



# Fundamentals of Health Science & Health Science 2017-18

**Congratulations on your acceptance into an EFE Health Science program for the 2017-18 school year. To prepare for fall programming, PLEASE READ THE CONTENTS OF THIS PACKET NOW!**

## **NEW FOR THE 2017-18 SCHOOL YEAR**

EFE Fundamentals and Health Science students are now eligible to receive KVCC dual enrolled credit in WPE 112 Safety and First Aid. Dual enrollment requires students to complete KVCC's application process prior to 2<sup>nd</sup> semester. To learn more about next year's opportunity, and the expectations within this packet, plan to attend the **program orientation May 16, 2017**. EFE strongly suggests students and parent/guardian (s) attend the orientation.

### **EFE Fundamentals & Health Science Orientation**

**May 16, 2017 @ 6:30 PM**

KVCC

Room 9130

6767 West O Avenue

Kalamazoo MI 49003-4070

<https://www.kvcc.edu/about/virtualtour/maps.htm>

(Room 9130 is closest to the college's SW entrance.)

*For more information, contact*  
*Karen Robyn*  
Program Administrator  
Education for Employment  
Kalamazoo Regional Educational  
Service Agency  
1819 E. Milham Ave. Portage, MI  
49002-3035  
[karen.robyn@kresa.org](mailto:karen.robyn@kresa.org)  
v. 269-250-9310 / f. 269-250-9301

**Notice of Non-discrimination:** It is the policy of Kalamazoo Regional Educational Service Agency that no discriminating practices based on race, color, national origin, sex (including sexual orientation or sexual identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information or any other legally protected category be allowed during any program, activity, service or in employment. The following positions at Kalamazoo RESA have been designated to handle inquiries regarding the nondiscrimination policy: Director of Human Resources, Tom Zahrt; Assistant Superintendents, Margaret McGlinchey & Laurie Montgomery. Contact information: 269-250-9200, 1819 E. Milham Ave, Portage, MI 49002.



EFE congratulates you on your acceptance into an EFE Health related program for the 2017-18 school year. Next year's program will offer some unique experiences held outside the classroom, however before EFE can make arrangements for any work place observation, a student must provide all required documentation.

***When reviewing the following documents, please think through the following:***

- **Attend the program orientation May 16, 2017 from 6:30 to 8:00 pm at KVCC (Texas Township Campus), in room 9130.**
- The rules stated in the following documents were established in partnership with local healthcare agencies.
- NOTE: All students are to agree to the guidelines on page 3; ONLY students hoping to participate in workplace observations need to complete pages 4 – 8.
  - a. If someone, other than a medical professional, completes pages 5 & 6, an *official immunization record* MUST be attached.
    - 1) School district immunization records ARE NOT a valid source of documentation; however, a Michigan Immunization Childhood Registry document (MCIR) is acceptable.
  - b. **Pages 3 – 8 are due to your instructor by September 9,** or the date provided upon acceptance into the program. **DO NOT wait until the last minute!** More than likely, you will need to visit your local healthcare provider for a TB test. In some instances, a repeat visit to the physician's office may also be required. (*Documentation will only be shared with Healthcare partners.*)
  - c. Before handing in your packet, check through for completeness, and be sure to KEEP A COPY.
  - d. **Documents can be submitted through your local high school guidance office; the US Postal Service; or in person. Your envelope should be addressed to:**

**Kalamazoo RESA  
Education for Employment  
ATTN: Health Sciences  
1819 E. Milham Ave.  
Portage, MI 49002**

EFE looks forward to being a part of your schedule next year. The timely completion of the following materials will make for a much smoother transition into and successful completion of next year's Health Science program!

In late August, students should expect to receive a letter from EFE providing details about the first week of school. Contact the EFE office at 269-250-9300 with any questions.

