

## ***Program Requirements and Checklists for Medical Assistant***

***This first page provides a table summary of program requirements for your ease of use. Relying on the table alone is not adequate. You must read the entire document and sign and initial in the appropriate places.***

Summary of Requirements			
<b>IMMUNIZATIONS</b>			
<p>Medical Assistant students are required to have the following documented receipt of vaccine or documented immunity prior to entering the clinical setting. Documents must be uploaded to Verified Credentials. Evidence of immunization may be demonstrated through the following:</p> <p>(a) A document appropriately signed or officially stamped and dated by a qualified medical professional or an authorized representative of the local health department, which must include the following:</p> <ul style="list-style-type: none"> <li>a. Your name; and</li> <li>b. The month and year of each dose of each vaccine received; or</li> <li>c. Documentation of proof of immunity to the disease via titer; or</li> <li>d. The month and year the diagnosis of the disease was confirmed.</li> </ul> <p>(b) A record from the Oregon ALERT Immunization Information System</p> <p>(c) <b>Screenshots</b> are not valid forms of documentation.</p>			
<p>What is a titer and the process? The antibody titer is a test that detects the presence and measures the amount of antibodies within a person's blood. The amount and diversity of antibodies correlates to the strength of the body's immune response.</p>			
1).		Immunity to measles, mumps, rubella (MMR)	<b>Must have 2 doses</b> or positive titer
2).		Tetanus - diphtheria - pertussis (Tdap) within the <b>last 10 years</b>	1 dose/booster every 10 years
3).		Hepatitis B	<b>Must have</b> either a 2 dose (Heplisav-B) or 3 dose (Recombivax HB, PreHevBrio or Engerix-B) series  <b>OR</b> positive titer showing immunity
			Titer: If the titer comes back with a "negative" result you must complete another series of three Hepatitis B vaccines with a titer drawn one month after the series is completed. If the 2nd titer is negative the student will be deemed a non-responder and will require no further Hepatitis B vaccines.
4).		Varicella (chicken pox) immunization	<b>Must have 2 doses</b> or positive titer
5).		Influenza immunization	An influenza vaccine is required for students who will be attending the Medical Assistant Program <b>Deadline: end of fall term.</b>
6).		COVID-19 Vaccination	While the COVID-19 vaccine is not required for entry into the Medical Assistant program, clinical sites for practicum courses may require the COVID-19 vaccine. Please contact the program director if you have any questions.

SCREENINGS		
1).	Tuberculosis (TB)	<b>Must provide documentation of a blood test (IGRA), either Quantiferon Gold or T-Spot, within the past the past 12 months. If your test is positive:</b> Provide documentation of the TB blood draw, a chest x-ray and an evaluation by a physician. <b>-OR-</b> Students with a past positive TB test must provide documentation of the positive TB test and, if not already completed, provide documentation of a baseline chest x-ray prior to the deadline.
2).	10-panel drug screen	Once admitted to program
3).	Criminal history check	Once admitted to program - This includes Social Security Number trace, State/National criminal history, sex offender registry check, and OIG LEIE check. In addition, clinical facilities may require facility-specific background checks.
	1	The CDC guidelines for recommendations vaccinations for healthcare professionals can be found at <a href="http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html">http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html</a>
	2	CDC TB Testing: <a href="http://www.cdc.gov/tb/topic/testing/">http://www.cdc.gov/tb/topic/testing/</a>
TRAININGS		
1).	CPR/Basic Life Support for "Healthcare Providers"	Provided in Medical Assistant Program
2).	First Aid	Provided in Medical Assistant Program
3).	OSHA Blood Borne Pathogen training	Provided in Medical Assistant Program
4).	OSHA recommended Safety Guidelines	Provided in Medical Assistant Program

