

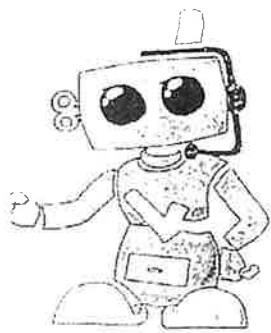
Patient Care Technician Mandatory Requirements

- Physical
- Background Check
- PPD Shot I
- PPD Shot II
- Proof of CPR/AED Certification
- Proof of Immunizations (MMR, Hepatitis B, Varicella, Flu Shot)
- Proof of Health Insurance
- Copy of High School Diploma or Transcript
- Online HIPPA Course – Link - <http://cf.rcgc.edu/hipaa>
- Proof of COVID Vaccination

I understand that all of the above documentation must be submitted to Career & Technical Education in order to be eligible for Clinical Placement.

Student Print _____ Sign _____ Date _____

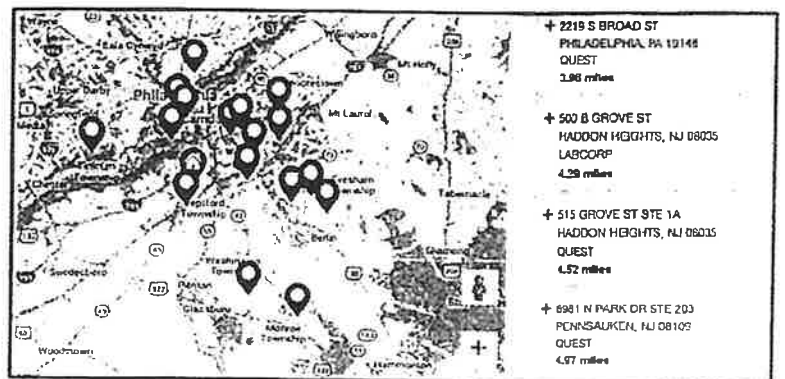
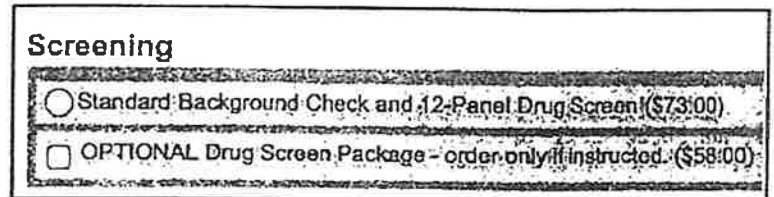
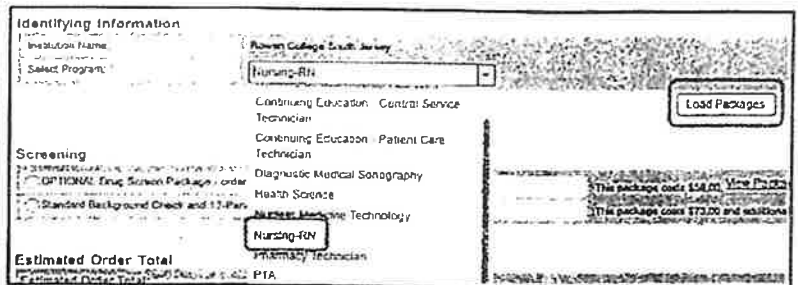
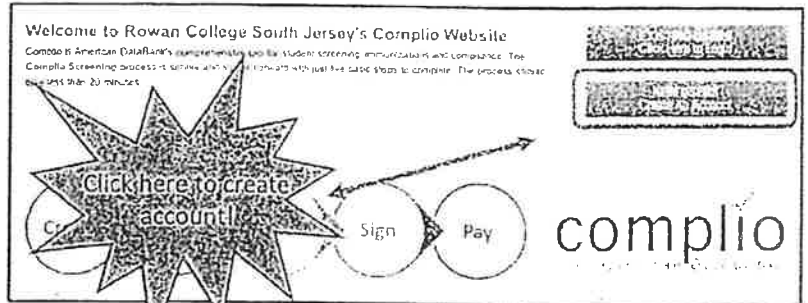
Instructor Print _____ Sign _____ Date _____



