

PARKLAND COLLEGE HEALTH PROFESSIONS

Health Guidelines and Viewpoint
Instructions

Updated April 2025

Health Guidelines



You will be held accountable for ALL information in this document so take time to familiarize yourself with the information.

Health Guidelines



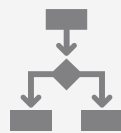
If you have ANY questions regarding the health requirements, please contact healthrecord@parkland.edu



Viewpoint is the company that Parkland College has designated as the repository for the health record information, background checks, drug screen results and Basic Life Support (BLS).

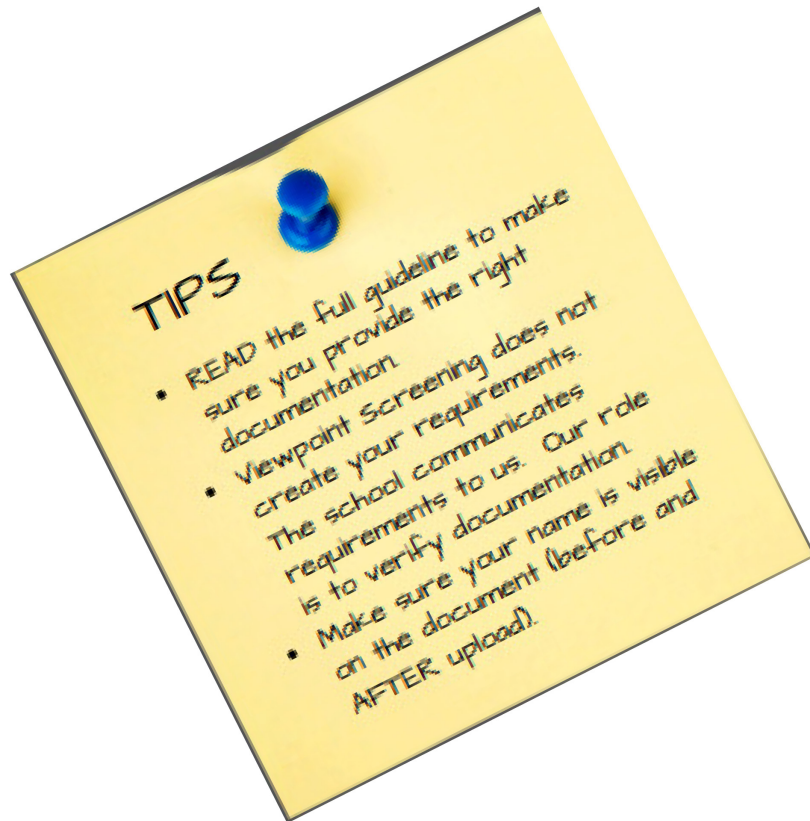


All information will be uploaded and APPROVED by Viewpoint.



Renewal dates are 5/15 (Summer clinical), 7/15 (Fall clinical), and 12/15 (Spring clinical) see slide 14 for the renewal schedule.

Viewpoint Health Portal

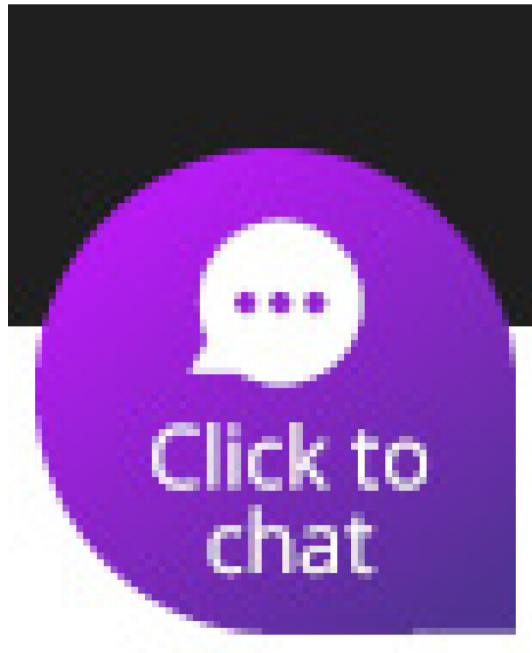


Version 1 - 12/21/24



- ❑ You will receive a flyer from the program director
- ❑ Follow the instructions on the flyer to set-up your account
- ❑ Be sure to select the correct program in step 3
- ❑ Once you finish creating your account, follow the instruction on the 2nd page to view the requirements and upload required documents