## ***Instructions on Due Dates and How to Upload Required Elements***

**Total Cost: \$144 (\$75 Criminal History; \$45 Drug Screen; \$15 Tracking; \$9 processing fee)**

**Session opens August 1.**

### **Step 1 - Criminal History Check**

- a. Read the Criminal History Check Policy on pages 1-2.
- b. Read "Disclosure Regarding Criminal History Checks" on page 3, sign the "Authorization to Obtain Criminal History Reports" form on page 3, and return to the Allied Health Department administrative assistant no later than **September 12, 2025**.
- c. Print, read and sign the Criminal History Check "Student Statement of Understanding" on page 4 and return electronically to the Allied Health Department administrative assistant at [rmeyers@cocc.edu](mailto:rmeyers@cocc.edu) no later than **September 12, 2025**.
- d. Initiate the criminal history check through Verified Credentials (VCI) **between August 1, 2025 to September 12, 2025**. **Login instructions are on the next page.**
- e. **Review and release your criminal history report via VCI to COCC as soon as it is available.**

### **Step 2 – 10 Panel Urine Drug Screen**

- a. Read the Drug Screen Policies on pages 5-8.
- b. Print, read and sign the Screening for Substance Abuse "Student Statement of Understanding" on page 9 and return electronically to the Allied Health Department administrative assistant at [rmeyers@cocc.edu](mailto:rmeyers@cocc.edu) no later than **September 12, 2025**.
- c. Complete the drug screen through (VCI) **between August 1, 2025 to September 12, 2025**. **Login instructions are on the next page.**
- d. **Review and release your drug screening report via VCI to COCC as soon as it is available.**

### **STEP 3 – Immunizations and CPR and First Aid**

- a. Read the Immunizations, TB Testing & CPR policy on pages 10-12. Print and sign page 12 and return electronically to the Allied Health Department administrative assistant at [rmeyers@cocc.edu](mailto:rmeyers@cocc.edu) no later than **September 12, 2025**.
- b. Submit all approved immunization documentation to VCI no later than **September 12, 2025**. **Login instructions are on the next page.**
- c. CPR and First Aid cards are to be uploaded to VCI by the end of Winter term.

### **STEP 4 – High School Diploma or GED**

- a. Submit a copy of your High School Diploma, HS transcript showing completion or GED no later than **September 12, 2025** to the Allied Health Office. Can be submitted via email to [rmeyers@cocc.edu](mailto:rmeyers@cocc.edu).

ALLIED HEALTH PROGRAM OFFICE; HEALTH CAREERS CENTER

SEPT TO JUNE: MONDAY-THURSDAY 8-4:30 (HCC 257); SUMMER HOURS: AVAILABLE VIA EMAIL ONLY

**Central Oregon Community College** has collaborated with Verified Credentials to manage the Medical Assistant program clinical requirements including the following:

- Drug Screen
- Criminal History Check
- Immunizations

Your established due date is **September 12, 2025** to complete online process and provide urine sample at designated lab (exception for those outside Central Oregon who do not have a designated lab nearby, see below). Please complete your requirements by the established due date. **DO NOT DEVIATE FROM THESE INSTRUCTIONS – Doing so could result in unnecessary charges.**

To access QualifiedFirst go to: <http://scholar.verifiedcredentials.com/cocc>

Enter the code (see below) for your program located above the “Get Started!” button on the right side of the page. Please read each description carefully to ensure you are choosing the right code(s).

All due by September 12, 2025	Codes
<b>Criminal history, Drug Screen and Immunization Tracking Session opens August 1</b>	VWHHM-84469
All students must complete a urine drug screen by the due date. You must print out the “e-passport” provided by VCI for screening lab location and instructions. See instructions below.	

**Create an account**

- Enter all required information
- Provide supporting documentation
- Track your progress
- You will receive an e-mail from VCI when your criminal history report is complete. You must log back in, review and then release this report to COCC.

