Student Health Packet C

Continuing Education Courses

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.

A physical examination 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:

• Physical Examination	First day of class
• Tuberculosis (TB) Screening (if applicable)	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
• MMR vaccine (2nd dose)	4 weeks after 1st dose
• Varicella (2nd dose)	4 weeks after 1st dose
• Hepatitis B vaccine (2nd dose)	1 month after 1st dose
• Hepatitis B vaccine (3rd dose if applicable)	5 months after 2nd dose

Blood titers (MMR, HepB, and Varicella), the COVID vaccine (if applicable), and the influenza vaccine (if applicable) may also be required for internship.

DIRECTIONS: The physical examination form and TB screening form must be completed by a physician, nurse practitioner, or physician assistant, and 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. All completed health forms and 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 course.

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	CE COURSE	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 course at AIMS Education. The purpose of this physical exam is to determine if the individual is physically capable of attending a healthcare training course and participating in lab and/or clinical education.

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

Is the individual listed in Part 1 medically cleared to participate in all classroom, lab, and clinical activities required for a healthcare training course? _____Yes _____No

Disclosure: Depending on the Continuing Education course in which the student is enrolled, required course activities may include hands-on laboratory training, clinical internship experience, and/or participation as a student volunteer for practice-based procedures, including invasive skills labs or serving as a phlebotomy volunteer. By providing medical clearance, the healthcare provider is confirming that the student is medically capable of participating in these activities, subject to any restrictions or limitations identified below.

Restrictions or limitations, if any: _____

Healthcare Provider:

Name and Title: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Physical Exam: _____

STAMP

Tuberculosis (TB) Screening

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

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH	CE COURSE	START DATE

PART 2: To be completed by the Healthcare Provider

The individual listed in Part 1 has enrolled in a healthcare training course at AIMS Education. A 2-step TB skin test or a TB blood test is required for all students prior to starting the clinical internship. Students enrolled in a course that does not include a clinical internship are only required to complete a 1-step TB skin test. 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.

2-Step Skin Test:

1) PPD date placed _____ PPD date read _____ Result: NEGATIVE / POSITIVE
2) PPD date placed _____ PPD date read _____ Result: NEGATIVE / POSITIVE

**Second skin test should be 1-3 weeks after first test.*

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:** _____

STAMP

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). Students who are in the process of completing a multi-dose vaccine series and are following the vaccination schedule recommended by the CDC will be considered up to date on their immunizations, provided they submit documentation of all doses received to date and continue to receive any remaining doses according to the recommended schedule.

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**	☐ Immune	☐ Non-immune
OR	dose # 2	_____	**Mumps**	☐ Immune	☐ Non-immune
Serologic immunity (blood titer)		_____	**Rubella**	☐ Immune	☐ Non-immune
*If you received separate vaccines for Measles, Mumps and Rubella, submit all applicable records to Magnus Health.					
Varicella vaccine	dose # 1	_____	**Varicella**	☐ Immune	☐ Non-immune
OR	dose # 2	_____			
Serologic immunity (blood titer)		_____			
Hepatitis B vaccine	dose # 1	_____	**Hepatitis B**	☐ Immune	☐ Non-immune
OR	dose # 2	_____			
	dose # 3	_____			
Serologic immunity (blood titer)		_____			
*Recombivax HB and Engerix-B require 3 doses. Heplisav-B vaccine only requires 2 doses.					
Adult Tdap	Tdap	_____	***Booster needed if Tdap is not within last 10 years.**		
	Booster (Td or Tdap)	_____			