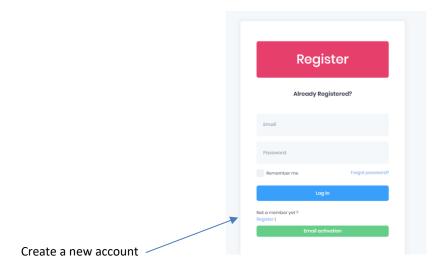


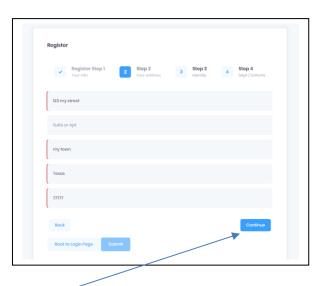
HEALTH CARE PROGRAM REQUREMENTS

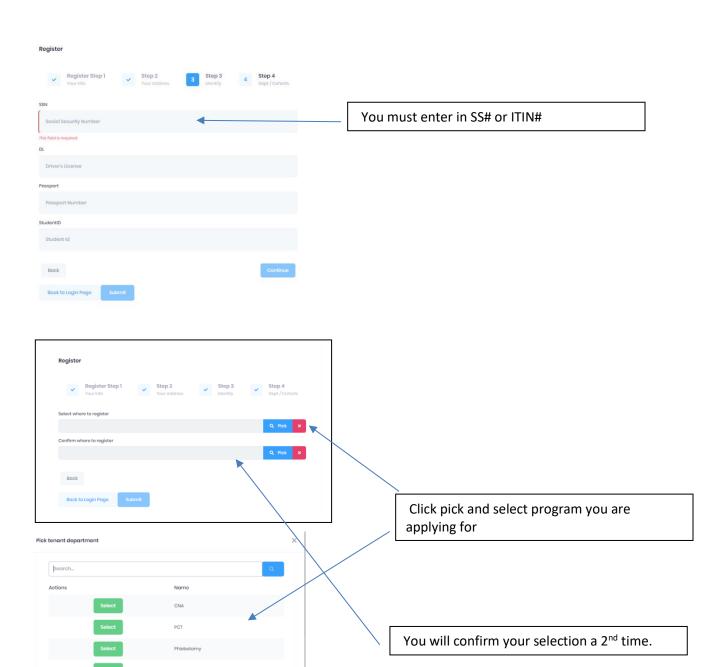
STEP 1: Sign up for your SurScan account.

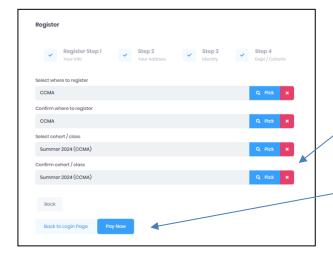
https:///gcce.surpath.com











You will then select and confirm your cohort/class.

Click on Pay now and enter credit card information

IMPORTANT NOTE:

When you enter your credit card information the name and address on the credit card must match EXACTLY with what is on your Credit card account. Do not use abbreviations for streets, lanes, drives. If you are using someone else's card make sure you have the correct name and address.

Once you have your account set up you will be sent a receipt, or you may screenshot your confirmation. PLEASE KEEP THIS.

If you are applying for the TRUE funds you will need to attach this to your TRUE application.

Follow the directions inside of SurScan and begin uploading your immunization records, release forms, and Physical Form.



<u>STEP 2</u>: Upload your immunizations and documents to Surscan. Upload one item only per line. For multiple pages, first save as a file, then upload the single file. For more information, watch <u>How to set up your SurScan account. (Instructional Video)</u>

GATHER THE DOCUMENTS LISTED BELOW FOR THE PROGRAM YOU WANT

The following documentation is required for program admission and must be submitted to SurScan before mandatory Orientation Day.

Required Documentation for CWL Programs:

Item	Nurse Aide	Phlebotomy CCMA, PCT	EKG, Mental Health tech, Pharm Tech	Notes
DOCUMENTS				
RELEASE FORM:	Required	Required	Optional	
Copy of Photo ID	Required	Required	Required	Must be a signed state ID and name must match what is on SS card
Copy of Social Security Card	Required	Optional	Optional	May be ITIN residency card name must match that on ID card
Transcripts/GED *	Not required	Required*	Required*	* N/A for high school students
Copy of Healthcare providers CPR Card	Required*	Required	Required	*included in course, must still be uploaded on completion
Parental Release for Background Check	*	*	*	*HS students only
Criminal Background Check	Automatic	Automatic	Automatic	*
Employability Status Check	Automatic	N/A	N/A	Done by Instructors
Physical Exam Form *	Required	Required	Required	
CPR	Included in course	Included in CCMA and PCT not phlebotomy	Not required.	You still need to upload your card to Surscan
TB BLOOD TEST or Skin Test	Required	Required	Required	
Drug Screening	@ Orientation	@ Orientation	@ Orientation	Must be within 30 days of class starting will be scheduled by cohorts
Chest X-ray (if applicable)				
IMMUNIZATIONS				
TDAP (tetanus,Diphtheria,pertussis)	Required	Required	Required	Within 10 years
MMR (2 doses)	Required	Required	Required	
Hepatitis B Series * (3 doses) of Heplislav B (2 doses)	Required	Required	Required	All doses must be completed prior to clinicals.
Flu (Influenza) vaccine *	Required	Required	Required	Must be the current years
Varicella	Required	Required	Required	Immunization or Titer
Meningococcal Vaccine	Required	Required	Required	
Covid-19	Optional	Optional	Optional	While the college doesn't require the covid vaccine most of our clinical agencies do. Medical and religious waivers are considered. Requirements are subject to change at any time. We understand that it is your choice if you choose not to attend your clinical education due to vaccine requirement, we will try to accommodate your request; however, we can't guarantee you an alternate placement which may impact your program completion.

