

Certified Nurses Aid (CNA Program)
Medical Clearance for Clinical Rotation

Immunizations & Physical- (Due at Start of Training) (see supporting documents)

- 1) Proof of COVID-19 VACCINATION is required to enter the building (2501 Grand Concourse 3rd floor) and for clinical rotations.
- 2) Physical Examination Form - **MUST** be completed within the past **9 months** & signed by an MD/NP
- 3) Proof of a **Negative 10 Panel Drug Urine Screen** – **MUST** be within **30 days of your clinical rotation**
 - A. *Drug tests can be completed at your PCP's office, Mobile Health, Mobile Med Screen, Quest Diagnostics, LabCorp or a CityMD near you*
- 4) Tuberculosis Screening - PPD within the past **3 months** OR **QuantiFERON** within the past **9 months**
 - A. If PPD Positive History provide a negative chest x-ray done after the date of the positive PPD reading
- 5) Proof of Immunity for MMR (Measles, Mumps, Rubella) and Varicella (Chickenpox)
****MUST attach lab report with Immune Titers (NUMERICAL VALUES)****
- 6) Documentation signed by you that Hepatitis-B Vaccination Series was offered OR proof of REACTIVE Hep-B Surface Antibody
- 7) Proof of Influenza vaccine dated after **September 2025**
****EXCEPT if your clinical rotation falls within June-August****
- 8) Proof of Tetanus Vaccination **within 10 years**

Physical Exam Form for CNA Programs at Lehman College

Candidate Name: _____ DOB: _____

1) MMR & Varicella- Blood titers are required, and **Lab Reports with Titer Values must be attached**

	Blood Titer Numerical Value Required	Immunity (Y/N)	If titer shows non-immunity, MD or NP signature/Date Adminof immunization
Measles (Rubeola)			
Mumps			
Rubella			
Varicella*			
2)	Flu Vaccine* Date given: _____ (within current flu season)		
3)	Tuberculosis Screening PPD Test (Annual) _____ / _____ Date Result		If positive, a Chest X Ray is required _____/_____ Date Result
4)	Hepatitis B* Core Antibody Results and Hepatitis Vaccine Series: 1) 2) 3)		
5)	Tetanus Booster: (within 10 years) Report with vaccine dosage required. Date given: _____		
6)	COVID Vaccine Type: 1 st Date: 2 nd Date: COVID-19 Infection Antibody Level:		

*Information sheet provided

Reminder ALL laboratory and titer reports with values MUST accompany this record!

Health Care Provider's Report of Examination Physical Exam Form for Lehman College Programs

Name: _____

Age _____ Height _____ Weight _____ Sex _____ Blood Pressure _____

Physical Exam: Describe comments and/or recommendations	
Vision	Heart
Hearing	Abdomen
Nose	Kidneys
Throat	Extremities
Teeth	Reflexes
Thyroid	Current Medications:
Lungs	Comments:
Breasts	

Is this student physically and emotionally able to participate in the health care curriculum, which will involve class work, laboratory and clinical practice? Yes ☐ No ☐

If not, please specify

Pursuant to the State of New York Department of Health Memorandum, series 88-66, 3/22/88, Health Facilities Series: H-40.
Subject: Revised Part 405 Hospitals-Minimum Standards

This examination is of sufficient scope to ensure that the examined student, of this date, can assume his/her duties free from health impairment, which is a potential risk to the student, the patient served by the student, or which might interfere with the performance of his/her duties, including the habituation or the addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances, which may alter behavior.

Healthcare Provider: _____ Date: _____

Signature

Address: _____ Phone: _____

Varicella Virus Information Sheet

The Center for Disease Control issued a recommendation for the immunization of Health-Care Personnel in November of 2011. The varicella vaccine is one of the recommended immunizations. This recommendation is intended for healthcare personnel in acute-care hospitals; long-term care facilities; physician's offices; rehabilitation centers; urgent care centers, and outpatient clinical as well as to persons who provide home health care and emergency medical services. Allied Health students, because of the nature of their occupational training, may also be at risk of acquiring or transmitting the varicella virus. Varicella is a highly infectious disease cause by primary infection with varicella-zoster virus (VZV). Although relatively rare in the United States since the introduction of varicella vaccine, nosocomial transmission of VZV can be life threatening to certain patients. The majority of adults are immune and few need vaccinations. However, without laboratory evidence of immunity or the diagnosis or verification of a history of varicella disease by a health-care provider. Your best defense against VZV is vaccination.

Please complete:

I understand that due to occupational exposure through person-to-person direct contact or the inhalation of aerosols from vesicular fluid of skin lesions of VZV, I may be at risk of contracting varicella. I have been informed of the importance and benefits of the varicella vaccination, and it has been recommended that I be tested for immunity of vaccinated.

A. I have been tested for the immunity: Date of Exam _____

B. I have been vaccinated: Dates of vaccination (s):

1. _____ 2. _____ 3. _____

C. I will not be tested for the immunity or vaccinated at this time

Signature: _____ Date: _____

Hepatitis B Virus Information Sheet

The U.S. Occupational Safety and Health Administration (OSHA) issued a Blood borne Pathogens standard in December 1991. The rule applies to all employers who have workers that may have been encountered with blood or other body fluids during the performance of their jobs, putting them at risk of contracting contagious viral infections. Allied health students, because of the nature of their occupational training, may also be at risk of contracting these blood borne infections.

Blood borne pathogens include the Hepatitis B virus (HBV) and human immune deficiency virus (HIV) which causes AIDS. HBV is a potentially life threatening virus. The Centers of disease control and prevention (CDC) estimates that there are approximately 208,000 HIV infections in the United States each year; about 8,700 of those infected are health care workers.

The practice of universal precautions or standard precautions may prevent exposure to potentially infectious materials. The best defense against Hepatitis B virus is vaccination. Although it is not a medical requirement, it is strongly recommended that you consider being vaccinated.

Please complete:

I understand that due to occupational exposure to blood or other potentially infectious material; I may be at risk of contracting the HBV infection.

I have been informed of the importance and benefits of the HBV vaccination, and it has been strongly recommended that I be vaccinated.

A. I have begun the series Vaccine date:

1. _____ 2. _____ 3. _____

Or

B. I will not be vaccinated (Hepatitis-B) at this time

Signature _____

Date _____

COVID -19 Testing & Vaccination

CUNY students attending in-person and hybrid classes for the fall 2021 semester are required to be vaccinated for SARS-CoV-2(COVID-19). You will need to submit your Vaccination documentation before your first in-person session at CUNY on the Concourse. For more about CUNY policy visit <https://www.cuny.edu/coronavirus/>

Vaccination Verification

Proof of full vaccination against COVID-19. “Full vaccination” means 2 shots of mRNA (Moderna and Pfizer) vaccine or 1 shot of Johnson & Johnson vaccine 2 or more weeks prior to first day of skills. To complete your vaccination information, you will need the date of your second shot for Pfizer and Moderna or the date of your single shot for Johnson & Johnson; a scan or photograph of your CDC COVID-19 vaccination record card (or an equivalent document if you received your vaccination outside the U.S.).