WELCOME to Dental Programs
Paperwork Requirements:

The Following Documents must be turned into me on the first morning of the Fall semester: Monday, August 16, 2021

*No back-to-back copies please!

- Demographic Information Form
- Getting To Know You Form
- PPE Safety Guideline Disclosure Form
- Combination Lock Form
- Signature Pages relating to Student Policy Manual (11 pages)
- Dental Programs Health Evaluation Form Packet (5 pages)
Paperwork Requirements:

- Immunization Check off Sheet & Immunization Records (copies only- NO originals)
  - All vaccinations must be current prior to first day of school. Must have completed PPD / TB Clearance (two part series), Hep B- (first vaccination minimum) by first day of school

- CPR Card (AHA or American Red Cross)w/AED
Dental Hygiene Student - 2019
Demographic Profile for ADA/CODA Accreditation Survey

This demographic survey is being used for information needed to complete the American Dental Association Annual Survey of Dental Programs, for newsletter releases for the Redwood Empire Dental Society and the Redwood Dental Hygienist Society.

Thank you for your cooperation.

Print Name ____________________

Please Circle the best answer for each question

1. Sex
   - male
   - Female
   - Other

2. Please circle that best describes your age range:
   - 23 and under
   - 24 to 29
   - 30 to 34
   - 35 to 39
   - 40 and over

3. Please circle the citizenship that best describes your status:
   - US citizen
   - Canadian citizen
   - Non-resident Alien
   - Resident Alien
   - other

4. What is the highest level of education you have completed?
   - One year of college
   - Two years of college
   - Associates Degree – AS or AA
   - Three years of college
   - Four years of college
   - Bachelor’s degree – BS or BA
   - other

5. Race/Ethnicity Description from ADA/CODA Accreditation – please circle the race/ethnicity that describes you best

   American Indian or Alaskan Native
   A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliations or community attachments.

   Asian
   A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan the Philippine Islands, Thailand and Vietnam

   Black or African-American
   A person having origins in any of the black racial groups of Africa

   Hispanic or Latino (any race)
   A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.
Getting To Know You Form - Examples

Getting To Know You
Please print clearly

Name: __________________________
Address: __________________________
Phone #: __________________________
E-mail: __________________________
Emergency Contact and Phone #: __________________________

Why did you choose to become a dental assistant?

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Please share any specific information that can assist the faculty to help you in your success in the dental assisting program

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Getting To Know You
Please Print Clearly

Name: __________________________
Address: __________________________
Phone #: __________________________
E-mail: __________________________
Emergency Contact and Phone #: __________________________

Why did you choose to become a dental hygienist?

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Please share any specific information that can assist the faculty to help you in your success in the dental hygiene program

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
It is the policy of the Santa Rosa Junior College to maintain a safe and healthy environment for our students. Personal protective equipment (PPE) is a necessary part of clinic/laboratory safety. Proper personal protective equipment (PPE) is required according to the Dental Programs Clinical/Lab Safety Guidelines. Appropriate PPE must be worn at all times while in clinic and or lab. Students not properly attired for clinic or lab activities will not be allowed to participate in the clinic and or lab sessions and will be considered absent for that session. Disciplinary actions may be taken if student will not adhere to the Dental Programs clinic/lab safety guidelines.

I, _______________________________ acknowledge that I have read and understand the “PPE Safety Disclosure Form”, and that I will adhere to these guidelines.

Student Name:________________________________________

Student Signature:____________________________________ Date:__________________
Hello and Welcome Dental Programs Student!

We have assigned you this locker for your use during your enrollment in the program. You must provide a combination lock (no key locks are allowed) on the first day of class (Monday, August 16th).

You will be required to provide us with the combination number to your lock on the first day of class. Please do not leave valuables in your locker.

For your records:   Locker # _____    Combination lock #_______

The Top portion of this form will be returned back to you on first day of class.

__________________________________________

For Department Records:

COMBINATION LOCK — August 16, 2021

Student Name (Print clearly): ___________________ My Locker # ______

Please Circle:  Dental Hygiene    Dental Assisting

Combination Number to your lock____________________

I understand that a Department representative may enter my locker at any time for any reason and that I am responsible for thoroughly cleaning my locker when I leave the program.

Student Signature ___________________________________________
Dental Programs Policy Manual

- Please Thoroughly Read the Dental Assisting or Dental Hygiene Policy Manual.

