**Paramedic Course**

**Application Packet**





**Dear Prospective Student:**

Thanks so much for choosing Coffeyville Community College where it truly is all about you! We strive to help you meet your goals in life and that starts with education. Our instructors and Workforce Education staff have spent several hours and ample energy developing the best Emergency Medical Technician (EMT) and Paramedic training program Southeast Kansas has to offer.

At CCC, we hold high standards and only select the very best students for the EMT and Paramedic program. This career path is very challenging but even more, it is rewarding. Full consideration will be reserved for applicants that have completed this application in its entirety.

The EMT/Paramedic program for which you are applying is both mentally and physically challenging. Please, complete some basic research on what some of the responsibilities of an EMT and Paramedic are. This includes but is not limited to: responding to emergency calls to provide efficient and immediate care to the critically ill and injured, and to administer lifesaving interventions, as appropriate, when transporting a patient to the nearest hospital. Being in EMS can be both physically and mentally strenuous at times. You must be able to pay close attention to detail and have a good handle on time management. Most importantly, you must learn to stay calm and organize and convey information quickly during stressful situations as they occur. Most EMTs and Paramedics work 24 hour shifts and are guaranteed to work some, if not all, holiday’s each year depending on how the rotating schedule falls.

Vaccines: Immunizations can take some time to complete. I urge you to begin the process immediately. Immunizations need to be “in process” at the time of application and need to be completed BEFORE the first day of class. Depending on the time of year, the flu vaccine requirement could vary. Most flu vaccines are held in the fall. Please, talk to your local pharmacist or health care provider for their recommendation if you are unsure.

We look forward to receiving your application! Please, do not hesitate to call or email with any questions! Good Luck!

**Delia Goff**, **EMS Medical Secretary**

Office: 620.252.7345 (Office)

goff.delia@coffeyville.edu (best resource for contact)

**Casey Goff, IC/Lab Coordinator**

Office: 620.252.7345 (Office)

goff.casey@coffeyville.edu (best resource for contact after hours)

**Minimum Course Admission Requirements:**

**Step 1: (Complete the Enrollment Checklist)**

* Apply for admission to Coffeyville Community College at the link below. If you have taken classes at CCC before, call the Registrar’s office to update your profile. <http://www.coffeyville.edu/student-services/admissions/application-for-admission>
* Submit all official transcripts from previous high schools and colleges you have attended prior to CCC. Send them to the following location, Registrar’s Office, 400 W. 11th St. Coffeyville, KS 67337.
* If you are planning to apply for federal financial aid, please complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov. CCC’s school code is 001910. This must be completed each spring with a target deadline of July 1.
* Possess a current Kansas EMT certification. EMT classes are held right here at CCC.
* Completion of the application packet which includes the following documents that must be read, signed and returned to CCC EMS office at, 1909 West 4th Street Coffeyville, KS 67337:
* The student health record form to be signed by a primary care provider for verification of immunizations or bring a copy of your updated Immunization records
* TB skin Test or T-spot
* MMR 1 [ ] MMR2 [ ]
* Hepatitis B Series (1) [ ] Hepatitis B (2) [ ] Hepatitis B (3) or waiver
* TDaP within last 10 years
* Flu Vaccine (after immunization is available and/or prior to 1st Clinical)
* Coffeyville Community College Statement of Confidentiality/Social Media Conduct Form, Videotape/photograph Consent Form
* Understanding and Release for Exposure to Infectious and/or Human Fluids Form, and Waiver of Liability, Assumption of Risk and Indemnity –on/off campus activity Form
* CCC criminal background check
* Health/Immunization/Safety sign off form
* Shirt Order Form
* Grit Test
* Pass all general education requirements with a “C” or better. Those include:

- Anatomy and Physiology, 5 credit hours (Pre-requisite)

- Microbiology, 5 credit hours (Co-requisite)

- English Comp I or equivalent communications class, 3 credit hours (Co-requisite)

- Public Speaking or equivalent, 3 credit hours (Co-requisite)

- Intermediate Algebra or Higher, 3 credit hours (Co-requisite)

-Developmental Psychology, 3 credit hours (Co-requisite)

- General Psychology, 3 credit hours (Co-requisite)

**Step 2 (After Acceptance into the Course and before class begins)**

* Go to Business office or contact the Business office to make arrangements for payment of tuition/fees (620-252-7098)
* Go to Student Success Center (campus library) to get your student ID card

