



SNEAD STATE COMMUNITY COLLEGE

FERPA CONSENT

The Family Educational Rights and Privacy Act (FERPA) of 1974 ensures students have the right to privacy and confidentiality with respect to their educational records. With a student's written consent, the Director of Admissions (or designee) may disclose any information on file from the student's education records to any individual or agency named by the student. This form is provided as a means for students to give the Director of Admissions (or designee) permission to disclose their education records with someone other than themselves (i.e., with a parent, guardian, employer, etc.). Written consent will be kept permanently on file, and the Office of Admissions will release information from the student's education records to those person(s)/agencies who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to:

Director of Admissions, Office 227 of the McCain Center, or by email to Admissions@snead.edu.

For the purposes of this Consent, a student's academic record shall consist of grades, attendance records, transfer information, disciplinary records, financial aid information, academic transcript, and documentation related to academic standing. Information released from your academic records pursuant to this Consent may be used for academic transfer, employment and/or _____ purposes.

I HEREBY AUTHORIZE THE DIRECTOR OF ADMISSIONS (OR DESIGNEE) TO RELEASE INFORMATION REGARDING MY ACADEMIC RECORD TO THE PERSON(S) WHOSE NAME(S) APPEAR BELOW:

DISCLOSE TO: Name (PRINT): _____ RELATIONSHIP TO STUDENT: _____

DISCLOSE TO: Name (PRINT): _____ RELATIONSHIP TO STUDENT: _____

If any disclosure authorized above is for an employer or other agency, provide the name and contact information for the authorized recipient at that agency:

Name (Print) _____ Title _____

Address: _____

Email Address: _____ Phone Number: _____

STUDENT'S NAME (PRINT)

STUDENT ID

STUDENT'S SIGNATURE

DATE

WITNESS TO STUDENT SIGNATURE

DATE



Photo Release

This document authorizes the use of any photographs or video taken of me by Snead State Community College in Boaz, Alabama, for any of the College's publications, advertisements, recruiting videos, Website, or other material developed and used for promotion and recruiting for Snead State.

(Student Name – Print)

(Student Signature)

(Date)

(Witness' Signature)

(Date)

SNEAD STATE COMMUNITY COLLEGE HEALTH SCIENCE PROGRAMS ACKNOWLEDGEMENT OF DRUG SCREEN REQUIREMENT

I understand that prior to the first clinical rotation, I must submit to a drug screen by a certified laboratory, designated by the College. In addition, I understand that I may be required to submit to random and reasonable suspicion drug and/or alcohol screening by a certified laboratory, designated by the College. I further understand that if I fail to provide a certified negative drug and/or alcohol result, I will be unable to participate in the Health Science Programs at Snead State Community College.

By signing/esigning this document, I am indicating that I have read, understand, and voluntarily agree to the requirement to submit to a drug screen and/or alcohol screen. A copy of this signed and dated document will constitute my consent for the certified laboratory performing the drug and/or alcohol screen to release the original results of any drug and/or alcohol screen to Snead State Community College.

I further understand that my continued participation in Snead State Community College Health Science Programs is dependent upon satisfaction of the requirements of the Snead State Community College drug and alcohol screening program.

Student Printed Name: _____

Student Signature: _____

Date: _____



Snead State Community College Workforce Development Division

Healthcare Programs

Instructions for Health Screens

The following procedures must be followed to maintain student's continued enrollment within the Phlebotomy Technician, and Clinical Medical Assistant, Certification program at Snead State Community College.