Viewpoint Health Support



- ❑ The Viewpoint team is available to help you!
- ❑ You can contact them using the following methods:
 - ❑ Email:
StudentSupport@viewpointscreening.com
 - ❑ Instant chat located on their website
 - ❑ Located at bottom right-hand corner
 - ❑ Monday - Friday 9 am - 5pm EST



**PARKLAND COLLEGE CERTIFIED NURSING ASSISTANT, LICENSED
PRACTICAL NURSING, REGISTER NURSING PROGRAMS
ESSENTIAL QUALIFICATIONS AND HEALTH FORM**

Students matriculating in and graduating from a Parkland College Nursing Assistant health career program must be able to meet the Essential Requirements of the academic program and must not pose a threat to the well-being of patients, other students, staff, or themselves. As an incoming nursing assistant student you will need, at a minimum, the following types of skills and abilities and will need to maintain and demonstrate these abilities throughout the program.

The student must have the ability to perform the following with or without reasonable accommodations:

- Comprehend and process information.
- Concentrate and not be distracted while performing a task.
- Combine several pieces of information and draw conclusions.
- Demonstrates a positive attitude, both verbal and non-verbal
- Displays mannerly behavior
- Stoop, bend, reach, pull, and push with full range of motion of body joints.
- Push or pull an occupied wheelchair, bed, or cart.
- Ability to lift, push, pull, or carry heavy objects.
- Adequate skin integrity, without the presence of open, weeping lesions.
- Gross and fine motor abilities sufficient to perform required functions of patient care; hand-wrist movement, hand-eye coordination, and simple firm grasping required for the fine motor-skills and manipulation.
- Express ideas clearly when speaking or writing.
- Articulate accurate information to others in a professional and courteous manner.
- Demonstrate appropriate non-verbal communication skills.
- Listen attentively to others, understand, and ask questions.
- Acute visual skills necessary to detect signs and symptoms.
- Interpret written word accurately, read characters and identify colors on the computer screen
- Emotional and mental stability.
- Displays appropriate verbal and non-verbal skills

For a full list of the essential qualifications please visit our website at:

C.N.A: [https://new.parkland.edu/Portals/3/Health Professions/Documents/CNA/CNA TAS.pdf?ver=2018-02-06-111232-827](https://new.parkland.edu/Portals/3/Health%20Professions/Documents/CNA/CNA%20TAS.pdf?ver=2018-02-06-111232-827)

LPN: [https://new.parkland.edu/Portals/3/Health Professions/Documents/LPN/LPN EQs.pdf?ver=2018-03-07-103808-590](https://new.parkland.edu/Portals/3/Health%20Professions/Documents/LPN/LPN%20EQs.pdf?ver=2018-03-07-103808-590)

RN: [https://new.parkland.edu/Portals/3/Health Professions/Documents/NUR/NUR EQs.pdf?ver=2018-03-07-103706-450](https://new.parkland.edu/Portals/3/Health%20Professions/Documents/NUR/NUR%20EQs.pdf?ver=2018-03-07-103706-450)

If you have any concerns regarding these standards, please contact Shelby May, Program Director at 353-2319, Diane Cousert, Assistant Dean at 217-353-2135 or Kim Pankau, Health Professions Department Chair at 351-2468.