**Step 3 (Once classes begin)**

* Orientation to online course material/lab
* Review of Coffeyville Community College policy and sign off and any other forms for continuation in class.
* Flu vaccine form signed and returned prior to 1st clinical and upon availability of vaccine, usually available around Sept-October (Flu vaccine for current year- for classes beginning in late spring or summer will be based upon recommendation and hospital requirements)

 ***Coffeyville Community College Paramedic Course Application***

**Please Print or Type All Information**

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SS# ***(Last four digits)*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of BEMS Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Initial Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently affiliated with an ambulance service? YES or NO

If yes, which ambulance service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any Felony Records? YES or NO If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the following questions that apply to you, choosing the best answers that describe your current circumstances.**

* I do not hold any EMT certifications
* I am EMT certified in a state other than Kansas. Level of certification \_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_
* I am a Registered Nurse of Licensed Practical Nurse
* I do not hold any other health care licenses
* I hold another healthcare professional license \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am a Member/Veteran of the U.S. Military/Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you now or have you ever been enrolled at CCC (YES) \_\_\_\_\_\_\_\_\_\_ (NO) \_\_\_\_\_\_\_\_\_\_
* I am a municipal employee at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I am a volunteer Fire Fighter for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COFFEYVILLE COMMUNITY COLLEGE**

**STATEMENT OF CONFIDENTIALITY/SOCIAL MEDIA CONDUCT**

 I understand that some of my education will involve access to resident/patient care, information and records that are considered confidential and protected under HIPAA Guidelines.

I acknowledge my responsibility to respect the confidentiality of resident/patient records and guard the privacy of any resident/patient by not revealing any information regarding that resident/patient to anyone, and to act in a professional manner in the classroom, the clinical/FI setting, and in the community.

I further understand that if I am found to be indiscreet with confidential material or fail to protect the privacy of a resident/patient or others through my actions, I will be dismissed from the course. I understand this action to be necessary in order to maintain the high professional standards of the Allied Health care courses and integrity of Coffeyville Community College.

To uphold the privacy of such information, I agree not to post or discuss any theory or clinical/FI experience or information regarding my experience with the college or clinical/FI agency, its staff, or its clients/patients on my internet social media (Facebook, Twitter, emails, MySpace, and any others not mentioned). In addition, cell phones with camera capabilities are prohibited in patient care areas.

 **Statement of Understanding**

 I further understand if I violate the rules of the clinical facility, am involved in resident/patient abuse, violence toward another individual, academic dishonesty, violation of confidentiality or any other inappropriate behavior I will be removed immediately from the course.

I understand that while participating in clinical activities as part of CCC’s Paramedic course, I will be subject to the rules and regulations of the clinical facility and could be subject to drug testing at my own expense. If found positive in such drug testing, I will be subject to discipline by the college under general rules of student conduct as outlined in the CCC Catalog.

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VIDEOTAPE/PHOTOGRAPH CONSENT**

Videotape/photograph consent student signature page to be complete before course entry.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Coffeyville Community College (CCC) Paramedic Course consent to videotape/photograph/audiotape me during classroom, lab or off campus education experiences for education purposes and for use in the promotion of future classes.

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF UNDERSTANDING AND RELEASE FOR EXPOSURE TO INFECTIOUS AND/OR HUMAN FLUIDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name), am a student at Coffeyville Community College (CCC) and am enrolled in the Paramedic Course. I acknowledge that I have been informed of the following and that I understand the following:

1. That the health science program have enrolled in may involve exposure to human body fluids and cell and tissue cultures that may carry infections such as HIV (Human Immunodeficiency Virus) and Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

2. That exposure to infectious blood and other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other methods may put me at risk of contracting a blood borne infection.

3. That to protect myself from exposure to blood and other body fluids and cultures, I will wear protective apparel according to OSHA (Occupational Safety and Health Administration) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.

4. That if I should become exposed by eye, mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such an incident to the I/C or Clinical/FI affiliate supervisor.

5. That if such exposure should occur, I hereby authorize the College or the Clinical/FI affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.

6. That I hereby release and hold harmless Coffeyville Community College (CCC), its employees, officers, agents, and representatives, including all hospital and clinical/FI affiliates, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in the health science program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or misconduct by the College

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY- ON/OFF CAMPUS ACTIVITY**

 I, the undersigned participant, represent and warrant that I am an adult of 18 years of age or older (parent signature included if under age 18), and have the legal capacity to enter into this Waiver of Liability, Assumption of Risk and Indemnity Agreement (“Agreement”).

