



Student Health Packet B

Medical Assistant, Patient Care Technician, and EKG/Phlebotomy

Magnus Health

AIMS Education has partnered with Magnus Health to collect all student health documents. Students will receive a welcome email after enrollment and will be prompted to set up an account. All required health documents must be uploaded to Magnus Health.

Page 1 – Deadlines

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Appendix A - Immunizations Checklist

A physical examination, TB screening, and proof of immunizations must be submitted in your Magnus Health student portal by the deadlines provided below. The deadline to complete the Hepatitis B vaccine series will change for students with previously documented doses.

Deadlines:

- | | |
|--|-------------------------------------|
| • Meningococcal vaccine (if applicable)
<i>*Meningococcal information provided in a separate form</i> | Prior to first day of class |
| • Physical Examination | First day of class |
| • MMR vaccine (at least 1 dose or titer) | First day of class |
| • Hepatitis B vaccine (at least 1 dose or titer) | First day of class |
| • Varicella vaccine (at least 1 dose or titer) | First day of class |
| • Tdap vaccine | First day of class |
| • Tuberculosis (TB) screening | First day of class |
| • MMR vaccine (2 nd dose) | 4 weeks after 1 st dose |
| • Varicella (2 nd dose) | 4 weeks after 1 st dose |
| • Hepatitis B vaccine (2 nd dose) | 1 month after 1 st dose |
| • Hepatitis B vaccine (3 rd dose if applicable) | 5 months after 2 nd dose |

****Blood titers (MMR, HepB, and Varicella), the COVID vaccine (if applicable), the influenza vaccine (if applicable), a 2-step TB skin test, and an updated physical exam may be required prior to the start of the clinical internship.***

DIRECTIONS: The physical examination form and TB screening form must be completed by a physician or nurse practitioner. Proof of vaccine doses and/or proof of immunity must be submitted via official medical records, immunization cards, or lab results. Serologic tests (blood titers) which show immunity are only valid if the test date is at least 1 month after the final vaccine dose. The completed physical examination form, TB screening form, and all immunization records must be uploaded to your Magnus Health student portal.

Failure to submit the required documentation to Magnus Health may result in suspension or dismissal from the program.

Additional guidance for EKG/Phlebotomy students: It is recommended that students complete each vaccination series based on their doctor's guidance. However, EKG/Phlebotomy students who oppose getting the MMR, Hepatitis B, Varicella, or Tdap vaccines are permitted to opt out by signing health waiver forms. Due to NJ state law, students cannot opt out of the meningococcal vaccines.



PHYSICAL EXAMINATION

*The date of the physical exam may be no more than 12 months prior to the start date. A second physical may be required for the clinical internship.

PART 1: To be completed by the Student (type or print)

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	PROGRAM	START DATE

MEDICAL HISTORY			
Ongoing Health Issues:	Past Surgeries:	Allergies:	Current Medications:

PART 2: To be completed by the Healthcare Provider

The individual listed in Part 1 has enrolled in a healthcare training program at AIMS Education. The purpose of this physical exam is to determine if the individual is physically and emotionally capable of attending a healthcare training program, participating in clinical education, and volunteering during lab training.

Height:	Weight:	Blood Pressure:	Latex Allergy: YES / NO
Vision: R 20 / ___ L 20 / ___ Corrected? YES / NO		Hearing: NORMAL / ABNORMAL	

1. Is the individual listed in Part 1 medically cleared to participate in all classroom and clinical activities required for a healthcare training program? ___ Yes ___ No
2. Is the individual listed in Part 1 medically cleared to serve as a phlebotomy volunteer during lab training (e.g., venipunctures and fingersticks)? ___ Yes ___ No

Explanation (If you answered "No" to either answer above):

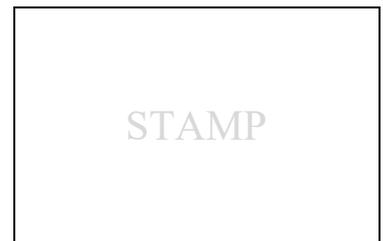
Healthcare Provider:

Name and Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Physical Exam: _____





Tuberculosis (TB) Screening

*The date of the TB test may be no more than 12 months prior to the start date. A 2-step TB skin test may be required for the clinical internship.

PART 1: To be completed by the Student (type or print)

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	PROGRAM	START DATE

PART 2: To be completed by the Healthcare Provider

The individual listed in Part 1 has enrolled in a healthcare training program at AIMS Education. A TB skin test or TB blood test is required for all students. Please complete the information below based on the test results.

*If the individual tests positive on the skin test or blood test, please evaluate with a chest x-ray.

Skin Test:

PPD date placed _____ PPD date read _____ Result: NEGATIVE / POSITIVE

Blood Test:

QuantiFERON or T-SPOT date _____ Result: NEGATIVE / POSITIVE

Chest X-Ray (if applicable):

Chest X-Ray date _____ Chest X-Ray result _____

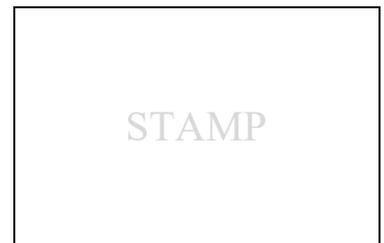
Additional Comments (if necessary):

Healthcare Provider:

Name and Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____





Appendix A Immunizations Checklist

***Reference guide only. Please do not upload to Magnus Health.**

DIRECTIONS: Students must complete all required vaccine doses and/or show proof of immunity via a serologic test (blood titer). Serologic tests which show immunity are only valid if the test date is at least 1 month after the final vaccine dose. Proof of immunization **must be submitted via official medical records, immunization cards, or lab results**. All documented proof must be uploaded to Magnus Health.

Proof of immunization must be submitted by the deadlines provided on page 1 of the Student Health Packet. The deadlines are also provided in Magnus Health.

The purpose of this checklist is to help students track their completed vaccine doses and/or serologic test results. The checklist should not be submitted to AIMS or uploaded to Magnus Health.

Immunizations		Date Given			
MMR vaccine	dose # 1	_____	Measles	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
OR	dose # 2	_____	Mumps	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
Serologic immunity (blood titer)		_____	Rubella	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
<i>*If you received separate vaccines for Measles, Mumps and Rubella, submit all applicable records to Magnus Health.</i>					
Varicella vaccine	dose # 1	_____	Varicella	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
OR	dose # 2	_____			
Serologic immunity (blood titer)		_____			
Hepatitis B vaccine	dose # 1	_____	Hepatitis B	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
OR	dose # 2	_____			
	dose # 3	_____			
Serologic immunity (blood titer)		_____			
<i>*Recombivax HB and Engerix-B require 3 doses. Heplisav-B vaccine only requires 2 doses.</i>					
Adult Tdap	Tdap	_____	*Booster needed if Tdap is not within last 10 years.		
	Booster (Td or Tdap)	_____			
Meningococcal vaccine (if applicable)					
<i>*Instructions for the meningococcal vaccine are provided in the Meningococcal Vaccine Requirements form. If required, please upload proof of your vaccine doses for MenACWY and/or MenB to Magnus Health.</i>					