- The signature pages related to the Policy Manual are part of the Dental Student Intake Paperwork packet.

- Signature pages are numbered pages 1-11

- Please have witness sign on appropriate pages.
Vaccination/Declaration & Declination Form

Student: ________________________________

Student Identification Number: ________________________________

Program: ________________________________

I have been advised that the Hepatitis B vaccination and verification of immunity and carrier status are required for the clinical assignments in the Dental Programs. I understand that due to the possible occupational exposure to blood or other potential infectious materials I may be at risk of acquiring Hepatitis B viral infection.

Please check one of the following:

_____ I have completed the Hepatitis B vaccination series (must submit documentation).

_____ I am currently in the process of Hepatitis B vaccination and have received ________

vaccination(s) at this time (must submit documentation)

_____ I decline to be vaccinated at this time.

I am aware that I can waive the Hepatitis B vaccination requirement only by signing this Vaccination Declaration form. In that case, I continue to be at risk of acquiring Hepatitis B, a serious disease.

In the future, should I decide to be vaccinated for Hepatitis B, I will provide documentation of this to the program director.

Student Signature ________________________________ Date ________________________________

1
Dental Programs Policy Manual

SANTA ROSA JUNIOR COLLEGE
Department of Health Sciences
Dental Assisting and Dental Hygiene Programs
Confidentiality of Patient/Student Externship/Internship Information

Inherent in health care is both a legal and ethical responsibility to protect the privacy of patients. Consequently, the indiscriminate or unauthorized review, duplication (including photographic), use or disclosure of personal information, medical, dental or otherwise, from any source regarding any patient is expressly prohibited. In regards to photographs of patients/persons in clinic. If the face can be seen, the image may not be used in any form unless a photo release form has been signed. Except when required in the regular course of clinic business, the discussion, use, transmission or narration, in any form, of any patient information which is obtained in the regular course of study is strictly forbidden. When you are referring to patient during a patient seminar or in a report, only first names will be used. Under no circumstances may any part of a patient’s record be duplicated (including photographic duplication).

Any violation of this policy shall constitute grounds for corrective conferencing.

_________________________  __________________________  __________________________
Student’s Signature        Student’s Name – Please Print Date

Inherent in health care is both a legal and ethical responsibility to protect the privacy of students in both programs. Consequently, the indiscriminate or unauthorized review, use or disclosure of personal information, medical, dental or otherwise, from any source regarding any student is expressly prohibited. In regards to photographs of students in clinic. If the face can be seen, the image may not be used in any form unless permission is obtained from the student. The department requires a photo release form to be signed for student’s photos for educational and PR purposes.

Any violation of this policy shall constitute grounds for corrective conferencing.

_________________________  __________________________  __________________________
Student’s Signature        Student’s Name – Please Print Date

Inherent in health care is both a legal and ethical responsibility to protect the privacy of all persons involved in the externship/internship programs. Consequently, the indiscriminate or unauthorized review, use or disclosure of personal information or business practice from any source regarding any externship/internship is expressly prohibited.

Any violation of this policy shall constitute grounds for corrective conferencing.

_________________________  __________________________  __________________________
Student’s Signature        Student’s Name – Please Print Date

The lines between public and private and personal and professional are blurred in online social networks. The following suggest “best practices” for all professionals.

1. be respectful
2. respect confidentiality, conform to all policies regarding the confidentiality of information regarding patient, student and externship/internship settings
3. assume that any posting is public regardless of the privacy settings
4. assume that any posting is permanent

Any violation of this policy shall constitute grounds for corrective conferencing.

_________________________  __________________________  __________________________
Authorization For Use of Photographs

Release Authorization to use Physical Likeness

I hereby give permission to Santa Rosa Junior College (SRJC) to use my name, image, voice, likeness, information, photographs, video and sound recordings (collectively "Image") for all purposes, including but not limited to: use in instruction, publications, media, advertising, or other promotional purposes by SRJC. I understand and agree that I will not receive any compensation for SRJC’s use of my Image.

I understand that this Release Authorization is voluntary and my Image may be protected under the Family Educational Rights and Privacy Act (FERPA) as a student record, for which I now authorize this release to SRJC for the uses stated above. I shall have no right to title, or interest in the materials for which my Image may be used. I release SRJC from all liability related to the use of my Image. Any Image retained by SRJC will not be sold or given to another agency or organization for their commercial purposes.

