

WELCOME

to



Dental Programs

Professor Diaz, RDA, CDA, BA

Coordinator Dental Business Office

Paperwork Requirements:

The Following Are Examples and explanations of all Documents Included in the link- Dental Student Intake Paperwork Packet that must be turned in the first day of Fall semester: **Monday, August 16, 2021**

***No back-to-back copies please!**

- **Demographic Information Form**
- **Getting To Know You Form**
- **PPE Safety Guidelines Disclosure Form**
- **Combination Lock Form**
- **Signature Pages from Policy Manual**
 - Vaccination Declaration/ Declination
 - Confidentiality of Patient/ Student
 - Authorization for use of photographs
 - Infectious Disease Policies
 - Informed Consent
 - Clinical Education Agreement
 - If Applicable:
 - Physicians Awareness of Pregnancy/ Pregnancy Radiology Policies Form
 - Student Agreement

Paperwork Requirements Cont:

- **Dental Programs Health Evaluation Form**
- **Technical Standards Form**
- **Report of Physical Exam**
- **Reasonable Accommodations Form**
- **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), TB w/in past 10 yrs. by first day of school.
- **CPR Card (AHA or American Red Cross)w/AED**

Demographic Information Forms - Examples

Dental Hygiene / Dental Assisting Student - 2021 Demographic Profile

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

Sex: Male Female

Please circle that best describes your age range:

23 and under 24 to 29 30 to 34 35 to 39 40 and over

Please circle the citizenship that best describes your status:

US citizen Canadian citizen Non-resident Alien Resident Alien other

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.

Demographic Information Forms - Examples

Native Hawaiian or other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or another Pacific Islander

White A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Two or more races Category used for individual who identify with two or more race categories listed above

Unknown Category used to classify persons whose race and ethnicity are not known

Nonresident Alien A person who is not a citizen of the United States and who is in the country on a visa or temporary basis and does not have the right to remain indefinitely

6. Are you comfortable speaking any other language(s) – if so, please list the language(s)

7. Please respond to the following questions with a “yes” or “no” answer

Have you requested financial assistance yes no

Will you receive financial assistance when you begin the program yes no

When you begin in the Fall semester, will you be employed yes no If yes, approximately how many hours per week
If yes, type of work you will be doing when you begin the program in the Fall

Do you have family care responsibilities yes no

8. In what county (not country) and state did you live prior to enrollment in the program? County (i.e. Sonoma, Marin, Lake)
State

9. In what county (not country) do you plan to live following graduation? County (i.e. Sonoma, Marin, Lake)
State

10. Do you have previous experience working in a dental office? As an RDA number of years ?
As a DA/sterilization assistant number of years ____?

As a dental office receptionist number of years ____?

Getting To Know You Form- Example

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 / dental assistant?

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

PPE Safety Guideline Disclosure Form- Example

PPE Safety Guideline Disclosure Form

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: _____

Combination Lock Form

Keep top half will be
returned to you for
your records. 

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 fist 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 _____

Fill out completely 

Policy Manual

- Signature pages Found in the Appendix section starting with: Vaccination Declaration
- Complete all 9 pages and: Reasonable Accommodations, Physicians Awareness of Pregnancy/ Pregnancy Radiology Policies if applicable.
- Please have witness sign on appropriate pages.

Vaccination/Declaration & Declination Form

Student Handbook 2019

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 Declination 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

Confidentiality of Patient/Student

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.



Student's Signature

Student's Name -- Please Print

Date

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

Infectious Disease Policy

Student Handbook 2019

INFECTIOUS 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 recapped, 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

Student Handbook 2019

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 oozing 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

Student Handbook 2021

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

Student Handbook 2021

**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*_____

Student Agreement

Student Agreement

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

Student Agreement con't

Student Handbook 2021

Grading Policies

_____ Technical Standards

Health Requirements and Policies Bloodborne Infectious Diseases

_____ CPR Policy

_____ Treatment of Patients with TB

_____ Substance Abuse Policy Classroom, Laboratory Safety Regulations

Emergency Preparedness

_____ Accident Reporting Procedures

_____ Quality Assurance

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

_____ Disability Resource Testing Accommodations

_____ 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

Please Print
Clearly



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

1501 Mendocino Avenue, Santa Rosa, CA 95401-4395 * (707) 527-4271 * Fax (707) 527-4426
Sonoma County Junior College District * www.santarosa.edu

Please Print
Clearly



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)

<u>Issue</u>	<u>Standard</u>	<u>Examples</u>
Critical Thinking	Critical thinking sufficient for clinical judgment.	Take and interpret medical histories and radiographs, develop treatment plans, and react to medical emerger
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 car instruction to patient/parents. Expl 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 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. • abilities sufficient to provide safe and effective oral health care.	Work with a patient for prolonged periods of time and seat and/or assi in the transfer of a patient. Retrieve instruments/equipment to and from sterilization. Accompany patient to ray; take x-rays and process and retrieve films. Perform expanded functions, debridement, root planing and x-rays.