**FURTHER INSTRUCTIONS FOR DRUG SCREENING:**

You will receive an email after your order is paid for and submitted. If you do not receive an e-mail please call VCI immediately at 1-800-938-6090. Click on the link provided in the email to fill out a quick form with your name and email address. The vendor website (eScreen) will then create an “e-Passport” for you to print off. You will notice that the e-mail letter sent by eScreen states “Pre-employment–ACTION REQUIRED”. IGNORE THIS statement and **move ahead**. eScreen does not give us the ability to change that text and it does **NOT** apply to COCC students.

The “passport” includes instructions and directions to the drug testing facility nearest the address that you enter in the system. The VCI system will show you the location of the screening lab. **You must go to the lab on your e-passport.**

**Students from outside of Central Oregon:** You must use the lab that the system indicates. **Be sure and choose a search for 50-mile radius.** If the VCI system notifies you that there is **NOT** a lab near your residence, contact the Allied Health administrative assistant at 541-383-7576 for further instructions.

If you have any questions or difficulties, VCI’s Client Services Team is ready to assist you. Please call them at 800.938.6090 or email at [ClientServices@verifiedcredentials.com](mailto:ClientServices@verifiedcredentials.com).

**PROGRAM: MEDICAL ASSISTANT**  
**POLICY TITLE: CRIMINAL HISTORY CHECK**

**REVISED:** APRIL 8, 2019 [DWM}

**POLICY: All Medical Assistant students who attend clinical and have patient contact as part of their training program, will undergo a criminal history check with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class if the required criminal history check is not initiated with the specified vendor by the due date indicated on the checklist. Students with discrepancies (crimes or violations) on the criminal history check cannot be guaranteed practicum placement and therefore, may not be able to complete the program.**

**EXPECTATION:**

1. Students who have successfully registered in a Medical Assistant Program must initiate a criminal history check on, or before the specified due date in the Welcome packet.
  - a. Failing to meet this deadline may result in the student being administratively withdrawn from the program and their seat given to a waitlisted student.
  - b. Only the vendor specified by Central Oregon Community College, Verified Credentials, may be used for the criminal history check.
  - c. Once the criminal history check is complete, students must review their report and release it to Central Oregon Community College.**
  - d. Students will be required to sign a waiver giving the vendor permission to share their criminal history information with the Medical Assistant Program Director and, if requested, with the administrator of the assigned clinical placement site.
  - e. Waitlisted students must initiate the criminal history check when they have secured a seat in the Medical Assistant Program, no later than the due date specified in the Welcome Packet.
  - f. The criminal history check is valid for the duration of one year unless additional criminal history checks are requested from the site or there is reason to believe there has been a change that would result in an alternative finding since the first criminal history check.
  
2. Students with crimes on their criminal history check should be aware that facilities accepting students for practicum rotations do so voluntarily. They may not accept a student with a positive criminal history check, or may only accept students after further evaluation. Therefore, the program cannot guarantee that students with discrepancies on the criminal history check will be able to complete the program. Completion of 160 hours of practicum is mandatory for completion of the program. Students with crimes which do not allow them to attend clinical, will be disqualified from attending the Medical Assistant Program. Students who believe that their past history may interfere with their ability to complete the program of study or to obtain licensure or certification in their chosen field should contact the appropriate state board or the program director.

3. If a student has a discrepancy on the criminal history check:
  - a. The Director will email practicum sites during fall term with whom the program has an existing affiliation agreement, as long as the site has not declined to consider a student with a discrepancy on the criminal history check. The email will inquire as to whether the facility might consider a student with a particular criminal history.
  - b. Students may be required to provide additional information or undergo interviews prior to a facility's decision to accept a student.
  - c. The Director may be required by the facility to share specifics of the criminal history check with the facility prior to a decision on acceptance.
  
4. Some crimes can be removed by expungement from an individual's record. Students should be encouraged to consider this option, and may be able to find more information about expungement through the Oregon State Bar or Oregon State Police web sites.
  
