All MATC Health Science students are required to complete and upload health requirements prior to petitioning for courses which contain a clinical component. MATC School of Health Sciences has partnered with Certified Background.com to provide health record tracking for all MATC Health Sciences students. The cost of the health record tracking is the responsibility of the student.

Use the steps below to complete the Certified Background (CB) electronic health record tracking process.

- Visit CertifiedBackground.com website: www.certifiedbackground.com
- Look for the place order box on the homepage.
- Enter the package code MF51im (package code is specific to the Optician – Vision Care program)
- Follow the directions to setup your CB account

* The cost of the health examination and immunizations are your responsibility. You may be able to obtain health care services at your local Health Department or you may call 1-866-211-3380 for a list of clinics in your area.

* If a student is accepted into core technical courses via petitioning, he or she will receive instructions for completing mandatory drug testing. The cost for the drug testing is the responsibility of the student.

- (1) Handbook Acknowledgement
- (2) Liability Release
- (3) Essential Functions Form
- (4) Influenza (Flu) Vaccination
(Print Name and Address)
NAME: ___________________________________________ BIRTHDATE: ___/____/____
ADDRESS: ______________________________________ CITY/STATE ___________ ZIP CODE ____________
Program Name: ___________________________ Telephone #: __________________
Cell Phone #: _____________________________ E-Mail Address: __________________________
Student ID #: _____________________________

IMPORTANT:
I give my permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.

______________________________________________
Student Signature
School of Health Sciences
Student Handbook Signature Page

I acknowledge that I am responsible for the contents of the current School of Health Sciences Student Handbook located on the MATC website at:

http://www.matc.edu/student/Admissions/upload/Health_Sciences_handbook.pdf

I further agree to abide by the terms and conditions found in the contents of the current School of Health Sciences Student Handbook.

Student Signature: ____________________________________________

Student Name: (Please print) ______________________________________

Student MATC ID Number: ______________________________________

Signature Date: ________________________________________________

**I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.

Student Name: ___________________________ Signature ___________________________ ID #: __________________

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act
In consideration of its educational value and individual benefits, students will be enrolling in courses that require him/her to assume the duties of his/her field of study. Students must follow standard precautions established by his/her program and clinical/field placement site. Depending on the program, students understand that there are a number of risks/dangers that may be encountered.

The student may come in contact with sharp, contaminated medical instruments, contagious diseases, infectious blood and/or body fluids, electrical instruments, electronic devices or other risks associated with patient care/non-patient care and the particular site.

Transportation and safety to, from and during the clinical experience is the responsibility of the student. Be aware that precautions must be taken when walking to and from parking lots at various times of the day and night.

The student is not eligible to participate in any of the fringe benefit programs the clinical/field placement site maintains. In addition, the student is not eligible for any unemployment benefits as a result of his/her participation in the program.

The student agrees and understands that he/she is responsible for his/her health and medical bills for sickness and injury. Any injuries that a student suffers while participating in the program will not be covered by the Wisconsin Worker’s Compensation Act. Therefore, it is critical that every participating student obtain health insurance coverage.

The student agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless: MATC, its Board, agents, officers and employees from and against all loss and expense including costs and attorney's fees by reason of liability for damages including suits, in law or in equity, caused by any wrongful, intentional or negligent act or omission of the student which may arise out of or in connection with the activities covered by the program.

In signing this release, the student acknowledges and represents that he/she has read and understands the above. The student further acknowledges that he/she is at least eighteen (18) years of age and fully competent to sign this agreement and release. Students under eighteen (18) years of age are required to have the signature of a parent or guardian on this agreement and release.

Student Name: _________________________ Signature: _________________________ ID #: _________________________

Parent/Legal Guardian Relationship to Student
(Signature required if student is under age 18)

**I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.**

Student Name: _________________________ Signature: _________________________ ID #: _________________________

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act
ADA AND ESSENTIAL FUNCTIONS
The Americans with Disabilities Act (ADA) of 1990 (42 USC & 12101, et seq.) and the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973 (29 USC & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Milwaukee Area Technical College makes every effort to insure a quality education for students. To aid in student success, it is important to inform students of the essential functions demanded by a particular occupation. The purpose of this document is to ensure students acknowledge that they have been provided information on the essential functions required for their chosen program. To meet the Essential Functions, information on accommodations is available upon request of the applicant. Please visit the MATC Student Accommodation Services Department.

INSTRUCTIONS
☐ Click on YOUR program link below.
☐ Read the essential functions required for success in your program.
☐ If you have read and understood the essential functions for your program, sign and date this form below.

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</tbody>
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COMPLETE, INITIAL AND SIGN

Student Name: ____________________________ Student ID#: ____________________________

My program is: ____________________________________________________________

(Initial) I have read and understand the Essential Functions criteria specific to a student in my program indicated above.

(Initial) I am able to meet the Essential Functions as presented with or without accommodation.

(Initial) I was provided with information concerning accommodations or special service if needed at this time.

Note: The program you indicated above must be the program to which you have applied. Completion of this form verifies that you have read and understand the essential functions required. If you have applied to more than one program, this form must be completed for each of those programs.

Signature: ____________________________ Date: ____________________________

**I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.**

Student Name: ____________________________ Signature: ____________________________ ID #: ____________________________
As a patient safety initiative, the School of Health Sciences at MATC requires influenza vaccinations for all students in all health programs.

**STUDENT INFORMATION:**

Name: ___________________________ Date of Birth: ___________________________

Student ID#: ___________________________ Program: ___________________________

**I give permission to release information on the health requirements to the professional college and clinical affiliate staff if it is deemed necessary for the benefit and/or safety of myself and others.**

Student Name: ___________________ Signature: ___________________________ ID #: ________________

**For Clinic/Office Use only**

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**Vaccine Information:**

Vaccine Administered (Trade name): ___________________________ Vaccination Date: ________________

Vaccine Lot#: ___________________________

**Facility Information:**

Name of Location: ___________________________

Street Address: ___________________________ City: ___________________________

State: ___________________________ Zip/Postal Code: ___________________________

Phone Number: ___________________________

Name and Title of Vaccinator (Please Print): ___________________________

Signature of Vaccinator: ___________________________ Date: ___________________________

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans with Disabilities Act
INSTRUCTIONS TO STUDENTS

PLEASE NOTE: You MUST make a copy of your completed health forms and retain it.
DO NOT UPLOAD UNLESS ALL RESULTS AND SIGNATURES ARE COMPLETE

SUMMARY OF MATERIALS TO BE COMPLETED

- (1) Handbook Acknowledgement
- (2) Liability Release
- (3) Essential Functions Form
- (4) Influenza (Flu) Vaccination

If you have any Questions about uploading forms please contact:
Certified Background at 888-914-7279 or 414-297-7498, or email them to studentservices@certifiedprofile.com

(Revised 12/2012)