



Dear Student,

This packet will provide you with the basic information that you will need in order to participate in a Clinical, Practicum, Internship or Intercollegiate Athletics at Great Bay Community College. All information that is collected will remain strictly **CONFIDENTIAL** and will only be shared with College employees directly responsible for your participation in Clinicals, Practicums, Internships or Athletics. Information supplied will become a part of your health record and will not be released to anyone except by your written authorization. If you have any questions we encourage you to contact your Program Chair.

**Requirements to participate in Clinicals, Practicums, Internships, Externships or Intercollegiate Athletics**

- All students **MUST** have a completed Health Form including Immunizations on file. We encourage students to use the Great Bay Community College Immunization Form but we do accept a medical form from a licensed physician as long as all required immunizations are listed and the form is signed and dated by the physician. Please note if you use a form other than the GBCC Immunization form you **STILL** must complete the 1<sup>st</sup> page of the GBCC Health Form.

***In addition to the Health Form and Immunizations students need to meet the following program specific requirements.***

<b>Nursing</b>		<b>Surgical Technology</b>	
	Physical Exam		Physical Exam
	CPR		CPR
	Liability Insurance		Liability Insurance
	Criminal Background Check		Criminal Background Check
			Eye Exam
			Eye Exam Waiver
<b>Veterinary Technology</b>		<b>Early Childhood Education</b>	
	Liability Insurance		NH Child Care Worker Health Form
	Dosimeter Badge		Criminal Background Check
			Finger Printing
<b>Massage Therapy</b>		<b>Intercollegiate Athletics</b>	
	First Aid		Physical Exam
	CPR		
	Criminal Background Check		



### HEALTH REPORT FORM

REQUIRED OF ALL STUDENTS PARTICIPATING IN CLINICALS, PRACTICUMS, INTERNSHIPS, EXTERNSHIPS OR INTERCOLLEGIATE ATHLETICS  
TEL (603)427-7600 FAX (603) 334-6308

Please answer all questions & keep a copy of these pages for your record.

Discloser: This information is strictly **CONFIDENTIAL** and will only be shared with College employees directly responsible for your participation in Clinicals, Practicum, Internships or Athletics. Information supplied will become a part of your health record and will not be released to anyone except by your written authorization.

RETURN COMPLETED FORM TO:

GREAT BAY COMMUNITY COLLEGE, ACADEMIC AFFAIRS, 320 CORPORATE DRIVE, PORTSMOUTH, NH 03801

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
First Middle Initial Last

Sex  M  F Program of Study \_\_\_\_\_ Student ID: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone# \_\_\_\_\_ Student's Cell Phone Number \_\_\_\_\_

PARENT'S NAMES or Legal Guardian (If under 18 years old) \_\_\_\_\_

Emergency Notification \_\_\_\_\_  
Name/relationship/Phone #

<b>INSURANCE INFORMATION: (PLEASE STAPLE <u>COPY</u> OF BOTH SIDES OF INSURANCE CARD TO THIS FORM)</b>	
<b>(Must be completed for Veterinary Technology, Surgical Technology, Nursing, Massage Therapy or participating in Athletics)</b>	
NAME OF INSURANCE _____	HMO: <input type="checkbox"/> PPO: <input type="checkbox"/>
SUBSCRIBER'S NAME _____	INS. TEL.# _____
POLICY NO. _____	GROUP NO. _____
PRIMARY CARE PHYSICIAN _____	Office tel.# _____
City/State _____	FAX# _____

I hereby grant permission to an authorized representative of Great Bay Community College to secure such medical care as may be required including examination, treatment, and immunization. In the event of an emergency, I hereby give my permission to be treated & transported to the closest emergency facility for appropriate medical treatment. I give permission for Great Bay Community College personnel to release pertinent medical/insurance information to that emergency facility, and if necessary to notify my emergency contact listed above.

Signature of Student \_\_\_\_\_ DATE \_\_\_\_\_

And/or \_\_\_\_\_ DATE \_\_\_\_\_  
Parent or Guardian if student is under 18 years

I have received, read, and understand the New Hampshire Bill of Rights. SOURCE: 1981, 453:1, 1989, 43:1, effective Jan.11, 1989: effective June 19, 1992: effective August 18, 2001

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Student

### IMMUNIZATIONS: TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER

All information must be in English and must be completed by a Physician

NAME OF STUDENT: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Program of Study: \_\_\_\_\_ Student ID: \_\_\_\_\_

**REQUIRED OF ALL STUDENTS PARTICIPAING IN CLINICALS, PRACTICUM, INTERNSHIPS, OR ATHLETICS**

MMR#1: \_\_\_\_\_ MMR#1 Titer: \_\_\_\_\_ MMR#2: \_\_\_\_\_ MMR#1 Titer: \_\_\_\_\_

Measles (date & results or Titer): \_\_\_\_\_

Mumps (date & results or Titer): \_\_\_\_\_

Rubella (date & results or Titer): \_\_\_\_\_

Tetanus (Td): (Within 10 years of primary series): \_\_\_\_\_

**Tuberculin Skin Test (Mantoux 5TU PPD)**

Date given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_

(Record actual mm of induration: if no induration, write "0".)

Date given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_

(Record actual mm of induration: if no induration, write "0".)

Chest X-Ray (required if tuberculin test is positive) Result: \_\_\_\_\_ Date of Chest X-ray: \_\_\_\_\_

Hepatitis B Vaccine Series (Required for ALL Allied Health Students)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ Waiver: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL REQUIREMENTS FOR STUDENTS PARTICIPATING IN NURSING OR SURGICAL TECHNOLOGY**

Flu Vaccine (date): \_\_\_\_\_ Drug Screen (date & results): \_\_\_\_\_

Hepatitis B Surface Antibody Screen (titer) is required if Hepatitis B vaccine series was received within the past 6 months.

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Year of chicken pox disease \_\_\_\_\_ or date of immunization (Varivax) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Chicken pox titer: \_\_\_\_\_

**ADDITIONAL REQUIREMENTS FOR STUDENTS PARTICIPATING IN VETERINARY TECHNOLOGY**

Rabies or titer: \_\_\_\_\_

**TITLE 11**  
**HOSPITALS AND SANITARIA**  
**CHAPTER 151 RESIDENTIAL CARE AND HEALTH FACILITY LICENSING**  
**PATIENTS' BILL OF RIGHTS / SECTION 151:21**

**151:21 Patients' Bill of Rights.** – The policy describing the rights and responsibilities of each patient admitted to the facility shall include, as a minimum, the following:

I. The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.

II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.

III. The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.

IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provided" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.

V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for Medicaid as a source of payment.

VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.

VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.

VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.

IX. The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency,

restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.

X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records, for a reasonable cost, upon request.

XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.

XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident group, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.

XIII. The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients

XIV. The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.

XV. The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.

XVI. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.

XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

XX. The patient shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.

**Source.** 1981,453:1. 1989,43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1 eff. June 19, 1992. 1997, 108:6, eff. Jan. 1, 1998; 331:3-8, eff. Aug. 22, 1997. 1998, 199:2, eff. Jan. 1, 1999; 388:5, 6, eff. Nov. 25, 1998. 2001, 85:1, eff. Aug 18, 2001.