Updated 3/2018

Physical Forms

- ❑ ALL pages of the physical must be taken to your healthcare provider
- ❑ The physical can be completed by a physician or their authorized personnel (i.e. Physician Assistant or Nurse Practitioner)
- ❑ Your healthcare provider will need to sign/stamp that the physical exam was completed, and that the student is able to meet all Essential Qualifications (stated on page 1 of the form)

Physical Forms- Continued

- ❑ Your healthcare provider **MUST** check all boxes
- ❑ Physical Forms:
<https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms>

C.N.A./LPN/RN PAGE 2

Parkland Community College
Department of Health Professions
Physical Exam (to be completed by a qualified health care provider)

The student named below is entering a Health Profession program and must be able to meet the Essential Qualifications as listed on page 1 of this form.

Name _____ Gender: M F DOB: ____/____/____

Height _____ Weight _____ BP _____ Pulse _____

	Normal	Abnormal	IF abnormal, will it affect the student's ability to meet the Essential Qualifications listed?
Appearance			
Head/neck			
Skin			
Ears			
Hearing			
Eyes			
Vision			
Nose			
Mouth/Teeth/Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Musculoskeletal			
Endocrine			
Neurological			

History of back injury or back problems? Yes ☐ No ☐

If yes, will it affect the student's ability to meet the Essential Qualifications listed? Yes ☐ No ☐

Is the student able to lift 50 pounds? Yes ☐ No ☐

HEALTHCARE PROVIDER VERIFYING PHYSICAL EXAMINATION		
Based upon my exam and knowledge of this student, I believe he/she can perform the Essential Qualifications as outlined on page 1 of this form: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:		
Signature: _____		
Name and credentials (print) _____		
Date: _____	Healthcare Facility: _____	Telephone: _____

*Student will submit copy to Viewpoint as directed

Revised July 2023

Immunization Record

- ▶ Immunization record must be completed by your healthcare provider or their authorized personnel (i.e. Physician Assistant or Nurse Practitioner)
- ▶ Your healthcare provider will need to sign/stamp that the immunization record
- ▶ If you have titers be sure to upload lab reports with the immunization record
- ▶ If you choose to upload an immunization summary you will need to be sure your Name, Provider/Facility and Immunization information is on the document

Immunization Form:

https://www.parkland.edu/Main/Academics/Departments/H_ealth-Professions/Explore/Health-Forms

