

## **Summer C.N.A Requirements for Clinical**

1. Negative PPD (given later than **March 10, 2019**) or negative chest x-ray if you have a history of a positive PPD (completed later than **March 10, 2019**).
2. Positive rubella titer or proof of two doses of MMR or rubella vaccine.
3. Positive mumps titer or proof of two doses of MMR or mumps vaccine
4. Positive measles titer or proof of two doses of MMR or measles vaccine
5. Positive varicella titer or proof of two doses of varicella vaccine.
6. Positive hepatitis B titer or proof of three doses of hepatitis B vaccine.
7. Proof of tetanus/diphtheria (Td) within the last ten years.
8. Flu vaccination for current year (**August 2018 – April 2019**)
  
9. Ten panel drug plus alcohol screening (Go to [gavilan.edu](http://gavilan.edu) to access the Allied Health C.N.A website to obtain specific information related to drug testing).
10. Live-Scan submission must be submitted by **June 9, 2019 with receipt**. CDPH clearance will be required to complete the program.

**ALL** HEALTH STATEMENTS, DRUG SCREENING, PPD TEST, & VACCINE INFORMATION **MUST BE COMPLETED BY June 10, 2019.**  
OR YOU WILL NOT BE ABLE TO ATTEND CLINICAL THEREFORE JEOPORDIZING YOU COMPLETING THE PROGRAM.

Health physical form & drug test results must be turned in to instructor in a sealed envelope with physician signature or stamp across the back of the envelope flap.



5055 Santa Teresa Blvd • Gilroy • CA • 95020

To: Allied Health Students

Re: Ten-Panel Drug plus Alcohol Screening

Participation in clinical requires a 10 panel drug + alcohol screening. The cost which is the student's responsibility for payment is approximately \$60.00 for office visit and \$80.00 for lab to draw and process drug test payable by cash, ATM debit, or credit card. No personal checks accepted. You must present valid picture identification. If the person is under 18 years of age, they must have parental consent. It will take approximately 5 – 7 days to receive your test results. Test results will be placed in a sealed/signed envelope. It is the student's responsibility to pick up their test results and give the sealed/signed envelope with the test results to their instructor prior to any clinical participation.

Testing can be done at Foothill Community Health Center Gilroy Clinic, 9460 No Name Uno, Suite 110, Gilroy, CA 95020 or Glenview Elementary School Clinic, 480 West Eighth Street, Suite 104, Gilroy, CA 95020. The center is **NOT OPEN TO WALK-INS.** You must make an appointment to be seen by one of their clinic physicians. They are open 9 – 6pm Monday – Friday. Their phone number is (408) 729-9700.

You also have the option of going through your personal physician for drug testing, but you must ensure that they have the capability to complete the 10-panel plus alcohol as listed below and you must also ensure that the results are placed in a sealed/signed envelope. Another option is to use "Castle Branch" to complete your drug test. Please see attachment how to access this service.

The ten-panel drug + alcohol drug test consists of:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine Metabolites
- Marijuana Metabolites
- Methadone
- Methaqualone
- Opiates
- Phencyclidine
- Propoxyphene
- Alcohol, Ethyl (U)



## Order Instructions for **Gavilan College - Allied Health**

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **GA95dt**: Drug Test

### **About**

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#### **About CastleBranch**

Gavilan College - Allied Health and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

### **Order Summary**

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#### **Payment Information**

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### **Accessing Your Account**

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### **Contact Us**

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information.

## HEALTH STATEMENT

**TO BE COMPLETED BY STUDENT:**

Name of Applicant: \_\_\_\_\_ Program: \_\_\_\_\_  
Last Name First Name

Do you have any medical condition or disability which may limit your ability to perform the tasks and functions of a healthcare worker?  Yes  No

If yes, what can be done to accommodate your disability? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

*Students admitted to the program are required to complete immunizations or titers in accordance with agency policies and CDC recommendations for healthcare personnel. Written proof must be on file.*

**TO BE COMPLETED BY EXAMINING PHYSICIAN/NURSE PRACTITIONER:**

Please review the attached requirements for healthcare students. Complete this form and **return to the student in a sealed envelope.**

Date of complete physical examination: \_\_\_\_\_

Does the applicant have any medical condition or disability which may limit his/her ability to perform the tasks and functions of a healthcare worker?  Yes  No

If yes, what can be done to accommodate his/her disability? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Upon review of the physical exam and lab results, I certify that this student is medically able to perform all clinical activities without restrictions and that the student does not have a health condition that creates a hazard to self or others.

MD/NP Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

## **Physical Requirements for healthcare workers**

The health and safety of the consumer of health care must be protected. The student must be able to perform the work required in the program without limitation. The student will refrain from attending the clinical area if any condition would interfere with patient safety.

1. **Standing / Walking** - 75% to 95% of work day spent standing/walking on carpet, tile, linoleum, asphalt and cement while providing patient care.
2. **Sitting** - 5% to 25% of work day spent sitting while operating computers, answering the telephone, writing reports, reviewing computer printout, charting, and gathering data.
3. **Lifting** - 10% to 15% of work day spent floor to knee, knee to waist, waist to waist and waist to shoulder level lifting while handling supplies, handling IV bottles, using trays, charting patient information, assisting with positioning and transferring patients.
4. **Carrying** - Up to 65% of work day spent carrying at waist level miscellaneous patient supplies.
5. **Pushing / Pulling** - Up to 40% of work day spent pushing/pulling patient care equipment.
6. **Climbing** - Up to 25% of work day spent climbing stairs going to and from other departments, clinics, office, and homes.
7. **Balancing** - Up to 25%, see climbing.
8. **Stooping / Kneeling** - Up to 10% of work day spent stooping/kneeling while retrieving medications from refrigerator, loading tray from supplies on lower shelves, using lower shelves of cart, stocking shelves, and retrieving items from bedside stands, bathrooms, storerooms, and providing patient care.
9. **Bending** - Up to 20% of work day spent bending at the waist while performing patient checks, gathering supplies, assisting with patient positioning, priming IV tubing, adjusting patient beds, adjusting exam table, tying and untying patient restraints, bathing patients, emptying tubes, and retrieving patient belongings.
10. **Crawling** - Up to 2% retrieving patient belongings.
11. **Reaching / Stretching** - Up to 35% of work day spent reaching/stretching while hanging IV bottles, checking IV solutions, gathering supplies, operating the computer, disposing of dirty needles in containers, plugging in tubing over bed, assisting with patient positioning, connecting equipment and retrieving patient files.
12. **Handling** - Up to 90% hand-wrist movement, hand-eye coordination, simple firm grasping required.
13. **Fingering** - Up to 90% fine and gross finger dexterity required.
14. **Feeling** - Up to 90% normal tactile feeling required. Sensitivity to heat, cold, pain, pressure, etc.
15. **Twisting** - Up to 15% of work day spent twisting at the waist while gathering supplies and equipment, operating equipment, and performing patient care.
16. **Talking** - Up to 95% average ability required. Fluent in English. Ability to communicate with wide variety of people and styles, ability to be easily understood.
17. **Hearing** - Up to 95% ability to hear and interpret many people and correctly interpret what is heard; i.e., physicians' orders whether verbal or over telephone, patient complaints, physical assessment, fire and equipment alarms, patient call bells, paging system, etc.
18. **Seeing** - Up to 95% acute visual skills necessary to detect signs and symptoms, coloring and body language of patients, color of wounds and drainage, infiltrated IV sites, and possible infections anywhere, interpret written work accurately, read characters and identify colors.
19. **Smelling** - Up to 95% acute olfactory skills to detect signs and symptoms of infection, bleeding, acidosis, smoke, fire, noxious chemicals, and/or gasses.

## **Essential Cognitive Learning Skills**

1. Possess critical thinking abilities sufficient for clinical judgment: the ability to assess patient status and make appropriate clinical decisions regarding course of action within given time constraints.
2. Effectively synthesize clinical data from a variety of sources including written, verbal, and observational (assessment).
3. Prioritize nursing care for needs of multiple patients simultaneously.
4. Demonstrate independence in reasoning and decision making based on written, verbal, and observational data.
5. Solve practical problems and deal with a variety of variables in situations where only limited standardizations exist.
6. Perform mathematical calculations for medication preparation and administration.

## **Essential Communication Skills**

1. Communicate clearly, verbally, nonverbally and in writing, demonstrating appropriate grammar, vocabulary, and word usage.
2. Interact effectively on an interpersonal levels with clients, families, and groups from a variety of social, cultural, emotional, and educational backgrounds.
3. Function effectively under stress.
4. Provide client teaching in a variety of modalities including written, oral, and demonstration.
5. Receive instruction verbally, written, and by telephone; interpret and implement.
6. Demonstrate appropriate control of affective behaviors, verbal, physical, and emotional levels to ensure the emotional, physical, mental, and behavioral safety in compliance with ethical standards of the American Nursing Association.

## GAVILAN NURSING PROGRAM UNIFORM GUIDELINES

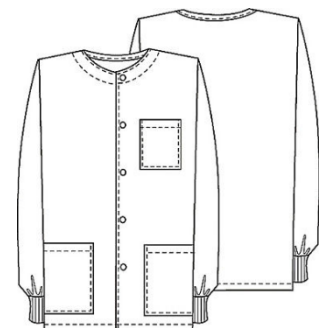
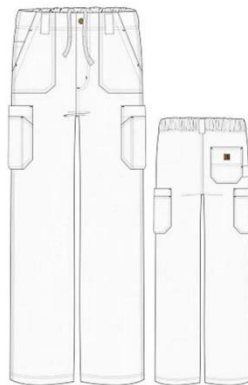
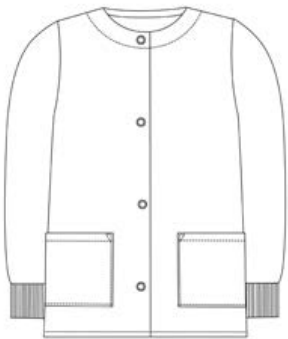
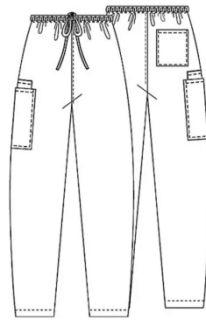
Scrub top: Royal blue V-neck

Scrub bottom: Royal blue elastic or drawstring waist

Jacket: White, snap front, no collar

Shoes: White

Examples:



You are not required to purchase your uniform from these vendors, this is a recommendation.

*Absolutely! Uniforms*

800 S. Bascom Ave  
San Jose, Ca 95128

580 S. Murphy Ave  
Sunnyvale, Ca 94086

Phone: (408) 297-3900    Phone: (408) 245-6182  
Fax: (408) 297-7652    Fax: (408) 245-6183

Phone: (831) 753-6440  
Fax: (831) 753-9640


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with us!**

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Professional Medical Uniforms  
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Owner

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MEDICAL SUPPLY



**Gina Horwood**  
Assistant Manager

T. (408) 848-4400 F. (408) 846-7148  
7483 Monterey Street, Gilroy, CA 95020  
[www.gilroymedicalsupply.com](http://www.gilroymedicalsupply.com)


**ITS** *Independent Toxicology Services*

**Drug Testing • Breath Alcohol**

Phone (408) 924-0184  
Fax (408) 924-0185  
2400 Moorpark, Suite 113  
San Jose, CA 95128

Halle Weingarten

**SOUTH VALLEY  
BUSINESS SERVICES**



OWNER

66 1ST ST STE B  
GILROY, CA 95020  
408-842-8055    408-842-8068 FAX

WWW.SOUTHVALLEYSVC.COM

You are not required to complete your livescan here, this is a recommendation.

APPOINTMENT DIRECTIONS	LIVES SCAN LOCATIONS	
<p>Make an appointment for prompt service- Use the convenient <b>Website</b> to make your Personal appointment: <a href="http://www.sccsheriff.org">www.sccsheriff.org</a></p> <p>Customers who do not have access to the internet may make an appointment by phone at any of our locations</p> <p>Please remember to bring your forms and a valid ID to your appointment.</p> <p><b>Cash or Checks only accepted for fees.</b></p>	<p><b>Headquarters</b> 55 West Younger Ave San Jose, CA 95110 (408) 808-4760</p> <p><b>West Valley Station</b> 1801 S. De Anza Blvd Cupertino, CA 95014 (408) 868-6614</p>	<p><b>South County Substation</b> 80 Highland Ave, Bldg K San Martin, CA 95046 (408) 686-3651</p> <p><b>Stanford University DPS</b> 711 Serra St Stanford, CA 94305 (650) 725-2499</p>

**Directions for making Live scan Appointments online**

Log on to: [www.sccsheriff.org](http://www.sccsheriff.org)

Click on **Services**

Click on **Fingerprint Services**

Choose **Make a Fingerprint Appointment Here**

Website is a secure site. All information requested with an \* is required.

Use the Tab Key (not the enter key) to move from box to box.

Do not use any punctuation marks such as periods, commas or hyphens. Use numbers and letters only.

Some boxes have help information available. Point your mouse over the box for help information to appear.

Obtain ORI#, Mail Code, and Billing# (if applicable) from your agency.

When choosing a date and time, times shaded out are taken.

Print a copy of the appointment confirmation page & 3 copies of the applicant profile page.

\*If you are unable to print your forms, we will print them at the time of your appointment.

Or call the location of your choice for phone appointment if you do not have internet access.

**NO WALK-INS PLEASE**    Cash or checks only accepted for fees.    No Debit or Credit cards    No \$100 bills

**Livescan Fee is \$52.00 cash exact or check for Gavilan C.N.A class**

**Santa Clara County, Office of the Sheriff**  
**55 W Younger Ave**  
**San Jose, CA 95110**



**Civil Division**            (408) 808-4800  
**Vehicle Releases**      (408) 808-4404  
**Operations Desk**        (408) 808-4401



**FINGERPRINTING/LIVE SCAN REIMBURSEMENT FORM**

Student Name: \_\_\_\_\_ G# \_\_\_\_\_  
Last Name First Name M.I.

Student's Main Phone Number (\_\_\_\_\_) \_\_\_\_\_

**\*\*IMPORTANT INFORMATION ABOUT YOUR ADDRESS\*\***

In order to avoid delay, please be sure that the address you include on this form matches the address you have listed on Self Service Banner. If you need to update your address, please update it online at [mygav.com](http://mygav.com) or at the Admissions and Records Office.

Address: \_\_\_\_\_  
Street Number Street Name Apt # City State Zip

Live Scan Site: \_\_\_\_\_

Live Scan Fee: \$ \_\_\_\_\_ Live Scan Date: \_\_\_\_\_

**ATTACH  
ORIGINAL  
RECEIPT  
HERE**