I warrant that I have no legal restrictions on my ability to authorize the release of my Image. This agreement constitutes the sole, complete, and exclusive agreement between me and SRJC, which I have read, understand, and agree to. A copy of this Release is as good as the original.

I understand that this Release does not release my personal information or any intraoral photographs/images used for educational classroom purposes.

FULL NAME (please print) | Please print – dental assisting or dental hygiene student
---|---
SIGNATURE - Student | DATE
SIGNATURE – Witness | DATE

Pg. 3
Infectious Disease Policy

Dental Programs Policy Manual

INFECTION DISEASE POLICY

The risk of contracting Hepatitis B virus (HBV), Hepatitis C or other infectious diseases are greater than the risk of contracting human immunodeficiency virus (HIV). Therefore, recommendations for the control of Hepatitis B & C infections will effectively prevent the spread of AIDS. All such recommendations are therefore incorporated herein.

1. Sharp items (needles, scalpel blades, and other sharp instruments) shall be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. Proper disposal of sharp items according to Cal/OSHA guidelines shall be followed.

2. Disposable syringes and needles, scalpel blades and other sharp items should be placed in puncture resistant containers located as close as practical to the area in which they were used. To prevent needle stick injuries, needles shall not be recap, purposely bent, broken, removed from syringes, or otherwise manipulated by hand.

3. When the possibility of exposure to blood or other body fluid exists, routinely recommended universal precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, masks and eye coverings when performing procedures. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood or body fluids.

4. Pregnant Dental Assisting/Hygiene students are not known to be at greater risk of contacting the HBV, HCV or HIV than students who are not pregnant. However, if a student develops infection with HBV, HCV or HIV during pregnancy, an infant has an increased risk of infection through prenatal or perinatal transmission. Because of this risk, pregnant students should be especially familiar with precautions for HBV, HCV and HIV.

5. Dental Assisting/Hygiene students engaged in health care who are infected with the HIV or HBV, HCV and who are not involved in invasive procedures need not be restricted from work unless they have some other illness for which any health care worker would be restricted.

6. For Dental Assisting/Hygiene students engaged in health care who have been diagnosed as HIV positive, there is an increased danger from infection due to disease. Students who are HIV infected are at risk of acquiring or experiencing serious complications of such diseases. Of particular concern is the risk of severe infection following exposure to patients with easily transmitted infectious diseases (e.g. tuberculosis or chicken pox).
Infectious Disease Policy con’t

HIV infected students will be counseled about potential risk precautions to minimize their risk of exposure to other infectious agents.

7. The Dental Assisting/Hygiene student’s physician, in conjunction with the appropriate college official, will determine on an individual basis whether the student who is HIV or HBV positive, with symptoms, can adequately and safely perform patient care.

8. A Dental Assisting/Hygiene student with an infectious disease who cannot control bodily secretions and students who have open lesions will not be permitted to participate in health care services. The determination of whether an infected student should be excluded from providing health care shall be made on a case-by-case basis by the student’s physician and the appropriate college officials.

9. Dental Assisting/Hygiene students who are exposed to infectious body fluids in the clinical area must report to the supervisor/clinical instructor immediately. The clinic shall be notified and the clinic protocol for such exposure followed. In addition, program directors must be notified as soon as possible to assure proper follow-up in the event of blood borne pathogen exposure.

I have read and understand this policy:

Signature: ___________________________ Date: ___________________
Informed Consent

I, __________________________, understand that as a clinical student, I may be exposed to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B, Hepatitis C and HIV (AIDS) while in a clinical facility.

Neither Santa Rosa Junior College nor any of the clinical facilities used for clinical practice assumes liability if a student is injured on the campus or in the clinical facility during training unless the injury is a direct result of negligence by the college or clinical facility. I understand that I am responsible for the cost of health care for any personal injury I may suffer during my education. I understand that I should purchase private health insurance.

I further understand that I must have liability insurance (which covers malpractice) while enrolled in classes involving clinical activities. This insurance fee must be paid each year at the fall registration.

I understand and assume responsibility for the policies, objectives, course requirements and inherent risks involved in the education of Dental Assisting/Hygiene students at Santa Rosa Junior College.