1. All health screens will take place through United Doctors in Boaz, AL. and all costs are covered within the tuition of both the Clinical Medical Assistant and the Phlebotomy Technician programs. Students will not have extra out-of-pocket expenses.
2. All students will need to contact Go Medical at 256.840.8181 to schedule an appointment for health screens within the first two weeks of class. Please be sure to mention that you are a Snead State student enrolled in the clinical medical assistant/phlebotomy technician program. Deadline to have all health forms completed, signed, documented, and uploaded to your Verified Credentials account is eight weeks after the first class date, with the exception of the HepB series. If you have issues uploading your documentation, you may mail, or email to Cherri Barnard.
 - a. Mailing address: Snead State Community College, Workforce Development, P.O. Box 734, Boaz, AL 35957
 - b. Email: cherri.barnard@snead.edu
3. Students will need to bring the Student Health Form (with Section I completed) and a copy of their Immunization Form from their family physician (if available), or health clinic, to their first visit to United Doctors.
4. The attending physician, or certified nurse practitioner, will inform the student of the health screens needed according to information found on each individual Immunization form. Once the immunizations are completed, the attending physician, or certified nurse practitioner, will complete Sections II and III of the Student Health Form, including verification of Essential Functions (listed on back of form) with the student. A drug screen and all immunizations, including the flu shot, will be given at the initial visit, if time permits. (**This may take more than one visit to complete.*) Once completed, the student and attending physician, or certified nurse practitioner, will sign and date the completed form.
5. TB Skin Test: Students who, during the first visit, receive a positive return on the TB Skin test, will be required to receive a chest x—ray during the first visit as well. The student will then schedule a follow-up visit with United Doctors for a second TB Skin test within 14 days of the first test.
6. Hepatitis B vaccination: Students will receive their first Hepatitis B vaccination on their first visit. The second vaccination will occur 30 days from the first vaccination. The third, and last, vaccination will occur 6 months from the date of the first vaccination. It is advisable that students go ahead and schedule the second and third vaccinations during your first visit, if possible. **NOTE: Snead State Community College will not cover the cost of the Hepatitis B series for students who do not receive the vaccinations within the time-frame specified.**
7. Any questions regarding the health screens, please contact: Cherri Barnard, 256.840.4152 or cherri.barnard@snead.edu, or Teresa Walker, 256.840.4211 or teresa.walker@snead.edu.



Student Health Form

I. STUDENT INFORMATION

Student Last Name	First	MI	Telephone: () _____	SSN:
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Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Food/Drug Allergies: _____

II. IMMUNIZATION HISTORY

Tetanus Vaccine Date: _____ (Must be within last 5 yrs.)

Influenza Vaccine Date: _____

MMR Vaccine Date: _____ (If given prior to 1969 must be repeated.)

Rubella Titer of 1:8 or above is sufficient in lieu of MMR immunization date. _____
 Rubella Titer Date _____ Rubella Titer Results _____

Two-Step TB Skin Test: Step 1 Date: _____ Result: _____
 Step 2 Date: _____ Result: _____

Chest X-Ray. (Required if skin tested positive.) Date: _____ Results: _____

Chicken Pox: Date of having chicken pox: _____ or Date of FAMA titre or vaccine: _____

Hepatitis B Series: 1st Date: _____ 2nd Date: _____ 3rd Date: _____

****Signature of person verifying immunizations if other than physician signing form.**

Signature: _____ Title: _____

III. CURRENT HEALTH STATUS

Are there any medical conditions being presently controlled or treated? Is so, please describe:

Are there any psychiatric conditions being presently controlled or treated? If so, please describe:

Is student taking any prescribed medications? If so, list all medications below:

Is this person's mental and physical health sufficient to perform the classroom and clinical duties of a CMA/Phlebotomy student?

(Note: Refer to the Essential Functions on the back of this form when answering) Yes _____ No _____
 (If no please explain using additional sheet.)

Physician's or Certified Nurse Practitioner's Printed Name: _____

Address: _____ Phone: () _____

Physician Signature or Certified Nurse Practitioner: _____ Date: _____

For the purpose of determining eligibility for my educational experience, I hereby give my permission for the Workforce Development Division to contact the Physician who completed this health form for further information if needed. I understand that this form may be duplicated for a clinical agency upon request. NOTE: Additional medical examinations and a specific release from a physician may be required any time (for example, during pregnancy, infectious disease, interference with mobility, emotional instability, etc.) it is deemed necessary for the faculty to re-evaluate your state of health.

Student Signature: _____ Date: _____

**THE ALABAMA COLLEGE SYSTEM
NURSING/ALLIED HEALTH PROGRAM**

ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities.

