u>appropriate judgment</u> decisions (critical thinking).
		Capable of demonstrating the use of <u>positive coping skills</u> under stress.
		Capable of demonstrating <u>calm and effective responses</u>, especially in emergency situations.
		Exhibits <u>positive interpersonal skills</u> during interactions with people.
		<u>Truthful in communication</u>; is capable of recognizing the importance of maintaining aseptic or sterile technique.

Initial each

_____ **History and physical on this student completed.**

_____ **Student is free of communicable disease.**

_____ **Student meets all qualifications listed above, and may participate with patients and Operating Room staff as an active and safe participant in the student surgical technologist role.**

Signature _____ Date _____

Physician, Nurse Practitioner or Physician's Assistant

Contact information:

Name _____

Address _____

Phone _____

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