________________________________________
Student Name (please print)  __________________________
Student Id Number

________________________________________
Signature  __________________________
Date
Clinical Education Agreement

Dental Student Policy Manual

Santa Rosa Junior College
Allied Dental Education Program

Structure of Clinical Education Agreement

The faculty in the dental programs at Santa Rosa Junior College utilizes a team teaching approach to impart clinical skills to dental assisting and dental hygiene students. In each preclinical and clinical session, individual and collaborative instruction and observations provide students with the greatest opportunity for clinical skill development. Verbal and written feedback is provided at each session to ensure that students are informed of their progress in the development of such skills. The instructors are required to read one another’s written documentation and consult with one another regarding student progress in skill development. This team teaching and clinical education structure enables the faculty to focus on individual student needs.

Students are asked to write goals for preclinical sessions and make entries in journals after clinical sessions. This documentation is read by all the clinical instructors and in some cases, the program director. Students meet with their course lead instructor at set times during each semester and by appointment when the student or the faculty deems it necessary.

As part of the program outcomes assessment plan and the quality assurance in patient care plan, student evaluation forms are read at successive patient appointments and clinic sessions to gather information pertinent to the aforementioned plans. Instructors are required to question students, patients, clinical staff, and other faculty members about documentation on evaluation forms to ascertain that patients have been, and will be receiving the Standard of Care described in the Patient Bill of Rights document.

Students will experience diverse teaching styles in clinic and lab. Instructional diversity provides a rich environment for learning. In order to obtain maximum learning in the clinical environment, it is important to learn to appreciate the knowledge, background, and experience of each clinical and laboratory instructor.

Teaching psychomotor skills may sometimes require close proximity or hand contact of the instructor to the student.

By signing this agreement, you are indicating that you have read and understand the method and structure utilized by the faculty and that you hereby grant permission to the faculty to read your performance evaluations and consult with one another about your progress in clinical skill development and the delivery of patient care.

__________  ________________________________
Print Name   Indicate DA, DH Program

Date Entering Program       Month/Year Scheduled to Graduate
### Dental Programs Policy Manual

#### Physicians Awareness of Pregnancy *

**Student's Name**

The above-mentioned student is presently enrolled in the Dental Assisting/Hygiene Program at Santa Rosa Junior College. Due to the nature of the Program, this student may risk exposure to ionizing radiation, Nitrous Oxide or possible exposure to contagious disease. In order to determine the appropriate precautions, we need the following information.

1. **Date of Conception:** ________________ (approximate)
2. **Date of Expected Delivery:** ________________ (approximate)
3. **Present health status:** ________________
4. **Will the patient be under your care during her pregnancy?**
   - Yes
   - No
5. **Have you informed her of the potential danger involved in continuing her present career goal while pregnant?**
   - Yes
   - No
6. **Do you recommend her continuation in the dental assisting/hygiene program?**
   - Yes
   - No
7. **Do you recommend any limitation to regular duties? If yes, please explain.**
   - Yes
   - No
   **Any limitations recommended?**

   __________________________________________________________________________
   __________________________________________________________________________

**Physician's Name**

**Physician's Address**

**Physician's Signature**

**Date**

**Student Signature**

**Date**

### Dental Programs Policy Manual

#### Pregnancy Policies & Radiography *

The following agreement pertains to any student who is pregnant or who is planning a pregnancy while enrolled in the SRJC Allied Dental Programs. Any student exposing radiographs in the Dental Radiography course (DE55A, DE 55B), Clinical courses (DH71C-E) or at any Externship site must comply with the following guidelines:

- If I become pregnant, I agree to consult my physician regarding this issue and to provide adequate documentation, in writing, to that effect to the dental program office.
- I agree to adhere to all SRJC Dental Radiography safeguards and guidelines pertaining to proper radiologic technique as stated in the course documents.
- I understand that I must complete all radiography requirements prior to graduation from the program. This may require a delay in completion of the program.