Student Name: _____	
Student Date of Birth: _____	
IMMUNIZATIONS: <i>To be completed and signed by a healthcare provider. All dates must include month, day and year.</i>	
MEASLES (RUBEOLA) – required for all programs <i>Persons born prior to 1957 are considered to be immune to measles.</i>	
1. Immunization with live virus vaccine: Date 1 _____ Date 2 _____ <i>(Two doses given at least 30 days apart; both doses given on or after January 1, 1988, and given on or after first birthday)</i>	OR
2. Immunity confirmed by blood titer: Date of test _____ Result _____ <i>(attach copy of laboratory report)</i>	
MUMPS – required for all programs <i>Persons born prior to 1957 are considered to be immune to mumps.</i>	
1. Immunization with live virus vaccine: Date 1 _____ Date 2 _____ <i>(Given in 1969 or later and given on or after first birthday)</i>	OR
2. Immunity confirmed by blood titer: Date of test _____ Result _____ <i>(attach copy of laboratory report)</i>	
RUBELLA (GERMAN MEASLES) – required for all programs	
1. Immunization with live virus vaccine: Date 1 _____ Date 2 _____ <i>(Given in June 1969 or later and given on or after first birthday)</i>	OR
2. Immunity confirmed by blood titer: Date of test _____ Result _____ <i>(attach copy of laboratory report)</i>	
TDAP – required for all programs <i>Immunization must be within the last 10 years and cannot expire during the semester. (renewal schedule located in the Health Guidelines PowerPoint online)</i>	
Date: _____	
VARICELLA (Chicken Pox) – required for all programs	
1. Varicella immunization: Date 1 _____ Date 2 _____	OR
2. Immunity confirmed by blood titer: Date of test _____ Result _____ <i>(attach copy of laboratory report)</i>	
TUBERCULOSIS SCREENING – required for all programs <i>Initial 2-step TB test (must be Mantoux). After initial testing, a yearly single-step Mantoux test is required for all programs. If the student has a positive TB test, a chest x-ray must be performed and a copy of the report attached to this record.</i>	
1. Has student ever had a positive TB skin test? <input type="checkbox"/> No (go to #2) <input type="checkbox"/> Yes (year) _____ if yes: <input type="checkbox"/> Medication name _____ How long taken? _____	
2. Has student ever had BCG vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes (year) _____ <i>(Persons who have received BCG vaccine are required to have a TB skin test unless they have had a previous positive reaction)</i>	
3. Chest x-ray, if necessary (attach copy of report): Date of test _____ Result _____	
4. 2-step TB test: 2 Mantoux TB tests given one to three weeks apart #1 Date Given _____ Date Read _____ Results _____ #2 Date Given _____ Date Read _____ Results _____	
OR QuantIFERON Test Date _____ <i>(attach copies of testing information and lab results)</i>	
OR Three consecutive years of annual one-step TB testing: Date Given _____ Date Read _____ Results _____ Date Given _____ Date Read _____ Results _____ Date Given _____ Date Read _____ Results _____	
HEPATITIS B VACCINE – required for all programs <i>Post-vaccination testing for immunity (titer) is required.</i>	
Immunity confirmed by blood titer: Date of test _____ Result _____ <i>(attach copy of laboratory report)</i>	
OR Hep B Declination can be found at: https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/How-to-Apply	
COVID-19 Immunizations – required for all programs	
Dose #1 Date _____ Manufacturer _____ Lot# _____	
Dose #2 Date _____ Manufacturer _____ Lot# _____	
HEALTHCARE PROVIDER VERIFYING IMMUNIZATION INFORMATION	
Name and Credentials (print) _____ Signature _____ Date _____	
Address _____ Telephone _____	

For all questions regarding immunization email healthrecord@parkland.edu

Parkland College Health Professions- revised November 2023

Submit the completed form to Castle Branch as directed

Hepatitis B

- ☐ There must be documentation of one of the following:
 - ☐ Positive antibody (lab report required)
 - OR
 - ☐ Declination waiver
- ☐ If you choose to obtain a titer after completing a declination you must contact Viewpoint so they can open the requirement for you to upload your new immunizations and titer

Hep B Declination form:

<https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms>

PARKLAND COLLEGE HEALTH PROFESSIONS

DECLINATION/ACCEPTANCE STATEMENT FOR HEPATITIS B VACCINE

NAME _____ ID # _____

HEALTH PROFESSION PROGRAM: _____

Check one of the following:

☐ STANDARD DECLINATION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for acquiring hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to be at risk of exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B vaccine, I may receive the vaccination at that time.

☐ TITER DECLINATION:

I acknowledge that while attending clinical as a student in a Parkland Health Professions program I am at risk of exposure to Hepatitis B through blood or other potentially infectious materials and while I choose to decline immunization or confirmed immunity via titer at this time, I may complete the 3 immunization series at any time, acknowledging that immunity cannot be verified unless all 3 immunizations have been received, AND a titer indicating a positive result for immunity has been received.

☐ DELAY IN COMPLETION:

I understand that due to my risk for exposure to blood or other potentially infectious materials during my clinical experience as a health professions student, I may be at risk for acquiring hepatitis B virus (HBV) infection. I have begun the Hepatitis B vaccination series at this time but will be unable to complete the series by the deadline provided to me. I understand that I continue to be at risk of acquiring Hepatitis B and understand the importance of completing the series of vaccinations as prescribed. Furthermore, I understand it is my responsibility to complete the series and provide a titer of immunity and upload the documentation of this series at a later date.

Signature _____ Date _____

Tdap



Tdap administered as an adult (age 18+)



Tdap expires after 10 years and cannot expire during a semester of your program.