Rowan College South Jersey

Complio guide for students

- Using Google Chrome or Mozilla Firefox please go to rcsjcomplio.com and click on the "Create an Account" button on the top right side of the screen.
- Once your screen refreshes, you'll enter in all the applicable contact details and click on "Create account and proceed". This will send you an activation email with the link to activate your account.
- You will be prompted to begin your order. Watch the video and click the "Get Started" button which will move you to the ordering screen.
- Select your program of study from the dropdown that appears. To review the packages, click on "Load Packages".
- Choose the appropriate package for your program. The price of the packages ordered will be displayed as you select them. If you are unsure of which package(s) to order, please reach out to your school to confirm. American DataBank does not know this information.
- Your background check order includes a drug screening. Please be sure to choose a collection site close to your home, work, or school.
- Review the order information as well as your personal information to make sure everything is entered correctly. You will also be prompted to review and sign the Disclosure and Authorization form prior to completing your order.
- After your order is processed by ADB your account will be active and your background order will begin. You will be alerted once your screenings are complete and available for your review within Complio





Gloucester Campus
1400 Tanyard Road, Sewell, NJ 08080

Physical Examination Form for Patient Care Technician Students

To be completed by Health Care Provider

Instructions: This Physical Examination Form is to verify the health status of this student who has been accepted into the Patient Care Technician Program at Rowan College of South Jersey upon verification of adequate health status.

Pt. Last Name: _____ First Name _____ M.I. _____

Pt. DOB: _____ Pt. E-mail address _____

Pt. Home Phone () _____ Pt. Cell Phone () _____

Date of Exam: _____

HT _____ WT _____ BP _____ P _____ Vision _____ Urine Dip _____ Hb _____

NL ABNL Findings

Head/Neck _____

Eyes _____

ENT _____

Lungs _____

Cardiac _____

Breasts _____

Abdomen _____

GU (as indicated) _____

Rectal (as indicated) _____

Back Strength/Exremities _____

Yes No

Ability to lift and carry up to 50 lbs. _____

Ability to exert up to 100 lb. force or push/pull _____

Ability to bend/stoop/squat/crawl _____

NL ABNL

Neuro _____

- Reflexes _____
- Lymph's _____
- Skin _____

Remarks:

Student is sufficiently free of disease and able to perform duties. He/she does not have any health condition that would create a hazard for him/herself, fellow students, facility employees, residents, or visitors.

MD Signature _____ Date _____

Tuberculin Skin Test Requirements	Date/Results	Date /Result
2 Step TB Skin Test (PPD) 2 TB Skin Test; a minimum of 1 week apart or a max of 3 weeks apart *Results must be negative	1 st Step Date: _____ Results _____ *In positive PPS result, see Chest Xray & Letter	2 nd Step Date _____ Results _____
Chest Xray & Letter from Physician *Only required if positive TB Skin test *Negative Chest Xray (within last 5 years) * <u>A letter from your physician stating you are free of any symptoms of TB</u>	Date _____ Results _____ INH Treatment- 9 Mos Date began: Date Ended:	

TB Symptoms Review:

1. Are you currently exhibiting any of the following symptoms of tuberculosis?

- Hoarseness/Cough lasting longer than 3 weeks _____ yes _____ no
- Coughing up Blood _____ yes _____ no
- Fever _____ yes _____ no
- Weight Loss _____ yes _____ no
- Night Sweats _____ yes _____ no
- Excessive Fatigue _____ yes _____ no

Have you had any of the above TB Symptoms within the last 12 months? _____

If Yes, explain

2. Have you ever been told by a doctor other health care provider that you had active TB? _____ Yes or No

3. Have you ever been told by a doctor or health care provider that your immune systems is not working right or that you cannot fight infection? _____ Yes or No

4. Have you had pneumonia in the past year? _____ Yes or No

5. Have you ever lived with had close contact with someone who has/had active TB with symptoms listed above? _____ Yes or No. If yes, list symptoms: _____

6. Is any person living in your household exhibiting any symptoms of TB that are listed above _____ Yes or No. If yes, list symptoms _____

7. Have you ever been told that you have an abnormal chest x-ray or had a chest x-ray to rule out TB? If yes, where was the chest x-ray done; physician's name and number: _____

8. Have you ever received medication for active tuberculosis disease or preventative treatment for TB injections? If yes, list medication, date started, and date completed: _____

9. Have you ever worked where patients with active tuberculosis disease receive care? _____

10. Have you ever worked, volunteered, or lived in any institution such as jail, group home, or homeless shelter? _____

11. Have you ever traveled outside of the United States? _____ If yes, where: _____

12. Where you born in the United States? _____ If no, where were you born? _____

Student Signature: _____ Date: _____