**A student enrolling in one of the above programs needs to understand the following program guidelines.**

1. Students enrolling in Education for Employment (EFE) Health Science (HS) or Fundamentals of Health Science (FHS) are registering for a full-year program **located** on Kalamazoo Valley Community College’s Texas Township Campus. **(HS and FHS programs ARE NOT KVCC programs.)**
2. Students are assigned class time based on home school’s slot availability. Transportation to and from the program is a district decision. Questions about transportation need to be directed to the student’s home school.
3. Workplace observations are a privilege and an activity that will be arranged between the EFE instructor, the healthcare agency and the student. Observations will **ONLY** take place if the student’s documentation is complete and on file at the time of scheduling and the student is passing the class, with a C or better. Opportunities may be scheduled outside of class time. Students are responsible for their own transportation to and from the experience.
4. As an EFE student in a Health Sciences program, the workplace partner may request student information. Upon request from the workplace affiliate, EFE may release information from the student’s file, including but not limited to: physical examination form, immunization/diagnostic form, updated immunization records, drug screen results, criminal background check results, proof of HIPPA training, fit testing, and or PAPP hood training, and proof of valid CPR certification.
5. This class involves clinical skills that can be physically demanding. i.e. lowering a patient to the floor during a fall, moving a patient up in bed and performing CPR.
6. Upon conclusion of the school year, students need to return to their instructor all classroom and lab supplies. (Fines will be charged for missing or damaged items.)
7. **The following contains general dress guidelines that apply to classroom, laboratory, clinical, and professional areas. These expectations will be explained in detail during the first week of class.**

**Personal grooming must consist of:**

- The student following the official hospital dress code or the wearing of blue (ceil) scrubs.
- Daily bathing and the application of deodorant
- No dangling earrings, no more than three earrings per ear, and no more than two rings per hand. No bracelets or necklaces (unless they are medical alert jewelry). One watch is allowed.
- No nose, eyebrow or tongue studs or rings
- No visible tattoos or body piercings on the face/neck/arms/hands. i.e. if a tattoo is on your neck, you must wear a white turtleneck to hide the tattoo.
- The avoidance of heavy perfumes and colognes.

**Workplace Observations, Lab & Clinical Dress Expectation:**

- Clean hair; if shoulder length or longer, must be tied back
- NO extreme hairstyle or unnatural hair color, i.e. blue...
- Closed toed, closed-back solid white, black, gray or brown shoe with socks. One inch of color is allowed except for neon colors.
- Hospital lab coat (provided)
- Wearing make-up in moderation
- Clean, well-groomed, moderate colored nails kept at no longer than ¼ inch. Artificial nails are prohibited for infection control reasons.
- NO gum chewing
- Nametag to be worn on upper torso. (provided)

*\*Students may have additional restrictions dictated by their career shadowing or clinical opportunities.*

**I have read the Health Science/Fundamentals of Health Science guidelines, with my parent/guardian, and understand the commitment I am making.**

Name of Student (Please PRINT)		Student Signature	DATE	Place a check mark in the box above the class you are enrolled.	
				Health Sciences	Fundamentals of Health Sciences
High School		Student Cell #		Student Email	
Parent/Guardian (Please PRINT)		Signature of Parent/Guardian	DATE	Phone #	
Address		City		Zip	

Name: \_\_\_\_\_  
Last First Middle

High School: CS CO GA GL LN KC PA PC PN SC VX OTHER \_\_\_\_\_

**Physical Examination - Describe All Abnormalities (To be completed by the Examining Provider)**

An EFE student may submit a copy of their high school sports physical, instead of having this form completed by a healthcare provider **PROVIDED** the sports physical is for the school year the student is enrolled in their EFE program.

**THE TYPICAL DEMANDS PLACED ON A HEALTH CAREER STUDENT AND PRACTITIONER ARE:**

**STRENGTH** - Frequently and repetitively, perform physical activities requiring ability to push/pull objects of more than 50 pounds and to transfer objects of more than 100 pounds.

**MANUAL DEXTERITY** - Constantly perform simple gross motor skills such as standing, walking, handshaking, writing, and typing; and complex fine motor manipulative skills such as insertion of IV lines, calibration of equipment, drawing blood, endotracheal intubation, etc.

**COORDINATION** - Constantly perform gross body coordination such as walking, filing, retrieving equipment; tasks which require eye-hand coordination such as keyboard skills, and tasks which require arm-hand steadiness such as taking B/Ps, calibrating tools and equipment, holding retractors, probing periodontal spaces, etc.

**MOBILITY** - Constantly perform mobility skills such as walking, standing, prolonged standing or sitting in an uncomfortable position; move quickly in an emergency and maneuver in small spaces; requires frequent twisting and rotating.

**VISUAL DISCRIMINATION** - Constantly see objects far away, discriminate colors, and see objects closely as in reading faces, dials, monitors, fine small print, etc.