5. If a student is arrested, during the time they are enrolled in the Medical Assistant Program, the arrest must be reported to the Medical Assistant Program Director in writing within five business days or prior to the next scheduled clinical day, whichever comes first. Failure to disclose or concealing a criminal history will result in denial of admission or dismissal from the Medical Assistant Program.
  - a. Upon written notification, the Allied Health Department Chair and appropriate College representatives will review the student's status in the Medical Assistant Program.
    - i. A possible outcome of the review may be the student's inability to continue in the Program.

**DISCLOSURE REGARDING CRIMINAL HISTORY CHECK REPORTS**

With your authorization, Central Oregon Community College (the "Organization") will obtain a Criminal History Check Report about you for purposes of your participation in an educational program with it, which may include participation in a clinical or other similar program(s). The authorization you give will allow the Organization to obtain this report, as well as additional reports, before and during your attendance there. These reports may include information about your character, general reputation, personal characteristics and/or mode of living, whichever may be applicable. Contained in these reports may be criminal record information about you, information about your prior employment, education, licenses and certifications or other background information about you.

**AUTHORIZATION TO OBTAIN CRIMINAL HISTORY CHECK REPORTS**

I certify that I have received, read and understand the separate documents entitled Disclosure Regarding Criminal History Check Reports, Disclosures Regarding Investigative Criminal History Reports and (if applicable) A Summary of Your Rights Under the Fair Credit Reporting Act. I authorize Central Oregon Community College (the "Organization") to obtain Criminal History Check Reports regarding me. To this end, I authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company and any other person or entity to furnish any background information about me. I agree that a facsimile, electronic or photographic copy of this authorization shall be as valid as its original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**COCC Allied Health Department Programs**  
**Student Statement of Understanding**  
**Criminal History Check**

Student Name: [print] \_\_\_\_\_ [Student ID] \_\_\_\_\_

**Please read and initial each item, then sign and date at the bottom of the page.**

\_\_\_\_\_ I have received the packet of information that explains the process of initiating a criminal history check and the crimes that would disqualify me from admission to an Allied Health Department Program.

\_\_\_\_\_ I understand that all Allied Health Programs students are required to initiate a criminal history check. The criminal history check should be initiated no later than the due date specified by the Allied Health Department administrative assistant.

\_\_\_\_\_ I understand that I must read the "Disclosure Regarding Criminal History Reports" page and sign and submit the "Authorization to Obtain Criminal History Reports" page to the Allied Health Department Administrative Assistant on or before the deadline date specified for the term.

\_\_\_\_\_ I understand that I must sign and submit this "Criminal History Check Statement of Understanding" to the Allied Health Department Administrative Assistant on or before the deadline date specified for the term. If the Allied Health Department Administrative Assistant does not receive this document by the date specified, I may be dropped from the program and my seat can be given to a student on the wait list.

\_\_\_\_\_ I understand that I must review and release my criminal history report to COCC in order for Verified Credentials to allow the Program Director of the Allied Health Program in which I am enrolled and the Allied Health Department Administrative Assistant to access the results of my criminal history check including any crimes listed on the DHS disqualifying crimes list.

\_\_\_\_\_ I understand that if I believe my past history may interfere with their ability to complete the program of study or to obtain licensure or certification in their chosen field should contact the appropriate state board or the program director.

\_\_\_\_\_ I understand that I am required to disclose any outstanding warrants or past arrests, charges, and convictions, and if admitted to an Allied Health Department Program, I agree to disclose any warrants, arrests, charges, or convictions that occur while I am an Allied Health Department Program student. Failure to disclose or concealing a criminal history will result in denial of admission or dismissal from the Allied Health Department Program.

\_\_\_\_\_ I understand that Allied Health Department Programs reserve the right to require additional criminal history checks for cause, or if there is an approved interruption in my course of study.

\_\_\_\_\_ I understand that Verified Credentials, conducts criminal history checks for the COCC Allied Health Department Programs and any individual that has been disqualified based on the criminal history check, may challenge the accuracy and completeness of their record check through the vendor.

\_\_\_\_\_ I have read the POLICY TITLED: CRIMINAL HISTORY/BACKGRON CHECK above.

