



Dear Successful Applicant:

CONGRATULATIONS!!!

You have been successful in securing a position within the Diagnostic Cardiac Sonography Program here at St. Clair College. We are very pleased to offer you the opportunity to begin your study of this exciting field with us.

It is imperative to your success that, before accepting this position, you are aware of the challenges involved. The program is intensely delivered over a period of 16-months of study. During this time, you will be required to complete two mandatory clinical placement rotations.

These rotations consist of two, 12-week rotations located throughout the province of Ontario. Costs incurred during these clinical placements will be the responsibility of the student and will include housing and travel expenses. In addition, the student must provide their own transportation to and from the clinical site on a daily basis. In the interest of fairness, there will be no special arrangements made for any students due to family or employment restrictions. The college is aware that many students have financial and personal issues which may impede their ability to comply with these requirements, and therefore, we ask that you give considerable thought to this matter prior to your acceptance of this position.

Once again, we welcome you to the program and look forward to assisting you on the road to a rewarding career in diagnostic cardiac sonography.

Best regards,

School of Health Sciences

Things to Do:

*These items may be completed at any time; however, they **MUST** be completed before a student is allowed to go to clinical. The first clinical placement begins in May of the first year. If a student fails to meet these requirements, the student will not be allowed to go to clinical and may be significantly delayed while the conditions are being fulfilled. This could result in a grade of “unsatisfactory” for that semester. It is your responsibility to ensure that all of the items listed below be kept valid for the duration of the program.*

1. **Apply for your police clearance**—** Information is available at the following site:

<http://www.stclaircollege.ca/programs/postsec/policeclearance/>

Reminder-- ID/Photo ID will be required i.e., Passport, License, etc. as well as payment (cost differ in each municipality). **Ensure your name is spelled correctly.**

Police Clearances are required for all clinical placements. You are required to retain your original copy and keep it in a safe place. You may also be required to bring a copy with you to your clinical placement. Keep in mind that police clearances may take several weeks to arrive. Individuals are randomly selected for finger printing—this may also delay receiving your Police Clearance! If your city of residence requires a letter from the school to attain the certificate, please contact Ms. Genie Magliaro at gmagliaro@stclaircollege.ca.

2. **Medical Requirements Form** - form is included in this package

Once completed the form is confidential. Please photocopy your original and keep in a safe place. The original document is to be delivered to the Health Center at St. Clair College—Rm. 165 or mail to:

Attention: Campus Nurse
St. Clair College—Health Center
Box 14—2000 Talbot Road West
Windsor, Ontario, N9A 6S4

****Some immunizations require more than one office visit. See information sheet. Once you have received your health passport, please keep the original in a safe location as you may be asked to present it at your clinical site.***

3. **N95 Mask Fit Testing**

4. **CPR (for Health Care Providers (HCP) -Level C/AED- (based on the Heart and Stroke**

Foundation standards) and First Aid- You will be required to show the cards at the beginning of your clinical placement. It is your responsibility to maintain your certification throughout the duration of the program, recertifying when necessary.

5. Uniforms can be purchased from a uniform retailer of your choice (Ex: Wear N Care – Windsor, ON) and can be found online (Ex: Amazon.ca). Uniforms, (olive-green scrubs), will be worn throughout all 16 months of your education, including your clinical placements. Students are encouraged to double check the fit of their uniform—assuring the ability to sit, bend, crouch, and reach, while maintaining proper coverage.

The uniform is to be worn at all times in the lab and while on clinical placements. NO EXCEPTIONS.

6. Books- Textbooks can be purchased from the Campus Bookstore and can be located under their course codes.

The following are the course codes for first semester classes:

DCS 101 Cardiac Sonography Basics

DCS 102 Introduction to Echocardiography

DCS 103 Cardiovascular Anatomy & Physiology

DCS 104 Applied Echocardiography I

SON 102 Sonography Physics I



PLEASE RETAIN A COPY OF THE COMPLETED HEALTH FORMS FOR YOUR OWN RECORDS

Medical Requirement Forms

Ontario regulations and St. Clair College Policy require health screening for all persons entering certain clinical/field placement settings. Therefore, your acceptance into clinical/field placements is conditional upon completion of the enclosed forms.

NOTE: IT GENERALLY TAKES 2 MONTHS TO COMPLETE THIS PROCESS. To ensure you have met the requirements in time to start your program, you should make an appointment with your Doctor or the Nurse Practitioner at the College Health Centre. Appointments at the College Health Centre can be made by calling 519-972-2380 (Windsor).