2-step Tuberculosis (TB)

- ❑ 2-step TB test consist of 4 office visits
 - ❑ Receive 1st Injection
 - ❑ Return in 48-72 hours after 1st injection for the reading
 - ❑ Receive 2nd Injection; 1-3 weeks after 1st injection
 - ❑ Return 48-72 hours after 2nd injection for the reading
- ❑ Or student may provide 3 years of consecutive one-step TB test
- ❑ Or a QuantiFERON blood test may be completed but you must upload the lab report

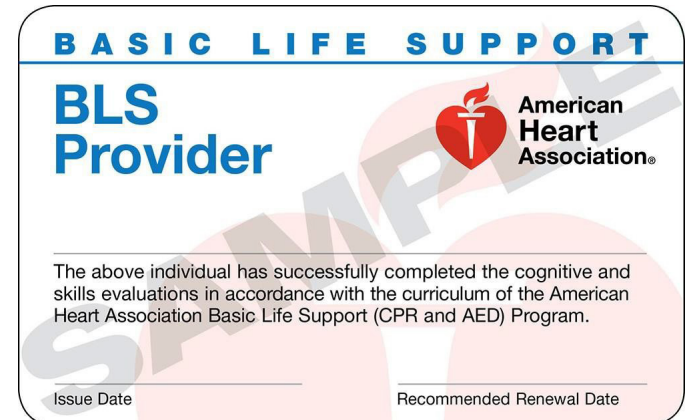


2-step Tuberculosis (TB) cont.

- ❑ TB results must state if the results are **positive** or **negative** to be accepted.
- ❑ Yearly updates will only need to be a one-step
- ❑ **If you receive a Positive TB result**
 - ❑ You will need to submit a copy of a follow-up x-ray report.
 - ❑ You do not need another chest x-ray unless you have symptoms.
 - ❑ Your healthcare provider must document you are currently symptom-free when they do the physical examination to meet this requirement.

Basic Life Support (BLS) Formerly CPR

- ❑ Parkland Health Professions only accepts 2 types of BLS cards
 - ❑ American Heart Association Basic Life Support for Healthcare Provider
 - OR
 - ❑ American Red Cross Basic Life Support for Healthcare Providers
- ❑ If you have questions regarding if your BLS is correct contact healthrecord@parkland.edu



TB and BLS Renewal Schedule

- ❑ Must be current through the ENTIRE semester you are entering.
- ❑ This means you may need to renew before it is actually due.
- ❑ This means that you will need to stay aware of your TB and BLS expiration dates.
 - ❑ if administered between January and April, the renewal will be set for 12/15 of the same year
 - ❑ if administered between May and August, the renewal will be set for 5/15 of the following year
 - ❑ if administered between September and November, the renewal will be set for 7/15 of the following year
 - ❑ if administered in December, the renewal will be set for 12/15 of the following year

Flu Vaccine

- ❑ Flu vaccines are usually not available until September and documentation must be submitted and approved by October 15th or earlier depending on the clinical site.
- ❑ IF you submit a flu vaccine from a previous year it will be rejected
- ❑ Declination Form must be completed if you choose not to have a flu vaccine. Complete the declination form (link below), upload to Viewpoint, and email a copy to rstaley@parkland.edu
- ❑ Some clinical sites will not accept a declination except for documented medical conditions where it is contraindicated.
- ❑ Always check with your instructor regarding declinations.
- ❑ There may be other requirements specific to a clinical site when the vaccine is declined.
- ❑ <https://www.parkland.edu/Main/Academics/Departments/Health-Professions/Explore/Health-Forms>

Uploading Documents

- ❑ It is always best to scan and upload documents rather than using the App on your phone due to blurry images
- ❑ Scanners are available in the Learning Commons or Health Professions on Mattis, H120
- ❑ For help with scanning please contact Cindy Reynolds at 217/353-2760 or creynolds@parkland.edu to schedule an appointment.
- ❑ For health-related questions contact healthrecord@parkland.edu