

PTA/OTA Personal and Medical History Form A

(Submit Prior to Attending Classes)

Name _____
LAST NAME FIRST NAME

Date of Birth _____ **Semester of Entry** Fall Spring **Year** _____

Address _____
Street City

State Zip

Phone Number () _____ **Email** _____

Emergency Notification

Name _____

Relationship _____ **Phone** _____

Please indicate any health related issues that you would like to make the college aware of that may impact your clinical internship. Keep in mind that internships include prolonged standing/walking, bending, and lifting.

Health Science Students are required to grant written permission for release of information to agencies utilized for clinical experiences to assure compliance with New York State Hospital Code 405.3 (b).

In order to maintain the health and safety of their clients and meet state health laws, agencies used for clinical experiences require selected information from the student record.

Permission is hereby granted to Villa Maria College to release information to the agencies where the undersigned will be conducting clinical internships.

Student Signature (or parent if under 18) Date



WHEN COMPLETED PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO SUBMIT: EMAIL: HEALTHRECORDS@VILLA.EDU FAX: 716-896-0705 or MAIL: STUDENT SUCCESS CENTER 240 PINE RIDGE ROAD BUFFALO, NY 14225

PTA/OTA Physical Examination Form C

(Submit Before November 1st)

Name _____
LAST NAME FIRST NAME

Date of Birth _____

TO BE COMPLETED BY A HEALTHCARE PROVIDER (Please sign and stamp next page)

DATE OF EXAM _____ HT _____ WT _____ BP _____ Pulse _____

| Clinical Evaluation | Normal | Abnormal | Details |
|------------------------------|--------|----------|---------|
| Head, Neck, Face Scalp | | | |
| Eyes | | | |
| Ears, Nose, Throat | | | |
| Hearing | | | |
| Mouth, Teeth | | | |
| Cardiovascular | | | |
| Chest, Lungs | | | |
| Abdomen, Viscera | | | |
| GI System | | | |
| Spine, Other Musculoskeletal | | | |
| Extremities | | | |
| Endocrine System | | | |
| Skin, Lymphatic | | | |
| Neurologic | | | |

1. Is the patient under treatment for any medical or emotional condition?
No or Yes (explain condition and impact)

Comments _____

2. Does the patient have a health impairment or medical condition that may impact his or her ability to complete a clinical internship? Keep in mind that internships include prolonged standing/walking, bending, and lifting. **No or Yes (explain condition and limitations)**

Comments _____



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PTA/OTA Immunization Form D

(Submit Before November 1st)

Name _____
LAST NAME FIRST NAME

Date of Birth _____

TO BE COMPLETED BY A HEALTHCARE PROVIDER PLEASE ATTACH OFFICIAL IMMUNIZATION RECORD

ADDITIONAL IMMUNIZATION HISTORY (All dates must include month, day and year.)

| | |
|---|-------------------|
| REQUIRED: Varicella Vaccine (Two doses, disease date, or serology) | Date (MM/DD/YEAR) |
| Dose 1 | |
| Dose 2 | |
| or | Date (MM/DD/YEAR) |
| Disease Date | |
| or | Date (MM/DD/YEAR) |
| Serology Date (dated lab results must be attached) | |
| REQUIRED: Tetanus, Diphtheria, Pertussis- (within last 10 years) | Date (MM/DD/YEAR) |
| TDAP | |
| REQUIRED: Hepatitis B | Date (MM/DD/YEAR) |
| Dose 1 | |
| Dose 2 | |
| Dose 3 | |
| REQUIRED Tuberculosis PPD skin test (must be done annually) | |
| Date administered | |
| Induration | mm |
| Date/Time Reading | |
| REQUIRED Flu Shot (must be done annually) | |
| Date administered | |

OPTIONAL DECLINATION (To be completed by student)

Hepatitis B

- I understand that due to my possible exposure to blood or other potentially infection materials, I may be at risk of 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.

Date : / /

 Signature (Parent/Guardian if under 18 years old)

HEALTHCARE PROVIDER INFORMATION (signature and stamp required)

| | |
|---|---------------------------|
| PROVIDER SIGNATURE _____ PROVIDER NAME PRINTED _____ ADDRESS _____ TELEPHONE NUMBER _____ DATE _____ | HEALTHCARE PROVIDER STAMP |
|---|---------------------------|



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Meningococcal Disease Fact Sheet

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become infected, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- Living with a damaged spleen or no spleen or have sickle cell disease
- Being treated with the medication Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to fifteen percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your healthcare provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age, and the second dose (booster) at 16 years. ○ It is very important that teens receive the booster dose at age 16 years in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Teens and young adults can also be vaccinated against the "B" strain, also known as MenB vaccine. Talk to your healthcare provider about whether they recommend vaccine against the "B" strain.
- Others who should receive meningococcal vaccines include: ○ Infants, children and adults with certain medical conditions ○ People exposed during an outbreak ○ Travelers to the "meningitis belt" of sub-Saharan Africa ○ Military recruits
- Please speak with your healthcare provider if you may be at increased risk.

Who should not be vaccinated?

Some people should not get meningococcal vaccine or they should wait.

- Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine.
- Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they are better. People with a mild illness can usually get the vaccine.

What are the meningococcal vaccine requirements for school attendance?

- For grades 7 through 9 in school year 2018-19: one dose of MenACWY vaccine. With each new school year, this requirement will move up a grade until students in grades 7 through 11 will all be required to have one dose of MenACWY vaccine to attend school. ○ 2019-20: grades 7, 8, 9, and 10 ○ 2020-21 and later years: grades 7, 8, 9, 10, and 11
- For grade 12: two doses of MenACWY vaccine ○ The second dose needs to be given on or after the 16th birthday. ○ Teens who received their first dose on or after their 16th birthday do not need another dose.

Learn more about meningococcal disease:

www.cdc.gov/meningococcal

For more information about vaccine-preventable diseases:

www.health.ny.gov/prevention/immunization



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