**HEARING** - Constantly hear normal sounds with background noise and distinguish sounds. Some examples include conversations, monitor alarms, emergency signals, breath sounds, cries for help, heart sounds, etc.

**CONCENTRATION** - Consistently concentrate on essential details even with interruptions, such as client requests, IVAC's, alarms, telephones ringing, beepers, conversations, etc.

**ATTENTION SPAN** - Frequently attend to task/functions for periods exceeding 60 minutes in length with interruptions such as those mentioned above.

**CONCEPTUALIZATION** - Consistently understand, remember, and relate to specific and generalized ideas, concepts, and theories generated and discussed simultaneously.

**MEMORY** - Remember task/assignments given to self and others over both short and long periods of time as well as significant amount of patient data with interruptions and distractions.

**CRITICAL THINKING** - Critical thinking skills sufficient for clinical judgment: making generalizations, evaluations, or decisions.

**COMMUNICATION** - Interact with others in non-verbal, verbal and written form and explain procedures, initiate health teaching, and document care. Must be able to read, write, and understand written English.

**STRESS** - Perform all above skills and make clinical judgments correctly when confronted with emergency, critical, unusual, or dangerous situations.

**Summary Assessment** Circle appropriate responses. *Attach a separate sheet if necessary*

Considering this applicant's history and physical examination, are there any conditions, disabilities (including but not limited to communicable diseases which may be transmitted to others as a result of the applicant's participation in the EFE Health Science Educational Program), or limitations that could restrict the student's participation in an EFE Health Sciences educational program or limit subsequent employability?

Yes No Explain

Are there any accommodations necessary for this applicant?

Yes No Explain

Are there any special precautions, restrictions or conditions, which might result in an emergency (e.g., allergies, diabetes, seizure disorder, fainting, or other) in the classroom or during clinical practice?

Yes No Explain

**Provider completed, conducted, reviewed and/or verified all sections of the physical exam form.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Provider's Name

\_\_\_\_\_  
Provider's Office Phone

## Kalamazoo RESA Education for Employment (EFE) Health Sciences Immunization /Diagnostic Form

Name: \_\_\_\_\_  
Last
First
Middle

Program enrolled: \_\_\_ Health Science \_\_\_ Fundamentals of Health Science

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Address: \_\_\_\_\_

**Immunizations - Participation in WORK PLACE OBSERVATIONS and or INTERNSHIP may be denied because of incomplete immunizations, information or findings.** Documentation of adequate immunity to Rubeola, Rubella, Mumps, Tetanus/diphtheria/pertussis, Chicken Pox, TB, Flu and Hepatitis B is required.

**1. RUBEOLA (Hard Measles):** Full immunity to Rubeola must be demonstrated. **Check appropriate box and specify date.**

- A.  Had Rubeola that is confirmed by physician's office record ..... / /  
(Unacceptable for Spectrum Health)
Month
Day
Year
- B.  **Attach** lab report documenting adequate immunity.  
Specify date of titer or screen..... / /  
Month
Day
Year
- C.  Immunized **twice** with measles vaccine.  
Date of second immunization ..... / /  
Month
Day
Year

**2. MUMPS:** Full immunity to mumps must be demonstrated. **Check the appropriate box and specify date.**

- A.  Had mumps confirmed by a record ..... / /  
Month
Day
Year
- B.  **Attach** lab report documenting adequate immunity.  
Specify date of titer or screen ..... / /  
Month
Day
Year
- C.  Immunized **twice** with mumps vaccine.  
Date of second immunization ..... / /  
Month
Day
Year

**3. MMR\* (Measles/Mumps/Rubella):** *Note: this will fulfill the requirements for #1 Rubeola and #2 Mumps.*

- A.  Immunized (**twice as a child or once as an adult**) with MMR vaccine.  
Date of second immunization ..... / /  
Month
Day
Year

**4. CHICKEN POX:** Full immunity to Chicken Pox must be demonstrated. **Check appropriate box and specify date.**

- A.  Had Chicken Pox confirmed by a physician record..... / /  
Month
Day
Year
- B.  **Attach** lab report documenting adequate immune titer.  
Specify date of titer..... / /  
Month
Day
Year
- C.  Immunized **with chicken pox vaccine**..... First / / Second / /  
Month
Day
Year
Month
Day
Year

