 **Must Be Completed and Turned in on the First Day of Class**

**Santa Rosa Junior College Health Sciences Department**

# Dental Programs Health Evaluation Form

Program Name

STUDENT NAME:

 Last First

BIRTHDATE: STUDENT ID. # GENDER: □ **M** □ **F**

ADDRESS:

 Street City State Zip Code

PHONE NUMBER: ( ) - **PROGRAM ENTRY DATE**:

E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

 Name Phone

## STUDENT WILL FILL IN ABOVE INFORMATION

Failure to submit completed Health Evaluation Form, immunization documentation and other program requirements by the due date, may prevent you from attending x-ray or clinical classes.

**It is the student’s responsibility to maintain copies of all documents submitted with applications**. The Health Sciences Department ***does not*** make copies for students or provide copies of documents submitted. All Health documents are shredded after the student completes the program or is no longer in attendance.

|  |
| --- |
| **TO THE EXAMINING PHYSICIAN OR NURSE PRACTITIONER:**Santa Rosa Junior College is interested in the health and welfare of all its students, and we particularly wish to assist each student in evaluating his/her ability to meet the physical and psychological demands of this program, in both the classroom and the clinic setting. In that interest, please provide your evaluation of this student’s current health status. **(Health evaluation must be completed within the last year.)** Examination may be conducted and certified by a Nurse Practitioner.  |

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Sonoma Count Junior College District \* [www.santarosa.edu](http://www.santarosa.edu)

***Santa Rosa Junior College Health Sciences Department***

**TECHNICAL STANDARDS**

The curriculum leading to the Associate Degree in Dental Hygiene and the Certificate of Completion in Dental Assisting requires students to engage in diverse, complex and specific experiences essential to the acquisition and practice of essential dental hygiene/assisting skills and functions. Students in the Dental Programs should possess sufficient physical, motor, intellectual, emotional and social/communication skills to provide for patient care and safety, and the utilization of equipment.

Becoming an RDH/RDA requires the completion of an educational program that is both intellectually and physically challenging. In order to be successful in completing the requirement for these programs, students must be able to fully participate in both the academic and clinical environments. Full participation in the academic and clinical environments requires that students possess certain technical standards. Examples of these are listed below.

Technical Standards for the Dental Programs (dental hygiene and dental assisting)

|  |  |  |
| --- | --- | --- |
| **Issue** | **Standard** | **Examples** |
| Critical Thinking | Critical thinking sufficient for clinical judgment. | Take and interpret medical histories and radiographs, develop treatment plans, and react to medical emergencies. |
| Interpersonal | Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. | Provide oral hygiene/oral health care instruction to patient/parents. Explain information consent and treatment plans and establish good patient rapport. |
| Communication | Communication abilities sufficient for interaction with others in verbal and written form. | Communication during the delivery of oral health care services, document procedures and consult with other health care providers. |
| Action | Ability to move from room to room and retrieve items from small spaces, as well as ability to be present at a work station for several hours at a time. | Work with a patient for prolonged periods of time and seat and/or assist in the transfer of a patient. Retrieve instruments/equipment to and from sterilization. Accompany patient to X-ray; take x-rays and process and retrieve films. |
|  | * abilities sufficient to provide safe and effective oral health care.
 | Perform expanded functions, debridement, root planing and x-rays. |
|  | * abilities sufficient to monitor and assess health needs.
 | Assess medically compromised/medical emergencies; detect indicator tones (curing light units and x-ray units); communicate with patient/parent. |
|  | * ~~a~~bilities sufficient for observation and assessment necessary in oral health care.
 | Read, record in patient charts, evaluate tissue, write tissue descriptions, assess and evaluate the oral health needs of the patient. |
|  | * abilities sufficient for physical assessment.
 | Palpate tissue, detect restorations, calculus and evaluate debridement. |

The Dental Programs are committed to ensuring that otherwise qualified students with disabilities are given reasonable accommodations. Student with disabilities who wish to request these accommodations are encouraged to contact the Disability Resources Department (DRD) to determine eligibility for services prior to the start of the program.