**Waiver:** In consideration of being permitted to participate in the Coffeyville Community College Paramedic course/activity to the extent permitted by law, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, covenant not to sue, and agree to indemnify and hold harmless Coffeyville Community College, its officers, employees and agents (collectively the “Indemnified Parties”) from any and all liability, loss, claim demands and possible causes of action (including all costs and attorney’s fees incurred by the Indemnified Parties in enforcing this release and indemnification agreement), that may otherwise accrue from any loss, damage or injury (including death) to my person or property, in anyway resulting from, or arising in connection with, or related to my participation in the Coffeyville Community College Paramedic course/activity, whether or not such injury or death is caused by negligence or from any other cause. I acknowledge that residing in Coffeyville Community College housing and/or participating in institutional activities and programs entails known and unanticipated risks related to communicable disease, including but not limited to COVID-19 and health consequences due to such exposure or infection. I understand that such risks may vary based on activity, program and environment, including, room occupancy, bathroom configurations, and shared spaces such as but not limited to lobbies, dining areas, classrooms, etc. I understand that these risks cannot be eliminated. I also understand that I cannot be guaranteed that I will not contract a communicable disease, including COVID-19 while attending classes, participating in various campus activities and programs, residing in the dorms or visiting the campus.

**Assumption of Risk:** Participation in Coffeyville Community College Paramedic course/activity carries with it certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks may include, but are not limited to: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; and 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent. I hereby assert that my participation is voluntary and I knowingly assume all such risks.

 **Governing Law and Severability:** The construction, interpretation and enforcement of this agreement shall be governed by the laws of the State of Kansas. The courts of the State of Kansas shall have jurisdiction over this Agreement and the parties. The undersigned further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up my rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release to the greatest extent allowed by law.

**Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL BACKGROUND CHECK AND RELEASE FOR HEALTH SCIENCE STUDENTS**

Permission and Release Form

 I authorize Coffeyville Community College to release the results of any criminal background check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Coffeyville Community College from any liability in the event:

∙ I am not cleared for placement by the clinical sites and therefore, cannot continue in the course.

∙ I am unable to obtain the necessary credits to continue in the course due to a criminal charge or conviction that occurred after being accepted into the course.

∙ I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

To initiate your background clearance, go to the website [www.coffeyvillebackgroundcheck.com](http://www.coffeyvillebackgroundcheck.com) and follow the step process. The profile information you input will be sent directly to the school upon completion.

I understand that I cannot be guaranteed placement at a clinical/FI site and if I cannot complete the clinical/FI requirements, I will not be able to complete the course.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit this signed form as part of your application to the CCC Paramedic Course.**

**HEALTH/IMMUNIZATIONS/SAFETY**

 The I/C, Lab Instructor(s), and/ or preceptor(s) will oversee all student performance, in both the classroom and clinical setting. Each student will address any problem or concern that s/he may have regarding his/her safety immediately to the individual directly involved with the training at hand.

All students will perform with normal regard for personal safety as well as the safety of patients and others involved with the patient care. At NO TIME will the student perform any action that s/he or the preceptor deems unsafe or that the student/preceptor feels inappropriate action for the student to take.

Any student that has an infectious disease (common cold, flu, hepatitis, AIDS, etc.) will not be allowed to participate in practical skill stations. These students will be expected to attend class and observe others in the practical stations. In the event there is enough equipment such students may be given a set of their own to work with. The student will make up practical time at the discretion of the I/C. The student will be held responsible for the instruction.

Any disease that requires the student to miss two or more classes will be required to have a medical release by a physician before being allowed to return to class. This will also apply to injuries that preclude the student from taking practical examinations.

Any student with a history of chronic health problems, pregnancy, recent surgery, or back injury, will be required to present a medical release by a physician. The I/C has the option at all times to request such a release at his or her discretion.

Any time the student suffers an injury while functioning as an Paramedic student, the student will immediately report the occurrence to the preceptor who will in turn make a report to the I/C. A written incident report of the occurrence must be made within 48 hours.

All students must exercise prudent physical exertion in the classroom, during labs and during clinical rotations. All equipment will be properly cleaned with disinfectant after each student’s use. Due to the nature of the training, it is imperative that all students maintain proper personal hygiene habits.

**Students will take pride in the equipment provided for their use. Equipment and supplies are expensive and at times difficult to obtain. The equipment is of no use if it has been abused or damaged. Any student that intentionally misuses equipment shall be disciplined appropriately. If any equipment is accidentally broken or is found inoperative, the student shall report the incident to the instructor immediately.**

**It is the responsibility of all STUDENTS to ensure that equipment is cleaned and put away in a neat and orderly manner after each class.**

At NO TIME will a student, while participating in clinical shifts, be allowed to drive any ambulance.