5. **TETANUS/DIPHTHERIA/PERTUSSIS:** Full immunity to Tetanus/Diphtheria/Pertussis must be demonstrated. **One Tdap immunization must be administered within the last 10 years**

A.  Tetanus/Diphtheria/Pertussis immunization has been administered. (One-time dose as an adult)

Indicate date of immunization..... / /  
Month Day Year

6. **HEPATITIS B:** All EFE Health Sciences students are required to demonstrate immunity to Hepatitis B in either one of two ways: **Check appropriate box and specify date (s).**

A.  **Attach** lab report documenting adequate immune titer. Specify date of titer..... / /  
Month Day Year

B.  Has begun the series of three immunizations

First \_\_\_\_/\_\_\_\_/\_\_\_\_      Second \_\_\_\_/\_\_\_\_/\_\_\_\_      Third \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year      Month Day Year      Month Day Year

C.  I elect not to disclose my status as it relates to the virus Hepatitis B.  
(Workplace observation/Internship opportunities will be selected based on this declination.)

6. **INFLUENZA VACCINE** (Sept.-Oct.): All EFE Health Sciences students are required to receive an **annual** flu vaccination.

A.  Indicate date of last immunization..... / /  
Month Day Year

**ADDITIONAL DIAGNOSTIC STUDY**

8. **TUBERCULOSIS: Check appropriate box and specify date(s) and findings.** Absence of active Tuberculosis is required and may be documented in either one of two ways.

A.  PPD (Mantoux) test within the past year and must be renewed **annually** thereafter (Tine or monovac not acceptable)

Date and test result..... / /      Result:  Positive  
Month Day Year       Negative

B.  If PPD is positive, evidence of a Chest x-ray is required within the past three years.

Date and finding..... / /      Result:  Positive  
Month Day Year       Negative

*\*The TB test may be given on the same day as live virus vaccines (chicken pox and MMR). Otherwise, the TB skin test should be delayed for 30 days after receiving either of these vaccines.*

**Provider completed, conducted, reviewed and/or verified all sections of the immunization form. (\*If a Parent/Guardian is filling out this form, instead of a provider, a copy of the student's official immunization record(s), documented by a healthcare professional, need to be attached. SCHOOL RECORDS ARE NOT ACCEPTABLE DOCUMENTATION.**

\_\_\_\_\_  
Signature of Provider      Date      Parent/Guardian Signature      Date

\_\_\_\_\_  
Print Provider's Name      Provider's Phone #



TO: Prospective EFE Student
FROM: Karen Robyn, Program Administrator
Kalamazoo RESA Education for Employment
RE: Student Drug Testing and Criminal Background Checks

Contracts with local healthcare agencies require Education for Employment students to successfully pass a drug test before participation in a workplace observation or clinical experience associated with their healthcare program. Students are responsible for the cost of this test which is approximately \$25.

Another requirement from local healthcare agencies is students must complete a background check. Currently, the EFE office can conduct this check via the Internet Criminal History Access Tool (ICHAT).

If either of the above come back flawed, the student and their parent/guardian will be notified, whereby the student may be required to be removed from the class. Please read the following document and sign indicating your acceptance and agreement to EFE completing these program requirements on your behalf.

Students DO NOT complete the drug test OR background check on your own! Random testing will occur during class time. EFE will address this more during the program orientation in May and, again in the fall, after the new school year begins.

Education for Employment Health Science Programs
Kalamazoo RESA
Drug Test Authorization Form

PLEASE PRINT CLEARLY

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

I authorize facilities approved by Kalamazoo RESA Education for Employment (EFE) to conduct a drug screen for any drug, alcohol or substance requested by EFE, and to release those results to EFE. I acknowledge that I will sign any documents or authorization required. I understand that individuals who do not pass, or refuse to take a drug screen will not be placed into a workplace observation and/or internship of any course which requires such clinical component or rotation, and will be removed from any such opportunity if already placed.

I also understand and agree that if I am arrested for or convicted of any drug or alcohol related offense, I will immediately inform my instructor. I understand that individuals who are arrested for or convicted of a drug or alcohol related offense, even if the individual has previously taken and passed a drug or alcohol screen, may at EFE's discretion not be placed into a workplace opportunity, or may be removed from any such rotation if already placed.