RELEASE FORM:

•	I, (print name), in caring for patients during my clinical rotations and/or in classroom exercises hereby release and discharge Grayson College (GC) Employees from all liability to me for all injury, exposure, or damage arising from health risks of caring for patients during my clinical rotation, or during scheduled class or skills lab. I understand that I may be exposed to communicable diseases
	(including blood borne pathogens or personal injury. I am aware of the health risks for caring for such patients.
•	I am aware that it is required that I meet the immunization requirements prior to my clinical rotations (if applicable) I understand that I will not be allowed to enter the clinical facility or treat patients/clients if I do not have the required immunizations.
•	I consent to having my personal immunization and health records shared with the clinical sites, and understand that my academic performance in this program may be shared with any agency funding my tuition.
•	I understand that pursuant to Texas HB 1508 that I may be ineligible for licensing and/or certification should I have a criminal history in my background check. I understand that should I have any questions or concerns regarding my eligibility that it is my responsibility to bring them to the attention of the GC CWL Office prior to enrolling in the course.
•	I understand that I may be randomly drug tested in addition to my initial screening throughout the program. Should I fail a drug test I will be removed from clinicals. This may impact my ability to successfully complete the program.
•	I have reviewed this immunization history for completeness and agree to release the required information to authorized members of the Grayson College staff and authorized staff of cooperating clinical agencies, as directed by GC throughout the duration I Grayson College.
Student	Signature:Date:

Please bring to Orientation

Parent Signature: ______ (if student is under the age of 18)

Where to find your immunization records:

Check with your childhood pediatrician or family doctor
The pharmacy you go to may have records of any shots they have given you
County health clinics
Log into "My Chart" or any patient portal
Ask your parents
Your public high school
Past healthcare or education employers may have records of shots you were required to take while employed

What to do if you still can't find them but think you had the vaccines:

Visit your doctor and ask for a blood test called a "Titer" and tell them the specific vaccine you need to determine you had. They will draw a blood sample and test it for antibodies. The presence of antibodies indicates that you had the vaccine. You may upload this in place of the vaccine record. PLEASE NOTE: This can take a week to get your results. Please let the person know all the things you need "Titers" for at the same time so they can do it in one draw, and you can probably get your physical form filled out at the same time.

Grayson College Health Sciences Department Pre-Entrance Physical Exam and Health Statement

Name	DOB
Address	
Phone Home	Cell
	****Please see Physical/Mental Care Performance Standards Policy on second page****
Physical Exam Summar	ту
Recommendations	
Physical Limitations:	
No Physical Limita	ations or Restrictions
Temporary Physic	al Limitation or Restriction until (date and detail of restriction):
Long-Term Physica	al Limitation or Restriction (details):
This applicant is in	adequate physical and mental health to participate in the Health Science Division programs.
Signature (MD, DO, PA	, NP): Date:
Address:	

Grayson College Health Sciences Department Core Performance Standards for Admission and Progression Policy

In order to accomplish the objectives of the Health Sciences program, students must be able to meet the following performance requirements:

- Visual acuity with/without corrective lenses to identify cyanosis, absence of respiratory movement in patients, and to read small print on medication containers, healthcare provider orders, monitors, and equipment calibrations.
- Hearing ability with/without auditory aids to understand the normal speaking voice without viewing the speaker's face and
 to hear monitor alarms, emergency signals, call bells from patients, and stethoscopic sounds originating from a patient's
 blood vessels, heart, lungs, and abdomen.
- 3. Physical ability to stand for prolonged periods of time, perform cardiopulmonary resuscitation, lift patients, and move from room to room or maneuver in limited spaces. Must be able to meet the physical and/or lift requirements of the assigned clinical agencies.
- 4. Ability to communicate effectively in verbal and written form. Ability to speak clearly and succinctly when explaining treatment procedures, describing patient conditions, and implementing health teaching. Ability to legibly arid correctly document.
- 5. Manual dexterity to use sterile techniques, insert catheters, and prepare and administer medications (IV, PO, and IM).
- 6. Ability to function safely under stressful conditions, adapting to ever-changing clinical situations involving patient care.