The clinical/Field experience for students may require prolonged standing and walking; frequent heavy lifting, pushing, pulling, carrying, occasional climbing, stooping, balancing, kneeling, constant need for good vision and hearing; ability to tolerate stressful situations; and occasional exposure to hazardous material. Students should be able to lift 125 lbs. (250 with assistance). All students must exercise prudent physical exertion in the classroom lab sessions and in the clinical/FI setting using techniques taught in this class for lifting and moving patients.

Additional safety policies and procedures are included in the Paramedic student handbook.

I have read the above requirements and understand that my inability to comply with these may result in my failure to complete the Paramedic course.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Flu Vaccination Policy**

In cooperation with CRMC, the Paramedic course will require Paramedic students to either accept the flu vaccine or sign a waiver of refusal and accept responsibility to wear an appropriate mask during all patient contact for the designated flu season.

At the beginning of flu season the forms will be made available. If the student chooses to accept the flu vaccine, it will be the student responsibility. You must provide proof of receiving the flu vaccine. If the decision is made to decline the flu vaccination there will be a waiver that you will complete and sign. Understand that by completing this waiver you assume responsibility to ensure safety of patients and infection control. You will be required to wear the appropriate mask while in all patient contact, regardless of if you have any symptoms; as required by the clinical facility. The “flu season” will be determined by the CDC guidelines. Either the completed vaccine form, or the refusal waiver will be required during the designated times to be eligible for clinical clearance. The form should be submitted to the lead instructor.

**Flu Vaccination Form**

I verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Paramedic Student has received the influenza vaccine.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Administering Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Providing the Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your assistance in tracking the student’s vaccination status. This vaccination is a requirement for CCC Paramedic students to ensure the safety of our patients during flu season.

**Flu Vaccination Refusal Waiver**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that I have chosen to refuse the influenza vaccine that is required for CCC Paramedic students to ensure safety for our patients during flu season. I understand that by completing this form I understand that it is my responsibility to provide an equal level of safety and protection for the patients. I will be responsible for wearing an appropriate mask while in all patient care areas, regardless of if I have any physical symptoms of the flu. I will be required to do this through the dates of “flu season” as set by the Centers for Disease Control. Refusing to wear the appropriate mask while in patient care areas during clinical would result in an unsatisfactory grade in clinical for each day.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF HEPATITIS B IMMUNIZATION**

**Hepatitis B** – is a major cause of viral infection; it results in swelling, soreness, and loss of normal liver function. Signs and symptoms include flu-like symptoms such as fatigue, weakness, nausea, abdominal pain, headache, fever, and possibly jaundice. Hepatitis B virus can survive for at least one week in dried blood or on contaminated surfaces and may be transmitted through contact with these surfaces. Caution must be taken to avoid contact with any blood or other fluid that potentially contains a blood-borne pathogen.

**Decline the Hepatitis B Vaccine**

I understand that due to my occupation exposure to blood or other potentially infectious material, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have read the informed statement on the potential risk and consequences with contraction of hepatitis B. However, I decline to get the 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 may do so at my cost.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COFFEYVILLE COMMUNITY COLLEGE TB SCREENING***

Tuberculosis evaluations are required prior to enrolling at CCC if you were born in, lived, or traveled outside the United States within twelve (12) months prior to arriving at CCC.

* **YES** I have traveled/lived outside the United States
* **NO** I have **NOT** traveled/lived outside the United States

If you answered **YES** to the above question, provide documentation of the PPD Mantoux Skin Test performed in the U.S.

The Kansas Department of Health and Environment recommends that all college students be immunized against various vaccine preventable diseases. Below is the list of the recommended vaccinations for students at Coffeyville Community College.

**Hepatitis B \*\*Meningococcal Influenza Tetanus, Diphtheria (TD) Measles, Mumps, Rubella (MMR) Varicella (Chicken Pox)**

*My signature below signifies that I have been informed of the recommended immunizations and have enclosed documentation to Coffeyville Community College or have made the choice (waived) NOT to be immunized, specifically for meningococcal.*

\*\*Required if the student is a minor, 17 years or younger. See the CCC Handbook online for Meningococcal details.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to Contact in case of an accident or emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Paramedic Shirt Order (Due with application)**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Size of Polo:**