\_\_\_\_\_ I understand that if my criminal history check indicates a discrepancy (evidence of a violation of some sort) the Medical Assistant Program cannot guarantee I will be able to complete practicum or finish the program.

\_\_\_\_\_ I understand that any student deemed disqualified by the criminal history check has a right to appeal through the Central Oregon Community College student appeals process.

\_\_\_\_\_ My signature on this document signifies that I have read, understand and agree to the criminal history check policy.

Student Legal Signature: \_\_\_\_\_ [date] \_\_\_\_\_

**PROGRAM: MEDICAL ASSISTANT**  
**POLICY TITLE: ALCOHOL AND SUBSTANCE ABUSE POLICY**

**DATE:** JUNE 12, 2014 [DML]

**POLICY: Any student exhibiting behaviors suggestive of alcohol or substance misuse, or that for any reason pose a threat to client safety, will be removed from client care responsibilities and sent for alcohol and drug screening. Students may not operate a vehicle until cleared by a Healthcare Provider at the testing facility.**

**EXPECTATION:**

- 1) It is the responsibility of students to notify the clinical instructor or preceptor if they are taking any medications that have potential adverse effects on their ability to perform safely and effectively, including medications that are prescribed by a provider.
  - i) Students may not attend clinical until they have completed a course of medication that may have a negative effect on their clinical performance.
  
- 2) If a student exhibits behaviors that suggest impairment, the Medical Assistant Program instructor or college representative will arrange for the student's safe transportation to the testing laboratory and home afterwards.
  - a) Campus security will escort students to a designated facility for body fluid drug screening as soon as the student has been relieved of client care responsibility.
    - i) Campus security will not go alone with a student and a student must not be allowed to operate a motor vehicle.
      - (1) Taxi will be used when available
      - (2) The police will be called if the student enters their vehicle and attempts to drive it from the clinical site.
    - ii) The student will bear all expenses of program mandated testing.
    - iii) Students must give written consent for alcohol and drug screening and for results of the screening to be released to the Medical Assistant Program Director.
      - (1) Failure to give written consent or failure to provide a legitimate sample for screening will be considered implied admission of substance use in violation of this policy and grounds for dismissal from the Medical Assistant Program.
      - (2) The student involved in the alleged substance violation will be excluded from the Medical Assistant Program until the test results have been received and reviewed by the Medical Assistant Program Director or in her/his absence, the lead clinical instructor or preceptor.
        - (a) If the alcohol and drug screen results are negative, the student may return to the Medical Assistant Program activities.

- (i) The student will be expected to make up missed time and assignments.
  - (ii) Opportunity for make-up will be provided.
- (b) If the alcohol and drug screen are positive, the Medical Assistant Program Director will inform the student of their dismissal from the Medical Assistant Program on the grounds of substance use.
- iv) A student who disagrees with the program's decision can utilize the Central Oregon Community College grievance process outlined in the Student Rights and Responsibilities Handbook found on the COCC webpage.
- v) COCC Allied Health Department will exercise the obligation to act as a mandatory reporter in the event of a positive drug screen.

**PROGRAM: MEDICAL ASSISTANT**

**POLICY TITLE: DRUG SCREENING – SUBSTANCE ABUSE AND MISUSE**

**REVISED:** MAY 1, 2017 [DWM}

**POLICY: : All Medical Assistant students who attend clinical and have patient contact as part of their training program, will undergo a 10-panel drug screen, with Verified Credentials, the vendor approved by Central Oregon Community College. Students will be administratively withdrawn from class if the required urine drug screen is not completed with the specified vendor by the due date indicated on the checklist. Students with a positive urine drug screen will not be allowed to attend clinical and will be immediately dismissed from the Medical Assistant Program.**

**EXPECTATION:**

Students will submit a urine drug screen with the vendor selected by the college on or before the date designated by the Allied Health Department administrative assistant.

