

Second Year Dental Hygiene Program

(Dental Hygiene Year 2 – Fall 2020)

The following list of questions may help you prepare for this fall:

<p>1. Will there be a clinic orientation?</p> <p>More information regarding clinic will be forthcoming.</p>
<p>2. Do I need a current HCP-level C CPR with AED awareness and use of ambu bags, T.B. skin test and standard First Aid?</p> <p>Yes, you are required to have a current HCP-level C CPR with AED awareness and use of ambu bags, T.B. skin test and a standard First Aid certificate to be able to provide client care in our clinic.</p> <p>A one step T.B. skin test form is included.</p> <p><u>You will be unable to enter clinic if you do not provide a current CPR, First Aid and T.B. skin test</u> Please bring your passport to health and TB skin test to the campus nurse to be updated. Once the passport is updated, please bring ALL medical forms to the Registrar’s office prior to the first day of clinic.</p>
<p>3. When will clinic begin and what are my clinic times?</p> <p>More information regarding clinic will be forthcoming.</p>
<p>4. When will I receive my second year clinical kit? How much will it cost? What does it include?</p> <p>The dental hygiene kit cost (approximately \$2,249.58) is included in your tuition. Your kit will be distributed during clinic orientation.</p>
<p>5. What textbooks will we be using for year 2?</p> <p>Please contact the campus bookstore for textbooks required for year 2 of the dental hygiene program.</p>



**DENTAL HYGIENE PROGRAM
ONE STEP T.B. TEST REQUIREMENT FORM
FOR ENTRANCE
INTO YEAR 2 CLINIC**

I, _____ Birthdate: _____
(Student Signature)

Health Card # _____, Authorize Dr./N.P. _____
(Please Print)

TO RELEASE THE FOLLOWING INFORMATION TO ST. CLAIR COLLEGE.

NOTE TO PHYSICIAN/N.P.: It is recommended by the National Advisory Committee on immunization and the ONTARIO HOSPITALS ACT, REGULATIONS 518/88, that students in Health Care Programs meet the following health requirements in order to participate in the clinical component of the program.

If status is **unknown**: **a two-step** test is required.

Current T.B. skin test (+ve _____) (-ve _____) Date: _____

IF POSITIVE INDURATION IS >10 mm _____ >15mm _____ >25 mm _____

CHEST X-RAY: YES _____ NO _____

ANY INDICATION OF ACTIVE DISEASE: YES _____ NO _____

PROPHYLAXIS GIVEN: YES _____ NO _____

Physician/Nurse Practitioner Signature Section

Physician/Nurse Practitioner Signature _____ Date: _____

Physician/Nurse Practitioner Stamp (required)

Comments of Physician/Nurse Practitioner: