COMMUNITY COLLEGE OF DENVER

HEALTH AND MEDICAL HISTORY REQUIREMENTS

Surgical Technology/Sterile Processing Checklist

- ★ **Important:** CCD Surgical Technology and Sterile Processing health requirements differ from the college health requirements. CCD students must submit this completed Physical Form with their application for admission.

- ★ **When: CCD students must have uploaded a completed checklist and all required documents to the application portal at https://www.ccd.edu/program/surgical-technology . The due date for submission is no later than the closing of the application portal listed on the program's website.**
- ★ **Where to submit: https://www.ccd.edu/program/surgical-technology**
- ★ ***Important note****: Students without completed health documents will not be considered for a seat in the program.*
  For more information on the above immunizations, please visit http://www.immunize.org/vis/

Students: Please take this CCD Health Physical Form to your Health Care Provider and CHECK to assure your submission is complete, as partial submissions will not be accepted.

☐ **Physical obtained in last year in which the student is applying for the program.**	All Physical documentation is due at the time of application submission. A complete physical is required **every year.**
☐ **Documentation of Tuberculin Test (also referred to as Mantoux or PPD)**	Results must be documented by a Healthcare provider and include a copy of the report. This test must be within the last year.
☐ **Full sequence (2 doses) verified for: Rubella, Rubeola, Mumps & Varicella** **OR submit a copy of the titers with Lab reports** ☐ ***1) Rubella titer* Lab results must be positive*** ☐ ***2)Rubeola titer* Lab results must be positive*** ☐ ***3) Mumps titer * Lab results must be positive*** ☐ ***4) Varicella titer * Lab results must be positive***	***What if my lab results are equivocal or negative?*** *If results are **negative** booster shots are required and follow up titers must be scheduled with your healthcare provider. **Students submit positive titers one time only**
☐ **Full series of Covid vaccine (either 2 shot series or 1 shot series)**	This is not required for your application but recommended.
☐ **Tetanus, Diphtheria, and Pertussis (Tdap)**	Immunization within past 10 years.
☐ **Students should expect to submit proof of flu vaccine when it becomes available each flu season**	Flu immunization may be required pending clinical site requirements determined each fall.
☐ **Hepatitis B immunization sequence**	Recommended. Students can receive one of the following: Hep B 3 shot series, 2 shot Heplisav series, Hep B surface antibody titer (Anti-HBs or HBsAb) STE: Must have first dose to start program SPI: Must have all 3 doses or positive titer to start program
☐ **Student must provide a COPY of an American Heart Association CPR BLS for the Healthcare Provider**	It must be an **American Heart Association** Healthcare Provider CPR certification. This course is valid for 2 years and cannot expire before all your core courses are complete.

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CCD Surgical Technology and Sterile Processing Programs Essential Functions

The essential skills and relevant activities are listed for your review so that potential students and healthcare providers can decide whether or not they may be able to complete the requirements for the Surgical Technician program. CCD complies with the Americans with Disabilities Act of 1990. The college will endeavor to make reasonable accommodation for an applicant with a disability, who is otherwise qualified. Applicants who are unsure if they can meet these essential skills or know they will need help in meeting them should contact the College's Accessibility Resources Office 303-556-330 or CCD.accesd@ccd.edu to discuss accommodation.

A student in the Surgical Technician Program and/or Sterile Processing Program must have the abilities and skills necessary for use of the surgical technology and sterile processing process. The following is a representative list of the essential skills, with or without accommodation, expected of students enrolled in the Surgical Technology and Sterile Processing Programs:

1. Demonstrate the ability to perform essential functions for a maximum of a 10-hourshift.
2. Demonstrate the ability to protect a client when the client is standing and ambulating on all surfaces with or without the use of assistive devices, including canes, crutches and walkers.
3. Have the abilities and skills necessary for performing a surgical technology and sterile processing process.
4. Demonstrate the ability to safely move a client over 100 pounds from one surface to another using the appropriate level of help.
5. Demonstrate safe body mechanics in the process of all client treatments, including lifting and carrying small equipment (under 50 pounds) and moving large equipment (over 50 pounds).
6. Demonstrate the ability to coordinate simultaneous motions.
7. Demonstrate the ability to perform occasional overhead extension.
8. Demonstrate the ability to perform interventions such as sterile and sterilization procedures.
9. Display adaptability to change,
10. Establish effective relationships with others.
11. Communicate effectively, safely and efficiently in English (both written and spoken) by:
    a. Explaining procedures
    b. Receiving information from others
    c. Receiving information from written documents
12. Distinguish color changes.
13. Detect an unsafe environment and carry out appropriate emergency procedures including:
    a. Detecting subtle environment changes and odors including, but not limited to, the smell of burning electrical equipment, smoke, and spills.
    b. Detect high and low frequency sounds, including but not limited to, alarms, bells, and emergency signals.

If there are any reasons why you may not be able to perform these functions with or without reasonable accommodation, you must notify the Program Director and Clinical Coordinator immediately.

This student has had a complete physical, can complete the Essential Functions, and is in satisfactory physical condition to care for infant, child, and adult patients in an actual hospital/clinical setting.

Health Care Provider Signature: _____ Date:____/____/_____

Health Care Provider Name and Title (Print):_____

Address_____ Phone (_____)_____

Student Name: _____ DOB: _____/_____/_____

COMMUNITY COLLEGE OF DENVER

CPR CERTIFICATION

Print e-card from https://ecards.heart.org/student/myecards