- 1) The 10 panel drug screen will include the following drugs:
  - a) Amphetamines [including methamphetamine]
    - i) A positive drug screen for stimulants used in the treatment of Attention Deficit Disorder [ADD] may be approved only after verification of need with the applicant’s Healthcare Provider. A letter must be sent by your provider on letterhead, directly to the Medical Assistant Program Director.
  - b) Barbiturates
  - c) Benzodiazepines
    - i) A positive drug screen for benzodiazepines, used in the treatment of seizure disorders, may be approved only after verification of need with the applicant’s Healthcare Provider. A letter must be sent by your provider, on letterhead, directly to the Medical Assistant Program Director.
  - d) Cocaine
  - e) Marijuana
  - f) Methadone
  - g) Opiates
    - i) Students taking opiate medications under the supervision of a Healthcare Provider, may be allowed to attend lecture class, only after verification of need with the applicant’s Healthcare Provider and Pharmacy. A letter must be sent by your provider, on letterhead, directly to the Medical Assistant Program Director.
    - ii) Students taking opiate medications under the supervision of a Healthcare Provider will not be allowed to participate in the care of individuals in clinical or in lab. See attendance policy in the Medical Assistant Program Student Handbook.
  - h) Phencyclidine

- 2) Students must sign a waiver giving the vendor the right to send the results of the drug screen to the Medical Assistant Program Director and, if requested, to the administrators of clinical sites. This will be done at the lab.
- 3) Students who believe their urine drug screen results are erroneous should contact VCI at 1-800-938-6790.
- 4) The Medical Assistant Program may rescreen any student, for cause, at the student's expense.
  - a) Concerns that may trigger a rescreen for substance abuse:
    - i) Performance, behavior, appearance or breath odor may suggest the use of alcohol or other drugs.

These behaviors include but are not limited to:

      - (1) A change in a person's behavior, such as
        - (a) inappropriate emotional responses
        - (b) inappropriate response/laughter
        - (c) irritable, restless manner
      - (2) impulsive actions
      - (3) repeated tardiness or absence
      - (4) accidents or near-misses involving patients or equipment
      - (5) diminished work performance
    - ii) A change in a person's apparent cognitive function, such as
      - (1) slowed thinking
      - (2) immobilization with resulting inability to think or act
      - (3) threats to kill or harm oneself or another person
      - (4) poor judgment regarding safety issues for self, patients, and coworkers
    - iii) A change in a person's apparent physical symptoms, such as
      - (1) complaints of blurred vision; noted dilated or constricted pupils; bloodshot eyes
      - (2) slurred speech, breath odors or general odor of alcohol
      - (3) excessive sweating
      - (4) emaciated or unusual weight loss
      - (5) tremor or twitching, especially early morning
      - (6) poor coordination or unstable gait
      - (7) complaints of morning headache; abdominal or muscle cramps; diarrhea
      - (8) severe physical distress; e.g., seizures, chest pain, respiratory distress
    - iv) Violations of law, such as:
      - (1) possessing a weapon or hazardous object
      - (2) possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with a licensed Healthcare Provider's order

**COCC Allied Health Department Programs**  
**Student Statement of Understanding**  
**Drug Screening for Substance Abuse and Misuse**

Student Name: [print] \_\_\_\_\_ Student ID: \_\_\_\_\_

**Please read and initial each item, then sign and date at the bottom of the page.**

\_\_\_\_\_ I have received the Allied Health Department policy for Drug Screening for Substance Abuse and Misuse and information that explains the process of initiating a urine drug screen for substances of abuse.