I authorize EFE to release the results of my drug screen to any hospital, facility or other partner healthcare agency which requests the results as a part of fulfilling my education/training requirements, or assessing my qualifications for a workplace observation and/or internship.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Please Print Clearly

Name (Last, First, Middle): \_\_\_\_\_

List all other names you have ever used or by which you have ever been known (Last, First, Middle):

\_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Michigan Driver's Lic.#: \_\_\_\_\_

**(Attach a copy of your driver's license or school ID)**

Statement Regarding Criminal History

I hereby state that I have not been convicted of a felony described under 42 usc 1320a-7, which includes:

- Criminal offenses related to the delivery of items or services under federal or state health care law.
- Neglect or abuse of patients in connection with the delivery of health care items or services provided by a governmental agency.
- A felony relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct related to a state or federal health care program.
- A felony under Federal or State law, which occurred after August 21, 1996, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Furthermore, I hereby state that I have not been convicted of any of the following felonies or have been convicted of attempting or conspiring to commit any of the following felonies, or completed terms and conditions or sentencing, parole, and/or probation for such a conviction within 15 years of application. Felonies include the following:

- The intent to cause death or serious impairment of body function, that results in death or serious impairment of a body function, that involves the use of force or violence, or that involves the threat or the use of force or violence:
- A felony involving cruelty or torture;
- A felony against a vulnerable adult;
- A felony involving criminal sexual conduct;
- A felony involving the use of a firearm or dangerous weapon; or
- A felony involving assault against a family member, police officer, firefighter or EMT.

Furthermore, I hereby state that I have not been convicted of a felony or an attempt or conspiracy to commit a felony, other than a felony for a relevant crime as described more fully above, or completed all terms and conditions of sentencing, parole, and probation for such conviction within 10 years of application.

Furthermore, I hereby state that I have not been convicted of a misdemeanor that involved abuse, neglect, assault, battery, criminal sexual conduct, fraud, or theft, or a similar state of federal misdemeanor within 10 years immediately preceding the date of application. Misdemeanor offenses would include the following:

- A misdemeanor involving assault or 1<sup>st</sup> degree retail fraud;
- A misdemeanor against a vulnerable adult;
- A misdemeanor involving criminal sexual conduct;
- A misdemeanor involving cruelty or torture; or
- A misdemeanor involving abuse or neglect.



Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors or relevant federal health care fraud and abuse crime, within 5 years immediately preceding application. Other misdemeanor offenses include the following:

- A misdemeanor involving cruelty if committed before age 16;
- A misdemeanor involving home invasion;
- A misdemeanor involving embezzlement;
- A misdemeanor involving negligent homicide;
- A misdemeanor involving larceny;
- A misdemeanor involving retail fraud in the second degree; or
- A misdemeanor that is not otherwise identified involving assault, fraud, or theft, or possession or distribution of a controlled substance.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors against a vulnerable adult within 3 years immediately preceding the date of application. Other misdemeanor offenses include:

- A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury;
- A misdemeanor of retail fraud in the third degree; or
- Misdemeanor drug violations under the Public Health Code.

Furthermore, I hereby state that I have not been convicted of one or more of the following misdemeanors within 1 year immediately preceding the date of application:

- Any misdemeanor drug violations under the Public Health Code if under the age of 16; or
- A misdemeanor for larceny or retail fraud in the second or third degree if under the age of 16.

Furthermore, I hereby state that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of not guilty by reason of insanity in accordance with MCL 769.16b.

Furthermore, I hereby state that I have not been the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency under federal health care law pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.

**Understandings and Agreements**

In consideration of this conditional employment or clinical placement, I hereby understand and agree that, if the criminal history check conducted under Public Health Code Section 20173a as amended does not confirm these statements, my employment or clinical placement will be terminated by the facility as required by Section 20173a of that Code unless and until I can prove that the information is incorrect.

I also understand and agree that failure to meet any conditions described above may result in the termination of my employment or clinical placement and that those conditions are good cause for termination.

I further understand that an individual who knowingly provides false information regarding criminal convictions in this statement is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both. (MCL 333.20173a(8))

I understand and agree that should I be arrested for or convicted of any criminal offenses listed in the section above entitled "Statement Regarding Criminal History" I will immediately inform my instructor.

\_\_\_\_\_  
Name of Applicant (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date