

OTHER

Criminal Background Check (Refer to castlebranch.com)

Note: You must disclose **everything** that is part of your record on the self-disclosure form (BID), regardless of the outcome. All MATC clinical affiliates reserve the right to deny student placement at their facilities. If placement is denied, you will not be able to complete or graduate from your program. You must complete and upload the CBC/BID verification form separately in your health requirements profile.

Drug Testing (Refer to castlebranch.com)

Note: You must complete and upload the drug test verification form separately in your health requirements profile.

Varicella (Chicken Pox) Vaccination
(3)

CHICKEN POX

Must have documentation of Health Care Provider Diagnosed Chicken Pox. If no documentation is available, must have positive blood titer test or documentation of 2 shot vaccinations at least 30 days apart. A copy of the titer lab results must be attached if a blood test is performed.

RESULTS

Has this patient had?

Chicken Pox

Yes

No

Date

Authorized Signature & Medical Title

OR

Varicella Vaccine #1

Date

Authorized Signature & Medical Title

30 Days later

#2

Date

Authorized Signature & Medical Title

OR

Varicella Titer

Date

Results

Authorized Signature & Medical Title

****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 #:** _____

Handbook Acknowledgement
(7)

**Healthcare Pathway Student Handbook
Signature Page**

I acknowledge that I am responsible for the contents of the current Healthcare Pathway Student Handbook located on the MATC website under each program page link at:

https://www.matc.edu/course-catalog/healthcare/documents/health_sciences_handbook.pdf

I further agree to abide by the terms and conditions found in the contents of the current Healthcare Pathway 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 #:** _____

Liability Release

(8)

**ACCEPTANCE OF RISKS AND RESPONSIBILITY AGREEMENT
AND RELEASE OF LIABILITY**

This Acceptance of Risks and Responsibility Agreement and Release of Liability ("Agreement and Release") is executed by: _____ (please print student first and last name ("Participant") and is issued to Participant is participating in a COLLEGE affiliated Program/Course/Practicum/ Training/Activity ("Activity"). This Activity is more fully described in each of the MATC School of Health Sciences program pages, which have been provided to Participant.

Participant understands that there are certain dangers, hazards, and risks inherent in the Activity. These include, but are not limited to, 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.. In certain circumstances, these dangers can include damage/destruction to property, severe bodily injury, and even death.

Participant agrees to exercise reasonable care at all times with respect to Participant's own safety and with respect to the safety of others. Participant agrees to abide by all rules, policies and procedures of the COLLEGE that are set forth in the Code of Conduct found in the COLLEGE's Student Handbook, as well as any additional rules, policies and procedures of the location of the Activity. Participant has no health-related issues that would preclude or restrict participation in the Activity.

Accordingly, Participant, on behalf of him/herself, the Participant's spouse (if applicable), the Participant's heirs, assigns, related individuals and related entities, does hereby WAIVE, RELEASE, AND DISCHARGE the COLLEGE, including its Board of Trustees/Directors, administrators, officers, employees, teachers, agents and insurers, from any and all claims, causes of action, suits, damages, or liabilities sounding in negligence, which the Participant has, shall have, or may have in the future against the COLLEGE arising out of, based on, related to, or connected with, the Participant's enrollment and participation in the Activity. This release of liability does not, however, apply to any intentional or reckless acts or conduct by the COLLEGE.

This Agreement and Release shall be governed by the laws of the State of Wisconsin, which shall be the forum for any lawsuits filed under, or incident to, this Agreement and Release.

By signing this document, Participant acknowledges that s/he is fully informed of the contents of this Agreement and Release, and represents that s/he understands it. Participant is not relying on any oral or written representations, statements or inducements, apart from those made in this Agreement and Release.

Participant is at least eighteen (18) years of age, and is competent to sign this document. If Participant is a minor under the age of eighteen (18), the parent and/or guardian acknowledges they are competent to sign this document on behalf of the Participant.

By signing this Agreement and Release, you give up substantial legal rights. Read and understand this entire document before you sign it.

Participant

Date

Parent/Legal Guardian (Signature required if Participant is under age 18.)

Date

INSTRUCTIONS TO STUDENTS

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

SUMMARY OF MATERIALS TO BE COMPLETED

Health Requirements

- 1.) Physical Examination Form
- 2.) Measles, Mumps and Rubella (MMR) Vaccination Form
- 3.) Varicella (Chicken Pox) Vaccination Form
- 4.) Tuberculosis Test Form
- 5.) Tetanus Vaccination Form
- 6.) Hepatitis B Vaccination Form
- 7.) Handbook Acknowledgment Form
- 8.) Liability Release Form
- 9.) Essential Functions Form (upload this page only)
- 10.) Influenza (Flu) Vaccination Form
- 11.) Health Insurance Portability and Accountability Act (HIPAA) (upload copy of Course Completion Certificate)
- 12.) Drug Test Verification Form (upload this page only)
- 13.) CBC/BID Verification Form (upload this page only)
- 14.) Covid-19 Vaccination - Proof of Completion

Other

- Criminal Back Check (refer to castlebranch.com)
- Drug Testing (refer to castlebranch.com)

Call or email CastleBranch, Inc. at [888-914-7279](tel:888-914-7279) or studentservices@castlebranch.com

or call the MATC Healthcare Pathway at [414-297-6263](tel:414-297-6263) or email at healthpathway@matc.edu



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- (7) Handbook Acknowledgement Form
- (8) Liability Release Form
- (9) Essential Functions Signature Form (upload this page only)
- (10) Influenza (Flu) Vaccination Form
- (11) Drug Test Verification Form (upload this page only)
- (12) Health Insurance Portability and Accountability Act (HIPAA) Acknowledgment Form

Other

If you have any questions about uploading forms:

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or call the MATC School of Health Sciences at [414-297-6263](tel:414-297-6263).