\_\_\_\_\_ I understand that in accordance with Oregon Health Authority rules and policies, all Allied Health Department Programs students who attend a clinical, which requires patient contact, are required to initiate a 10-panel urine drug screen for 8 substances of abuse, no later than the due date specified by the Allied Health Department administrative assistant. Tested drugs are:

1. Amphetamines [including methamphetamines]
  - a. *Amphetamines used in the treatment of Attention Deficit Disorders may be exempt. See policy manual.*
2. Barbiturates
3. Benzodiazepines
  - a. *Benzodiazepines used in the treatment of seizure related disorders may be exempt.*
4. Cocaine
5. Marijuana
6. Methadone
7. Opiates:
  - a. *Opiates used in the treatment of acute pain may be exempt in the classroom setting only. See policy manual.*
8. Phencyclidine

\_\_\_\_\_ I understand that I must sign and submit this "Statement of Understanding" to the Allied Health Department administrative assistant on or before the date specified for the term. If the Allied Health Department administrative assistant does not receive this document by the date specified, I will be administratively withdrawn from the program and my seat forfeited to a student on the wait list.

\_\_\_\_\_ I understand that the Program Director, in the Allied Health Program in which I am enrolled, will have access to the results of my completed urine drug screen. If I have a positive urine drug screen that prevents me from attending clinical, the Program Director will notify me of my disqualification from the Program.

\_\_\_\_\_ I understand that the Allied Health Program, in which I am enrolled, reserves the right to require additional urine drug screening at cost to the student, for cause or if there is an approved interruption in my course of study.

\_\_\_\_\_ I understand that Verified Credentials conducts urine drug screens for Allied Health Department Programs and any individual who is disqualified based on their urine drug screen, may challenge the accuracy and completeness of their urine drug screen through the vendor. I also understand that any student deemed disqualified by the urine drug screen has a right to appeal through the Central Oregon Community College student appeals process.

\_\_\_\_\_ My signature on this document indicates that I have read, understand and agree to the urine drug screen policy and that I authorize release of the results of the urine drug screen to the Program Director of the Allied Health Program in which I am enrolled and, if requested, to the administrator of the clinical placement site. Clinical sites shall make all final clearance and placement decisions.

Student Legal Signature: \_\_\_\_\_ [date] \_\_\_\_\_

**PROGRAM: MEDICAL ASSISTANT**

**POLICY TITLE: IMMUNIZATIONS, TB TESTING & CPR**

**REVISED: 2022 [RAM]**

**POLICY: Copies of current immunization records must be presented to the Allied Health Department administrative assistant no later than the due date indicated on the pre-registration packet. Students will be administratively withdrawn from the class if all required items are not turned in by the due date indicated on the pre-registration packet. See specific CPR and First Aid requirements (#2 and #3) below for submittal requirements.**

**EXPECTATION:**

- 1) The following immunizations are required for Medical Assistant students:
  - a) Hepatitis B Vaccine :
    - i) Provide official documentation of 2 or 3 dose series of Hepatitis B vaccinations OR results of Hepatitis B surface antibody test (anti-HBS) showing immunity, no later than due date indicated  
OR
    - ii) 2-dose series in progress:
      - (1) 1<sup>st</sup> dose by due date indicated
      - (2) 2<sup>nd</sup> dose 1 month after 1<sup>st</sup> dose
      - (3) Titer 1 month after 2<sup>nd</sup> dose

**OR**

3-dose series in progress:

      - (1) 1<sup>st</sup> dose by due date indicated
      - (2) 2<sup>nd</sup> dose 1 month after 1<sup>st</sup> dose
      - (3) 3<sup>rd</sup> dose 4-6 months after the 1<sup>st</sup> dose
      - (4) Titer 1 month after 3<sup>rd</sup> dose

(a) NOTE: All doses must be completed before the start of Spring term.
    - iii) If a titer comes back negative after the Hepatitis B series is complete, another series of three Hepatitis B vaccines must be completed with a titer drawn one month after the series is completed.
    - iv) If the titer still comes back negative the student will be deemed a non-responder and will require no further Hepatitis B vaccines.
    - v) **Students must provide evidence of the full series or a positive titer prior to the end of winter term to be allowed into practicum.**