THE COMPLETED FORMS MUST BE RETURNED TO THE COLLEGE HEALTH CENTRE PRIOR TO YOUR PROGRAM START DATE IN ORDER TO AVOID DELAYS IN STARTING YOUR CLINICAL PLACEMENT.

Ensure that you submit forms by mail or in person to the HEALTH CENTRE at the campus you are attending:

Windsor Programs:
St. Clair College - Health Centre
2000 Talbot Rd. West,
Windsor, ON, N9A 6S4

Medical Examinations for school physicals are not covered by OHIP. For further information, please contact your physician's office or the College Health Centre in Windsor. If you have any comments or questions concerning any of the medical forms, please contact the College Health Nurse at: (519) 972-2380 (Windsor).



Directions for Completing Medical Requirement Forms (2022-2023 Academic Year)

Ontario regulations and St. Clair College's Policy require health-screening for those entering a clinical/field placement setting in the School of Health Sciences and the School of Community Studies.

You must closely follow these directions. Make an appointment with your Physician as soon as you receive these forms or call the Health Centre. **NOTE: This process may take up to 2 months. Failure to complete it on time may result in your inability to attend and complete your clinical experience.**

This package contains **3** pages: (1) Instructions, (2) Immunization/Communicable Disease Record, and (3) Physical Examination. You must fill out the top portions of page 2 and 3.

Please obtain your immunization record from your Family Physician or online through your local Public Health Unit if you do not have a current copy.

Along with your immunization record, you must also provide: copies of lab serology showing immunity and any prior TB skin test or chest x-ray reports.

If no prior TB skin test, a 2 step TB skin test is **mandatory** (administered minimum 1 week apart)

If there is proof of a previous 2 step TB skin test, only a 1 step TB test is required.

If there is a record of a previous negative 1 step TB skin test in the past 12 months, only a 1 step TB test is required to be considered a 2 step.

A TB skin test is **NOT** required for anyone who has had a previous positive TB skin test (>10mm). In this case, you should not receive another TB skin test and may require a chest x-ray instead.

Once all forms have been completed, it is your responsibility to upload them into SIS (Student Information System) where you will be issued your "**Passport to Health**". This must be printed out prior to attending clinical. You must also complete the Medical Consent Form and Health History Questionnaire in SIS in order for approval.

Please upload all files as .docx, .pdf, or .jpeg in order to review and approve accordingly. Students will be advised through SIS (e-mail) of missing documents or of any changes to be made.

If you have any questions or concerns about the requirements, please contact the Campus Health Centres:

Windsor Main (519) 972-2727 ext. 4484
Windsor Downtown (519) 252-8311 ext. 5117
Chatham (519) 354-9100 ext. 3729

All information contained in the Medical Requirements Forms will be held with strictest confidence in the St. Clair College Health Centre. It is not shared with anyone outside of the St. Clair College Health Centre without the student's written consent. In the event that the student has a medical emergency or requires medical/nursing attention at the college, the information will assist the Health Centre staff to provide safe and appropriate care to the student.

Name: _____

Date of Birth: _____
(MM/DD/YY)

Program: _____

Student ID #: _____

Immunization/Communicable Disease Record (to be completed by a Health Professional)

Hepatitis B Date #1: _____ Date #2: _____ Date #3: _____

* Minimum 2 doses are required in order to be approved for clinical placement *

(Series - 1st dose, 2nd dose after 1 month, 3rd dose 6 months after 1st dose)

Serology may be repeated no sooner than 1 month after vaccinations to determine immune response. If no immunity after 1st series, another series of 3 may be required.

MUST attach lab reports. Date: _____ Immunity: YES ____ NO ____

Date of most recent vaccine:

Influenza _____ **COVID-19 #1** _____ **#2** _____ **Booster** _____

Tdap (Tetanus, Diphtheria, Pertussis) _____

(Must be up-to-date within 10 years. If no record of Tdap within last 8 years, must receive booster to cover student for duration of program.)

Measles/Mumps/Rubella

Date #1: _____

Date #2: _____

Varicella

Date #1: _____

Date #2: _____

If 2 doses received, serology NOT required.

If only 1 dose given, 2nd dose must be given no sooner than 1 month after 1st dose - no need to check immunity.