**Signature (student)**

**Date**

**Signature (faculty)**

**Date**

**Program Director**

**Date**
Read and Check Each of the Following Before Signing

I have read Dental Programs Student Handbook. I affirm that I will be responsible for all the data herein. My initial indicates that I understand and am aware of the following content consisting of:

- Dental Programs Accreditation
- Dental Hygiene and Dental Assisting Curriculum
- Program Philosophy
- Program Goals and Competencies for Dental Hygiene/Dental Assisting Program
- Santa Rosa Junior College and Dental Programs Policies
- Student Code of Conduct
- Access for Student with Disability
- Discrimination Policy
- Sexual Harassment
- Patient and Student Treatment Policies
- Patient Privacy Policies
- Confidentiality
- Patient Bill of Rights
- General Department Guidelines
- Student Security
- Student Educational Rights
- Communication
- Posting Notices of Services
- Food and Drink, Locker Room and Building Maintenance
- Children and Visitors
- Student Conduct
- Professionalism and Ethics
- Dress Code & Professional Image
- Academic and Attendance Policies
- Attendance Policy
- Academic Policy
- Student Probation and Request Withdrawal
- Academic Grievances
I agree to abide by all the rules, policies, and procedures of the program. I am also aware that this handbook is intended as a guide and that policies and procedures described herein may be changed without notice. I have had the opportunity have my questions answered prior to my signing this agreement.

I have signed and submitted the following documents:

- Vaccination / Declaration and Declination Form
- Confidentiality of Patient and Patient/Student Externship/Internship Information
- Authorization for Use of Photographs
- Infectious Disease Policy
- Informed Consent
- Structure of Clinical Education Agreement

This form must be signed and returned on the first day of class.

__________________________  ____________________________  ____________________________
Student Signature                      Date                                   Print Name

__________________________  ____________________________  ____________________________
Witness Signature                   Date                                    Print Name
1. Dental Programs Health Evaluation Form

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.

Rev. 3/2018 Dental Programs/Incoming student info - CH

150 Mendocino Avenue, Santa Rosa, CA 95401-1495 • (707) 527-4377 • Fax (707) 527-4436
Sonoma County Junior College District • www.santarosa.edu

1 of 6
2. Technical Standards

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)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Thinking</td>
<td>Critical thinking sufficient for clinical judgment.</td>
<td>Take and interpret medical histories and radiographs, develop treatment plans, and react to medical emergencies.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Provide oral hygiene/oral health care instruction to patient/parents. Explain information consent and treatment plans and establish good patient rapport.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Communication during the delivery of oral health care services, document procedures and consult with other health care providers.</td>
</tr>
<tr>
<td>Action</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>abilities sufficient to provide safe and effective oral health care.</td>
<td>Perform expanded functions, debridement, root planing and x-rays.</td>
</tr>
<tr>
<td></td>
<td>abilities sufficient to monitor and assess health needs.</td>
<td>Assess medically compromised/medical emergencies; detect indicator tones (curing light units and x-ray units); communicate with patient/parent.</td>
</tr>
<tr>
<td></td>
<td>abilities sufficient for observation and assessment necessary in oral health care.</td>
<td>Read, record in patient charts, evaluate tissue, write tissue descriptions, assess and evaluate the oral health needs of the patient.</td>
</tr>
<tr>
<td></td>
<td>abilities sufficient for physical assessment.</td>
<td>Palpate tissue, detect restorations, calculus and evaluate debridement.</td>
</tr>
</tbody>
</table>

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
Dental Programs

Physical Examination and Immunization Requirements

Candidates who are accepted into the dental assisting or dental hygiene program are required to submit the following documentation by the FIRST DAY OF SCHOOL, August 16, 2021

1. Complete physical examination. You must use and submit SRJC Health Evaluation Form. Your physical must be completed within one year of entering the program.

2. Two (2) MMR vaccines or a positive serology report. For students born before 1956 only one MMR vaccine is required or a positive serology report. SRJC Student Health Services will provide this service for a fee for SRJC students.

3. Students are required to do a 2-step PPD (TB test). Student must get 1st PPD between June 1 and August 1 and get the 2nd PPD one to three weeks after the first one. This process has to be completed within one month in order to be a valid 2-step process. SRJC Student Health Services will provide this service for SRJC students.
   a. If PPD is positive, documentation of a baseline chest x-ray (radiology report) taken within the last year must be produced. A Symptom-Free Form completed by MD or FNP will need to be filled out one year after the chest x-ray. SRJC Student Health Services will order needed x-rays and perform the Review of Symptoms.

4. Hepatitis B vaccine series in progress. This series is a five-month process. You must have 1st vaccine by the first day of school. The 2nd vaccine is administered one month later. The 3rd vaccine must be administered five months after the 2nd. SRJC Student Health Services will provide this service for a fee for SRJC students.

5. Tetanus-Diphtheria booster documented within the last 10 years. SRJC Student Health Services will provide this service for a fee for SRJC students.