While the process can be initiated at any time, reasonable accommodations cannot be implemented until eligibility has been formally established with DRD.

Degrees of ability vary widely among individuals; the Dental Programs is committed to creating access to qualified individual with a disability using a case-by-case analysis. The program remains flexible with regard to the types of reasonable accommodations that can be made in the classroom and clinical settings. Student with disabilities are invited to offer suggestions for accommodation that have worked in the past. Accommodations made will specifically address the limitations associated with the student’s disability.

Our belief is that accommodation should be tailored to individual situations. The process for determining the type of reasonable accommodation in the clinical setting shall be determined by the Disability Resource Department and the Dental Programs Director.

***Santa Rosa Junior College Health Sciences Department***

REPORT OF PHYSICAL EXAMINATION

My signature below indicates that I have performed a complete history and physical

examination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name), a student admitted to the

Dental Hygiene or Dental Assisting Program (circle one).

In my opinion, the student

\_\_\_\_\_ Meets the Physical and mental requirements listed on the foregoing Technical Standards page

 Can meet the physical and mental requirements listed with reasonable accommodation

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MD or NP

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office stamp here)

**REASONABLE ACCOMMODATIONS**

Reasonable accommodations are modifications or adjustments that enable a qualified individual with a disability to perform the technical standards involved in a Health Sciences program. These accommodations may involve modification of the learning environment, changes in the manner or circumstances in which learning activities are performed, and/or changes that enable a qualified individual with a disability to enjoy equal benefits and privileges of participation in a Health Sciences program.

Please indicate below whether you require or do not require any reasonable accommodation[s] connected with any aspect of the program to which you have been admitted.

Based on my review of the *SRJC Health Sciences Health Requirements and Technical Standards (initial* ***one*** *of the statements below):*

 I can meet the technical standards with reasonable accommodations. I will make an appointment with the SRJC Disabled Student Resource Center for evaluation of accommodation needs while in the Health Sciences program. See guidelines at: [http://drd/santarosa.edu.](http://drd/santarosa.edu)

 I have read the technical standards. To my knowledge, I can meet the technical standards without limitations or need for reasonable accommodation.

Print Name Date

Signature Date

Description of accommodation if needed:

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 **Santa Rosa Junior College Health Sciences Department**

**Attach photocopies of immunization records or serology results for the following:**

|  |
| --- |
| ***Students must submit photocopies of documents of immunization or verified immunity (positive serology test) to the following.*** |
|  | **Dates Completed** |
|  | **Immunized**  | ***Or* Positive Serology** |
| Rubella\* | #1 #2 |  |
| Rubeola\* | #1 #2 |  |
| Mumps \* | #1 #2 |  |
| Varicella | #1 #2 |  |
| Tdap booster (every 10 years) |  |  |
| ***All students must be immunized for Hepatitis B. If the immunization series is complete, have serology to determine immunity no sooner than 1-2 months after the third immunization. If not immune, contact health care provider to have another series of three immunizations.***  |
|  | **Dates** |
| Hep B 1 |  |
| Hep B 2 |  |
| Hep B 3 |  |
| Hep B surface antibody serology |  |
|  |  |
| PPD (annual requirement) \*\* | #1 #2 |
| If positive, complete the Tuberculosis Clearance Form(available in Health Sci. office) & bring copy of chest x-ray report to H.S. office for file. |  |
|  |  |
| Flu Vaccination (annual requirement) \*\*\* |  |
| CPR (Basic Life Support (BLS), adult, child, infant, plus AED)Must be American Heart Association or American Red Cross approved classes |  |

\* Combined MMR is acceptable.

\* \* PPD for health professionals - two-step process for the first PPD and annually thereafter

\*\*\* Flu vaccination must be current by the last day of October 2019 and annually thereafter

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