

## Bilingual Dental Assistant Health Requirements Checklist

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 CertifiedBackground.com to provide health record tracking for all MATC Health Sciences students. The cost of the health record tracking (\$35) is the responsibility of the student.

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

1. Visit CertifiedBackground.com website: [www.certifiedbackground.com](http://www.certifiedbackground.com)
2. Click on Student
3. Enter the **package code MF31im** (package code is specific to the Bilingual Dental Assistant program)
4. 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 a mandatory drug test. The cost for the drug test is an additional \$34 per a test.

### TO DO:

- Acknowledgment of Essential Functions-Functional Abilities Form**
- Health Certification Requirements**
  - 1)  **Certification of student's good health by a physician, physicians assistant or nurse practitioner.**
  - 2)  **Immunizations**
    - a)  MMR immunizations shots **1 and 2** **OR**
    - b)  Rubella **AND** Rubeola titer (Lab results must be attached)  
**AND**
    - c)  Chicken pox - Proof of having had chicken pox or chicken pox immunization per authorized medical signatures **OR** Varicella titer (Lab results must be attached)
  - 3)  **TB skin test, Step 1 and Step 2**  
(2 negative TB skin tests within 30 days of each other)
    - a)  Chest x-ray, only if TB skin test was positive
    - b)  Quantiferon TB Gold blood test option
  - 4)  **Tetanus Shot**
  - 5)  **Hepatitis B Release Form** - Signed and verifying Hepatitis B status
  - 6)  **CPR** – American Heart Association, Healthcare Provider (upload a copy of the card)
  - 7)  **Health Sciences Handbook Acknowledgment Form**
  - 8)  **Clinical/Field Placement Liability Release Form**

**MILWAUKEE AREA TECHNICAL COLLEGE**  
**School of Health Sciences**  
**Essential Functions**  
**for the**  
**Bilingual Dental Assistant Program**

The Americans with Disabilities Act (ADA) prohibits discrimination of persons with disabilities. In keeping with this law, MATC makes every effort to insure quality education for all students. It is our obligation to inform students of the essential functions necessary for this program and occupation.

Students requiring accommodation and/or special services to meet the essential functions of the program should contact the MATC Student Accommodation Services at any MATC campus.

The following physical, cognitive and environmental performance standards are encountered by students in this program.

**ESSENTIAL FUNCTIONS**

	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
<b>SPEECH</b>							
Speak English with Clarity				X	X	X	
Communicate in English with Clarity				X	X	X	
<b>HEARING</b>							
Conversation				X	X	X	
Telephone			X			X	
<b>SIGHT</b>							
Natural or Corrected Without Assistance				X	X	X	
Depth Perception				X	X	X	
Color Vision			X		X	X	

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
<b>MOBILITY</b> using each extremity (right and left) as applicable							
Lift, Push or Pull 50 lbs.		X					X
Shoulder				X	X	X	
Arm				X	X	X	
Neck				X	X	X	
Standing		X			X	X	
Move about Facility				X	X	X	
Bending			X		X	X	
Crawling	X						X
Kneeling	X						X
Twisting Body	X					X	
Running	X						X
Walking			X		X	X	
Climbing	X						X
Stairs	X						X
Other	X						X
<b>REACHING</b> using each extremity (right and left) as applicable							
Overhead			X		X	X	
In Front of Body				X	X	X	
Down				X	X	X	
<b>GRASPING</b>							
Overhead			X		X	X	
In Front of Body				X	X	X	
Down				X	X	X	
<b>SITTING</b>				X	X	X	

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
<b>SMELLING</b>	X						X
<b>TASTING</b>	X						X
<b>FINE MOTOR CONTROL</b> (working with small objects and using each hand (right and left).				X	X	X	
Hands				X	X	X	
Fingers/Tactile Sense (the ability to feel when touching)				X	X	X	
Wrist				X	X	X	
<b>COORDINATION</b>							
Eye/Hand with both hands/arms				X	X	X	
Eye/Hand/Foot with both hands/arms/feet				X	X	X	
<b>ALLERGIES/ SENSITIVITIES</b>							
Tolerance to Latex				X	X	X	
Other allergies to chemicals, etc.							
<b>COGNITIVE/MENTAL FACTORS</b>							
<b>REASONING</b>							
Deal with abstract and concrete variables, define problems, collect data, establish facts, and draw valid conclusions						X	
Interpret instructions furnished in oral, written, diagrammatic, or schedule form						X	

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
Deal with problems from standard situations						X	
Carry out detailed but uninvolved written oral instructions						X	
Carry out one or two step instructions						X	
<b>MATHEMATICS</b>							
Complex skills - Business math, algebra, geometry or statistics							X
Simple skills - add, subtract, multiply and divide whole numbers and fractions, calculate time and simple measurements						X	
<b>READING (All apply in English)</b>							
Complex skills - Comprehend medical records, manuals, journals, instructions in use and maintenance of equipment, safety rules and procedures and drawings						X	
Simple skills - Comprehend simple instructions or notations from a log book						X	

