Oxnard College Student Health Center

4000 S. Rose Ave Oxnard CA 93033 (805)678-5832

EMT Office Visits

1. **First Appointment- RN (45 min)**
   - PPD #1 and medical record review. Bring any current physical exam (last 12 months). Also bring any blood titers and/or record of past immunizations.
   - EMT Blood work **(titers: Hepatitis B required even with proof of past immunization)** Varicella, Mumps, Rubella, Rubeola as needed.
   - Drug Screen will be ordered and you will be sent out to Quest to complete as soon as possible.
2. **Second Appointment- Deanna McFadden, DNP/ Dr.Nugent (30 min)**
   - PPD #1 Read (Must be read within 48 to 72hrs from date and time applied) unless a Quantiferon Gold test has been ordered instead of PPD.
   - Physical Exam
3. **Third Appointment- RN (15 min)**
   - PPD #2 (has to be placed at least 7 and no longer than 21 days from PPD #1)
   - If required, additional vaccines will be administered at this appointment. (Tdap, Hepatitis B, Flu)
4. **Fourth Appointment- RN (30 min)**
   - PPD #2 Read (Must be read within 48 to 72hrs from date and time applied)
   - If required, the following vaccines will be administered at this appointment: MMR, Varicella
   - You will be provided a summary of charges applicable to you. These will be posted to your VCCCD account and payment must be submitted at OC Student Business Office or on your VCCCD portal electronically.

Physical Examination
Laboratory and Immunization Report

Name: _____ Student ID#: _____
Last First Initial

Age: _____ Birth Date: _____ Home Phone: _____ Cell Phone_____

PHYSICAL

Ht. _____ Wt. _____ BP _____ P _____ R _____

***Must Complete Vision Screen**

PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
Appearance			
Skin			
HEENT			
Lymph Nodes			
Thyroid			
Lungs			
Heart			
Abdomen			
Genitourinary			
Musculoskeletal			
Extremities			
Neurological			
Vision Screening			
Hearing			
Mental Status			

Vision	
OS:	/
OD:	/
OU:	/
Ishihara	
Normal	☐
Abnormal	☐

	YES	NO	COMMENTS
Any restrictions on physical activity?			
Any recommendations for medical care?			

Date: _____

_____
Signature of licensed health care professional

_____
Print name licensed health care professional

_____
License (Type & Number)

_____
Medical Facility Street Address

_____
City State Zip Code

_____
Telephone Number

OXNARD COLLEGE HEALTH CENTER PROOF OF IMMUNITY RECORD

Phone # 805-678-5832 Fax: 805-678-5932

NAME_____**ID#**_____**DOB**_____

1. Rubeola ,Mumps, Rubella

(2 MMR vaccinations **OR** lab titer demonstrating immunity)

MMR (Measles, mumps,rubella)

Vaccination date #1_____

Vaccination date #2_____

OR

Rubeola (measles) IGG

Lab titer date_____

Lab titer result_____

Booster date_____

(only if needed)

Mumps IGG

Lab titer date_____

Lab titer result_____

Booster date_____

(only if needed)

Rubella IGG

Lab titer date_____

Lab titer result_____

Booster date_____

(only if needed)

2. Varicella (chickenpox)

(2 Varicella vaccinations **OR** lab titer demonstrating immunity)

Varicella (chickenpox)

Vaccination date #1_____

Vaccination date #2_____

OR

Varicella IGG

Lab titer date_____

Lab titer result_____

Booster date_____

(only if needed)

3. Hepatitis B

Vaccination date #1_____

Vaccination date #2_____

Vaccination date #3_____

AND

Mandatory

Hep B Antibody lab titer (Anti-HBS)

Lab titer date_____

Lab titer result_____

Booster date if needed_____

***Repeat lab titer 30-60 days after booster vaccination*

4. TDAP

Documented proof within 10 years

Vaccination date _____

5. Influenza (current season)

Vaccination date _____

Vaccine **Lot #**_____

Mandatory

*If obtained at pharmacy/clinic need receipt with vaccine Lot #

*** Please provide copy of all lab results.**

Health care provider PRINTED NAME

Health care provider SIGNATURE

Health care provider NAME & ADDRESS STAMP

**** FORM IS INVALID WITHOUT OFFICE STAMP**

OXNARD COLLEGE HEALTH CENTER TB CLEARANCE & DRUG SCREEN

Phone # 805-678-5832 Fax: 805-678-5932

1. *2-step PPD OR Quantiferon TB Gold blood test is required

PPD #1

Mfgr	Lot#	Exp date	
Admin date		Given by	Time
Read date		Read by	Time
TB test results	Neg_____	Pos_____	Induration_____mm

****PPD #2 must be placed at least 7 days and no longer than 21 days after placement of PPD #1.**
The results are invalid if a live virus vaccine (MMR,Varicella,live Influenza) is given prior to read date.

PPD #2

Mfgr	Lot#	Exp date	
Admin date		Given by	Time
Read date		Read by	Time
TB test results	Neg_____	Pos_____	Induration_____mm

IF Positive PPD then CHEST XRAY DATE_____RESULTS_____ _____

If Quantiferon TB Gold COMPLETED DATE_____RESULTS_____**(INCLUDE COPY OF LAB)**

2. *DRUG SCREEN 10-PANEL is required-INCLUDE COPY OF LAB RESULTS

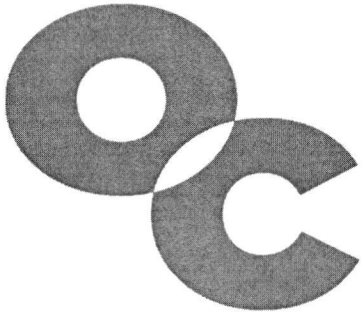
DATE COMPLETED_____NEGATIVE_____POSITIVE_____

3. LICENSED HEALTH CARE PROFESSIONAL'S CERTIFICATION

After careful review of the history, the physical finding and laboratory tests, I certify that this patient:

1. Has no communicable disease;
2. Has had required immunizations or proof of immunity through lab titers;
3. Has no physical restrictions that impede unrestricted practice in the clinical setting.

Health care provider PRINTED NAME
Health care provider SIGNATURE
Health care provider NAME & ADDRESS STAMP
****FORM IS INVALID WITHOUT OFFICE STAMP**



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Office Schedule: Appointments with Karen Paxton, RN:

Monday 9am to 4pm
Tuesday 9am to 4pm

Deanna McFadden, DNP: Monday and Tuesday 9am to 12pm
Wednesday and Thursday 1pm to 4pm

Dr. Nugent, M.D : Wednesday 9am to 2pm

*** Please call to reschedule or cancel 24 hours prior to appointment date.***

Oxnard College Student Health Center Fees

Hepatitis B titer	$5.00
Varicella titer	$5.00
Mumps titer	$13.00
Rubella titer	$4.00
Rubeola titer	$5.00
PPD skin test (2step-$7 each)	$14.00
Tdap vaccine	$36.00
Hepatitis B vaccine	$46.00
Flu vaccine	$20.00
Varicella vaccine	$120.00
MMR vaccine	$75.00
Urine Drug Screen	$12.00
Physical Exam	$20.00
Quantiferon Gold TB	$50.00 if Drawn in house *$57.00 at Quest Lab