- b) MMR Vaccine (measles, mumps, rubella):
  - i) Provide official documentation of two Measles, Mumps, Rubella (MMR) vaccinations, at least 4 weeks apart; **-OR-**
  - ii) Vaccine series in progress:
    - (1) Provide documentation of first dose completed no later than the due date set by the Allied Health Department administrative assistant and the second dose received one month after first dose **AND** completed prior to clinical component of program; **-OR-**
  - iii) Provide laboratory evidence of immunity: Dated copy of measles, mumps **AND** rubella titer report with results must be included in documentation packet.
  - iv) If one component of MMR titer is negative the student must complete the MMR series.
- c) Varicella Vaccine (Chickenpox):
  - i) Provide documentation of 2 doses of Varicella vaccine, 4 weeks apart; **-OR-**
  - ii) Serological evidence of immunity (titer) to Varicella; **-OR-**
  - iii) Documentation of the 1<sup>st</sup> vaccine and documentation of the second dose within the first 4 weeks of the term.
- d) Tetanus, Diphtheria, acellular Pertussis [Tdap]:
  - i) Provide documentation of a one-time dose of Tdap as an adult age 18 years or greater.
  - ii) Tetanus must be less than 10 years old
- e) Tuberculosis Testing (TB):
  - i) Provide documentation of a negative blood test, either Quantiferon Gold or T-Spot, completed within the past year. **-OR-**
  - ii) If the blood test is positive, provide documentation of the TB tests, a chest x-ray and an evaluation by a physician. **-OR-**
  - iii) Students with a past positive TB test must provide documentation of the positive TB test and, if not already completed, provide documentation of a baseline chest x-ray prior to the deadline. **-AND-**
  - iv) All follow up care must be completed prior to the first day of class.
- f) Influenza vaccine:
  - i) An influenza vaccine is required to be completed prior to the end of fall term.
- g) COVID-19:
  - i) While the COVID-19 vaccine is not required for entry into the program, clinical sites for practicum courses may require the COVID-19 vaccine. Please contact the program director if you have any questions.

h) Medical exemption:

i) If you have had a life-threatening allergic reaction to a vaccine or any component of a vaccine, you must provide documentation, on letterhead, from your Healthcare Provider.

(1) For documentation of immunization exemption for medical reason:

(a) See the Allied Health Department administrative assistant.

(b) Download from Verified Credentials website.

(2) The TB screening cannot be waived.

2) American Heart Association "Basic Life Support (BLS) for Healthcare Providers" CPR card must be provided by the end of winter term:

a) Only the following card will be accepted:

i) American Heart Association "BLS for Healthcare Providers": Copy of both sides of a signed and current card (valid through the end of spring term).

3) First Aid Card

a) Students must provide a copy of a First Aid card. Please do not present your original card. Cards must be current through the end of spring term.

My signature on this document indicates that I have read, understand and agree to the Immunization, First AID and CPR Requirements for the Medical Assistant Program.

Student Legal Signature: \_\_\_\_\_ [date] \_\_\_\_\_

**CENTRAL OREGON COMMUNITY COLLEGE**  
**Allied Health and Nursing Program**  
**Immunization Declination Form – Medical Reason Only**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**Statement of Understanding**

I understand that I face possible exposure to contagious diseases in my clinical practicum experience, and at off-campus, externship sites as a health professions student at Central Oregon Community College. This may place me at risk for acquiring preventable, communicable diseases. Appropriate college personnel have advised me to get appropriate vaccinations against these diseases. I understand that by declining the immunizations indicated below, I continue to be at risk for acquiring preventable illnesses. Because of Oregon Health Authority and clinical site requirements, I understand that I cannot waive the TB. I release Central Oregon Community College and its related externship affiliates from all liability arising because of my refusal to receive required vaccinations.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Exempt  
Medical**

For medical reasons the above listed student is exempt from (check all that apply):

- |                                |                                    |                                  |
|--------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> MMR   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Hep B | <input type="checkbox"/> Tdap      |                                  |

The student remains susceptible if exposed.

Medical reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date

\_\_\_\_\_ A signed physician statement verifying the medical reason for not receiving the immunization(s) is attached, in lieu of the above signature.