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
<b>WRITING</b> <b>(All apply in English)</b>							
Complex skills - Prepare medical documentation, report summaries using prescribed format and conforming to all rules of punctuation, spelling, grammar, diction and style							X
Simple skills - English sentences containing subject, verb and object; names and addresses, complete job application or notations in a log book						X	
<b>PERCEPTION</b>							
Spatial - ability to comprehend forms in space and understand relationships of plane and solid objects; frequently described as the ability to "visualize" objects of two or three dimensions, or to think visually of geometric forms							X
Form - ability to perceive pertinent detail in objects or in pictorial or graphic material; to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of line						X	

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						Yes	No
<b>CLERICAL</b> <b>(All apply in English)</b>							
Ability to perceive pertinent detail in verbal or tabular material; to observe differences in copy, to proof-read words and numbers, and to avoid perceptual errors in arithmetic computation.						X	
<b>DATA</b>							
Synthesizing							X
Coordinating							X
Analyzing						X	
Compiling						X	
Computing							X
Copying						X	
Comparing						X	
<b>PERSONAL TRAITS</b>							
Ability to comprehend and follow instructions						X	
Ability to perform simple and repetitive tasks						X	
Ability to maintain a work pace appropriate to a given work load						X	
Ability to relate to other people beyond giving and receiving instructions						X	
Ability to influence people						X	
Ability to perform complex or varied tasks						X	

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
Ability to make generalizations, evaluations or decisions without immediate supervisor						X	
Ability to accept and carry out responsibility for direction, control and planning						X	
<b><i>ENVIRONMENTAL FACTORS</i></b>							
Works indoors						X	
Works outdoors							X
Exposure to extreme hot or cold temp							X
Working at unprotected heights							X
Being around moving machinery						X	
Exposure to marked changes in temperature/humidity							X
Exposure to dust, fumes, smoke, gases, odors, mists or other irritating particles (aerosol spray from equipment)						X	
Exposure to toxic or caustic chemicals						X	
Exposure to excessive noises						X	
Exposure to radiation or electrical energy						X	
Exposure to solvents, grease, or oils						X	
Exposure to slippery or uneven walking surfaces							X

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	Never	Sometimes 1-30%	Frequently 31-75%	Always 76-100%	Frequently is per: Day	Job Essential	
						Yes	No
Working in confined spaces						X	
Using computer monitor						X	
Working with explosives							X
Exposure to vibration						X	
Exposure to flames or burning items						X	
Works alone						X	
Works around others						X	
Works with others						X	
Exposure to Blood and Other Potentially Infectious Materials (OPIM)						X	
<b>SAFETY EQUIPMENT (REQUIRED TO WEAR)</b>							
Safety glasses						X	
Face mask/face shield						X	
Ear plugs							X
Hard hat							X
Protective clothing						X	
Protective gloves						X	

If you have any questions or wish to discuss further the essential functions required of this program, please call the Health Occupations Division Office at 414-297-6263.

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\_\_\_\_\_ I have read and I understand the essential functions for this program.

\_\_\_\_\_ I have the ability to meet the essential functions as specified.

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(Print Name of Program)

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(Signed)

(Date)

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Students requiring accommodation or special services to meet the essential functions of the program should contact the MATC Student Accommodation Services at any MATC campus.

\_\_\_\_\_ I require the following accommodations to meet the essential functions as specified and I have provided supporting documentation from my health care provider to the MATC Student Accommodation Services.

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(Signed)

(Date)











**Student Name:** \_\_\_\_\_

**Name of Program:** \_\_\_\_\_

**MILWAUKEE AREA TECHNICAL COLLEGE  
Health Sciences Division**

**RELEASE FORM: HEPATITIS B**

**Please read thoroughly and check the appropriate box.**

! I have received and read the information regarding Hepatitis B and the vaccines that are available.

! I am declining the Hepatitis B vaccine.

As a student, I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with Hepatitis B vaccine. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can pursue the vaccination series.

I hereby release Milwaukee Area Technical College, its Board Members, and personnel, and any clinical facility at which I train from any liability for any consequences to me or any claims arising out of or related to my decision to be or not to be vaccinated. I hereby agree to indemnify all of the above persons and organizations for any and all claims, including the attorneys' fees and costs, which may be brought against any one of them by anyone claiming to have been injured as a result of any injury which may occur as a result of my decision.

**OR**

! I am currently in the process/or have completed the series. I understand that full immunity requires three doses of vaccine over an eight to 12-month period.

\_\_\_\_\_  
**Signature of Student (required)**

\_\_\_\_\_  
**Date**

**IF Hepatitis B vaccine given:**

1st Dose Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Medical Signature

2nd Dose Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Medical Signature

3rd Dose Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Medical Signature

Revised: 10/14/11:JMT