6. Two (2) Varicella (Chickenpox) immunizations are required or a positive serology report.

7. Flu Vaccination – current documentation of flu vaccination by the last day of October 2021 and annually thereafter.

8. Current BLS/CPR card including adult, child & infant, plus AED approved by American Heart Association or American Red Cross.

You must provide photocopied documents pertaining to the above for inclusion in your file in the Dental Programs. It is your responsibility to maintain copies for your own records. The Dental Programs cannot make copies of your original documents for you.

These required health documents must be turned into the Dental Programs on the first day of school August 16, 2021 as all students are required to have dental procedures practiced on them by fellow classmates. This will begin the first week of school and continue throughout the program.

Documents submitted to the Allied Dental Programs become the property of the Program and may be disposed of at our discretion.
3. Report of Physical Examination

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)

This form must be signed by a Doctor or Nurse Practitioner and must be stamped by the office.
4. Reasonable Accommodations

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://drc.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:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
5. Immunization Records & worksheet

- Photocopy proof of all required Immunization Records.
  * Must have completed TB Clearance (two part series between June 1 and August 1 2021), Hep B (first vaccination)

- I WILL NOT ACCEPT ORIGINALS!

- The immunization worksheet (shown on next slide) is ONLY a check-off sheet for your reference. (PLEASE do not have physicians or nurses initial this paper.)

- Note: Flu vaccine due by October 31, 2021 and annually thereafter.
5. Immunization check-off sheet (for your reference and tracking)

Santa Rosa Junior College

Health Sciences Department

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

<table>
<thead>
<tr>
<th>Students must submit photocopies of documents of immunization or verified immunity (positive serology test) to the following.</th>
<th>Dates Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunized</td>
<td>#1</td>
</tr>
<tr>
<td>Rubella*</td>
<td>#1</td>
</tr>
<tr>
<td>Rubeola*</td>
<td>#1</td>
</tr>
<tr>
<td>Mumps *</td>
<td>#1</td>
</tr>
<tr>
<td>Varicella</td>
<td>#1</td>
</tr>
<tr>
<td>Tdap booster (every 10 years)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Hep B 1</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B 2</td>
<td></td>
</tr>
<tr>
<td>Hep B 3</td>
<td>or Hep B surface antibody serology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPD (annual requirement) **</th>
<th>#1</th>
<th>#2</th>
</tr>
</thead>
<tbody>
<tr>
<td>If positive, complete the Tuberculosis Clearance Form (available in Health Sci. office) &amp; bring copy of chest x-ray report to H.S. office for file.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fhu Vaccination (annual requirement) ***</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR (Basic Life Support (BLS), adult, child, infant, plus AED) Must be American Heart Association or American Red Cross approved classes</td>
<td>Due by October 31st &amp; annually</td>
</tr>
</tbody>
</table>

* Combined MMR is acceptable.
** PPD for health professionals - two-step process for the first PPD and annually thereafter
*** Fhu vaccination must be current by the last day of October 2018 and annually thereafter
CPR

◆ CPR for “Health Care Providers”, or “Basic Life Support” This usually includes:

  - Adult, Child, Infant CPR, and AED

****You may want to confirm this by asking the instructor teaching the class. *****

◆ Must be American Heart Association or American Red Cross approved class.

Note: Immunizations and CPR licenses must be current at all times while in the dental programs at SRJC- it is your responsibility to monitor your expiration dates and show proof of boosters and/or renewal. Failure to do so will result in exclusion from all clinical labs.
CPR cards: Examples
Must have on First Day

- Demographic Information & Getting To Know You Forms
- PPE Safety Guideline Disclosure Form
- Combination lock Form – with lock.
- All Dental Programs Policy Manual forms (11 pages)
- All Health Evaluation forms (5 pages)
- Copy of all Immunization Records including:
  - Tdap current within 10 years
  - Hepatitis B (minimum 1st vaccination)
  - Completed 2 step PPD (TB Clearance) between June 1 and August 1, 2021
  - Copy of Approved CPR Card
Notes:

- **DO NOT** mail your paperwork!

- Your locker will be available for you on the first day. Please **DO NOT** put locks on lockers prior to first day of school.

- Keep me posted if your email has changed.
Paperwork Questions?

- Professor Diaz, RDA, BA
  Coordinator Dental Business Office

  ddiaz@santarosa.edu
  707-522-2846