<ul style="list-style-type: none"> abilities sufficient to provide safe and effective oral health care. 	Perform expanded functions, debridement, root planing and x-rays.
<ul style="list-style-type: none"> abilities sufficient to monitor and assess health needs. 	Assess medically compromised/emergencies; detect indicator tones (curing light units and x-ray units); communicate with patient/parent.
<ul style="list-style-type: none"> abilities 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.
<ul style="list-style-type: none"> 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.

_____ I have read and understood the Technical Standards for the Santa Rosa Junior College Health Sciences Department.

Signature:_____

Date:_____

Printed Name:_____

Santa Rosa Junior College Dental Programs

Physical Examination 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 **photocopies** of 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 of DDS or NP ➡

Signature _____ Date _____
MD or NP

Address _____

Phone number _____

(Office stamp here)

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://drcd/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:

Check one



❖ 5. Immunization check-off sheet

PLEASE do not have physicians or nurses initial this paper.

Santa Rosa Junior College Health Sciences Department

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

<i>Students must submit photocopies of documents of immunization or verified immunity (positive serology test) to the following.</i>		
	Dates Completed	
	Immunized	Or Positive Serology
Rubella*	#1 #2	
Rubeola*	#1 #2	
Mumps *	#1 #2	
Varicella	#1 #2	
Tdap booster (every 10 years)		
<i>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.</i>		
	Dates	
Hep B 1		
Hep B 2		
Hep B 3		
or 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	Due by October 31 st & annually	

* 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 2018 and annually thereafter

5. Immunization Records & worksheet

- ❖ **Photocopies of all your Immunization Records.**
Must have completed TB Clearance (two part series), Hep B (first vaccination), and Tdap must be current within last 10 years.
 - ❖ **I WILL NOT ACCEPT ORIGINAL Copies!**
 - ❖ **The immunization worksheet is ONLY a check-off sheet for your reference.**
- ❖ **Note: Flu vaccine due by October 31, 2021 and annually there after.**

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.

CPR cards: Examples

 American Heart Association <i>Learn and Live</i>	
Healthcare Provider <i>Rebecca L. Allen</i>	
<small>This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.</small>	
Issue Date OCT 28 2009	Recommended Renewal Date OCT 2011
Training Center <i>Western Region / Sonoma Co.</i>	
TC Address Contact Info <i>Mobile C.P.R. (707) 887-2452</i>	
Course Location <i>Stephanie Mashek</i>	
Instructor <i>S. Mashek</i>	
Holder's Signature	
<small>© 2000 American Heart Association. Tampering with this card will alter its appearance. 70-2915</small>	

 American Red Cross <i>Together, we can save a life</i>	This recognizes that _____ has completed the requirements for CPR/AED for the Healthcare Provider conducted by Sonoma & Mendocino Counties Date completed <u>8/6/2009</u> The American Red Cross recognizes this certificate as valid for <u>2</u> year(s) from completion date.	_____ Chairman, American Red Cross Instructor's Signature <i>A. Smith</i> Chapter Sonoma & Mendocino Counties Holder's Signature
	Cert. 653998 (Rev. Oct. 2001)	

Must have on First Day

- Demographic Information & Getting To Know You Forms
- PPE Safety Guidelines Disclosure Form
- Combination lock Form – with lock.
- All Student Handbook forms
 - If Applicable:
 - -Physicians Awareness of Pregnancy/ Pregnancy Radiology Policies Form
- All Health Evaluation forms
- Copy of all Immunization Records including:
 - Tdap current within 10 years
 - Hepatitis B (minimum 1st vaccination)
 - Completed 2 step PPD (TB Clearance)
- Copy of Approved CPR Card

Notes:

- Please **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.



Best way to reach Professor Diaz:

ddiaz@santarosa.edu

707-522-2846

Questions??