 [ ] Small [ ] Medium [ ] Large [ ]X-Large [ ] 2XL [ ] 3XL [ ]4XL

**Size of T-Shirt:**

 [ ] Small [ ] Medium [ ] Large [ ]X-Large [ ] 2XL [ ] 3XL [ ]4XL

**Size of Pants:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Optional Extra Shirts (Must be paid at the time of order)**

Please order \_\_\_\_\_\_\_\_\_\_\_\_extra polo shirts @ $25 ea. Size \_\_\_\_\_ (2X and up, add $2.00 each)

Please order \_\_\_\_\_\_\_\_\_\_\_\_ extra T-shirts @ $15 ea. Size \_\_\_\_\_\_ (2X and up, add $2.00 each)

 (DESIGN)

Total paid for extra t-shirt/polo =\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Paid to: Coffeyville Community College

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Preferences**

 Place a check mark beside the one statement of each pair that BEST describes your preferences:

1. A\_\_\_\_ like learning by yourself better than working with another person or group.

B\_\_\_\_ like learning with another person or group better than working alone.

1. A\_\_\_\_ finish one task before going on to another one.

B\_\_\_\_ begin a new task even if you have not finished the other one.

1. A\_\_\_\_ begin your work without waiting to see how someone else does it.

B\_\_\_\_ prefer to wait for someone else to start before you begin.

1. A\_\_\_\_ find it easier to remember details when you read than main ideas.

B\_\_\_\_ find it easier to remember main ideas when you read than details.

1. A\_\_\_\_ prefer true-false or multiple choice tests with only one right answer.

B\_\_\_\_ prefer tests that ask to explain your reasoning and/or write out answers.

1. A\_\_\_\_ need to have your desk and study area neat and clean to concentrate.

B\_\_\_\_ find you can get studying done even if the area is cluttered.

1. A\_\_\_\_ feel your time is wasted if you don’t get a grade on work you turn in.

B\_\_\_\_ feel it is okay that no grade is given as long as the work is recognized.

1. A\_\_\_\_ prefer competing on your own more than on a team.

B\_\_\_\_ prefer competing on a team more than on your own.

1. A\_\_\_\_ prefer to have choices as to how to complete assignments.

B\_\_\_\_ prefer that the teacher tell you exactly how the assignment is done.

1. A\_\_\_\_ want to go over a test that has been given in order to correct mistakes.

B\_\_\_\_ want to look over the graded test but do not want to correct specific answers.

1. A\_\_\_\_ find it fairly easy to ignore distractions while you work or study.

B\_\_\_\_ find it pretty difficult to ignore distractions while you work or study.

1. A\_\_\_\_ prefer to have an assignment in smaller parts working toward a completed job.

B\_\_\_\_ need to know the whole assignment before you begin to work on parts or steps.

1. A\_\_\_\_ prefer to think about a decision and figure out what you should do.

B\_\_\_\_ ask other people’s opinions if you are unsure about making a decision.

1. A\_\_\_\_ not take it personally if someone tells you you’ve done something wrong.

B\_\_\_\_ take it personally if someone tells you you’ve done something wrong.

1. A\_\_\_\_ blame the test if you do not do well.

B\_\_\_\_ blame yourself if you do not do well.

Total A Responses \_\_\_\_\_\_\_\_\_\_ Total B Responses\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Learning Styles**

 Place a check mark in front of each statement you STRONGLY agree with:

 1. \_\_\_\_ I need to hear myself say it in order to remember it.

2. \_\_\_\_ I often need to talk through a problem aloud in order to solve it.

3. \_\_\_\_ I memorize best by repeating information aloud to myself over and over.

4. \_\_\_\_ I remember best when information fits into a rhythmic or musical pattern.

5. \_\_\_\_ I would rather listen to a recording of a book than sit and read one.

6. \_\_\_\_ I need to see an illustration of what is being taught before I understand it.

7. \_\_\_\_ I am drawn to flashy, colorful and visually stimulating objects.

8. \_\_\_\_ I almost always prefer books that include pictures or illustrations.

9. \_\_\_\_ I often need to get a mental picture of what is being said.

10. \_\_\_\_ I usually remember better when I can see the person talking to me.

11. \_\_\_\_ I have difficulty sitting still for more than a few minutes at a time.

12. \_\_\_\_ I usually learn best by physically participating in a task.

13. \_\_\_\_ I almost always have some part of my body in motion.

14. \_\_\_\_ I prefer to read books or listen to stories that are full of action.

15. \_\_\_\_ I remember best when I highlight text or take notes during lectures.

Add up the total number of check marks acquired from each question:\_\_\_\_\_\_\_\_\_\_\_