If no record of 2 vaccinations, must have proof of immunity for both MMR and Varicella.

Attach lab reports for **MMR** Date: _____ Immunity: YES ____ NO ____

Attach lab reports for **Varicella** Date: _____ Immunity: YES ____ NO ____

Tuberculosis Testing

If there is history of a POSITIVE TB skin test, a chest x-ray must be done instead of a TB skin test.

If this is initial TB testing, a 2-step TB skin test is mandatory.

2nd step to be administered no sooner than 7 days and no longer than 12 months after 1st TB skin test is given.

If there is a documented record of a NEGATIVE TB skin test in the past 12 months, student only requires a 1 step TB skin test.

TBST #1 Date administered: _____ Date read: _____ NEG / + _____ mm Initials: _____

TBST #2 Date administered: _____ Date read: _____ NEG / + _____ mm Initials: _____

NOTE: TB TEST MUST BE READ 48-72 HOURS AFTER ADMINISTRATION TO BE VALID.
A POSITIVE TB TEST OF 10MM OR GREATER REQUIRES A CXR TO RULE OUT ACTIVE TB.

CXR Date: _____ Results: NEG ____ POS for active TB ____

I certify that at this time, this person is free of signs and symptoms of active TB or other communicable illnesses.

Signature of MD or NP _____

Date: _____

PHYSICAL EXAMINATION (to be completed by Physician or Nurse Practitioner)

Name: _____

Date of Birth: _____

Program: _____

Student ID #: _____

SYSTEM	FINDINGS			
VITAL SIGNS	T: P: R: B/P: WT: HT: BMI:			
NEUROLOGICAL	<table border="1"><tr><td>REFLEXES: GAIT: BALANCE: HISTORY OF SEIZURE: HISTORY OF FAINTING:</td><td>Normal/Yes</td><td>Abnormal/No</td></tr></table>	REFLEXES: GAIT: BALANCE: HISTORY OF SEIZURE: HISTORY OF FAINTING:	Normal/Yes	Abnormal/No
REFLEXES: GAIT: BALANCE: HISTORY OF SEIZURE: HISTORY OF FAINTING:	Normal/Yes	Abnormal/No		
VISUAL	RT EYE 20/ _____ LEFT EYE 20/ _____ BOTH EYES 20/ _____ GLASSES/CONTACTS Y / N PERIPH. VISION RT: _____ LT: _____			
HEARING	RIGHT EAR: LEFT EAR:			
MUSCULOSKELETAL	UPPER BODY Strength & ROM: LOWER BODY Strength & ROM: SPINE Alignment & ROM:			
CIRCULATORY	HEART SOUNDS & RHYTHM: PVS:			
ABDOMINAL	HERNIA Y / N			
PSYCHOSOCIAL	CONCERNS:			
<u>Program Physical Demands Analysis</u> Is applicant able to meet requirements of the attached PPD for his/her program?	<input type="checkbox"/> Able to meet all physical demands without restriction <input type="checkbox"/> Able to meet all physical demands with following restrictions or accommodations (specify): <input type="checkbox"/> Is NOT able to meet all physical demands of desired program due to:			
DATE	<table border="1"><tr><td>Signature of MD or NP</td><td>Office Stamp</td></tr></table>	Signature of MD or NP	Office Stamp	
Signature of MD or NP	Office Stamp			

MEDICAL CLEARANCE FORM

Name: _____

Date of Birth: _____

Program: _____

Student ID Number: _____

Program Physical Demands Analysis (PPD)

Is the applicant able to meet the requirements of the attached PPD for his/her program? Check appropriate recommendation:

Able to meet all physical demands without restriction

Able to meet all physical demands with following restrictions:

May be able to meet all physical demands with the following special accommodations:

Is NOT able to meet all physical demands of desired program due to:

MD/NP Office Stamp (Required)	_____ Date _____ Signature of MD or NP
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Passport to Health: For St. Clair College Health Centre Use Only

Communicable Illness Assessment

This student is deemed free of signs & symptoms of communicable illness and has demonstrated adequate immunity and/or has completed required vaccinations.

MMR

Varicella

Hepatitis B

Tetanus/Diphtheria/Pertussis

TB skin test (2-step or annual) or CXR Next annual TB screen or TBST due _____

Date of most recent Influenza Vaccine _____

<u>College Stamp Required for Validation</u>	Date Completed _____ _____ Signature of SCCHC Nurse
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