The essential functions delineated below are necessary for nursing program admission, progression and graduation and for the provision of safe and effective nursing care. The essential functions include but are not limited to the ability to maintain the following:

1) Sensory Perception

VISUAL

- a) Observe and discern subtle changes in physical conditions and the environment
- b) Visualize different color spectrums and color changes
- c) Read fine print in varying levels of light
- d) Read for prolonged periods of time
- e) Read cursive writing
- f) Read at varying distances
- g) Read data/information displayed on monitors/equipment

AUDITORY

- a) Interpret monitoring devices
- b) Distinguish muffled sounds heard through a stethoscope
- c) Hear and discriminate high and low frequency sounds produced by the body and the environment
- d) Effectively hear to communicate with others

TACTILE

- a) Discern tremors, vibrations, pulses, textures, temperature, shapes, size, location and other physical characteristics

OLFACTORY

- a) Detect body odors and odors in the environment

2) Communication/Interpersonal Relationships

- a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
- b) Work effectively in groups
- c) Work effectively independently
- d) Discern and interpret nonverbal communication
- e) Express one's ideas and feelings clearly
- f) Communicate with others accurately in a timely manner
- g) Obtain communications from a computer

3) Cognitive/Critical Thinking

- a) Effectively read, write and comprehend the English language
- b) Consistently and dependably engage in the process of critical in order to formulate and implement safe and ethical nursing decisions in a variety of health care settings
- c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
- d) Satisfactorily achieve the program objectives

4) Motor Function

- a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
- b) Move, position, turn, transfer, assist with lifting or lift and carry clients without injury to clients, self or others
- c) Maintain balance from any position
- d) Stand on both legs
- e) Coordinate hand/eye movements
- f) Push/pull heavy objects without injury to client, self or others
- g) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
- h) Walk without a cane, walker or crutches

- i) Function with hands free for nursing care and transporting items
 - j) Transport self and client without the use of electrical devices
 - k) Flex, abduct and rotate all joints freely
 - l) Respond rapidly to emergency situations
 - m) Maneuver in small areas
 - n) Perform daily care functions for the client
 - o) Coordinate fine and gross motor hand movements to provide safe effective nursing care
 - p) Calibrate/use equipment
 - q) Execute movement required to provide nursing care in all health care settings
 - r) Perform CPR and physical assessment
 - s) Operate a computer
- 5) Professional Behavior
- a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
 - b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
 - c) Handle multiple tasks concurrently
 - d) Perform safe, effective nursing care for clients in a caring context
 - e) Understand and follow the policies and procedures of the College and clinical agencies
 - f) Understand the consequences of violating the student code of conduct
 - g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
 - h) Meet qualifications for licensure by examination as stipulated by the Alabama Board of Nursing
 - i) Not to pose a threat to self or others
 - j) Function effectively in situations of uncertainty and stress inherent in providing nursing care
 - k) Adapt to changing environments and situations
 - l) Remain free of chemical dependency
 - m) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
 - n) Provide nursing care in an appropriate time frame
 - o) Accepts responsibility, accountability, and ownership of one's actions
 - p) Seek supervision/consultation in a timely manner
 - q) Examine and modify one's own behavior when it interferes with nursing care or learning

Note: Upon admission, an individual who discloses a disability may request reasonable accommodations. Reasonable accommodations should be directed to the Academic Advisor/ADA Coordinator.



Snead State Community College Closing Policy

In the event of inclement weather, mechanical or power failure, or other emergencies, the following procedures will be implemented. Every effort will be made to keep the College open. In some cases, Snead State Community College may remain open when area elementary and secondary schools are closed.

When weather conditions prevent the opening of the College or cause a delayed opening of the College, every effort will be made to make announcements on the following radio and television stations in a timely manner. **However, remember to check the Snead State website for closure announcements as well: www.snead.edu.**

RADIO	
WAFN-WRAB, Arab	1380 AM & 92.7 FM
WAVU-WQSB, Albertville	107.5 FM & 105.1 FM
WBSA, Boaz	1300 AM
WAAX-WKXX, Gadsden	570 AM & 102.9 FM
WGSV-WTWX, Guntersville	1270 AM & 95.9 FM
WCRL-WKLD, Oneonta	1570 AM & 97.7 FM
TELEVISION	
WBRC (ABC)	Channel 33/40, Birmingham
WVTM (NBC)	Channel 13, Birmingham
WHNT TV (CBS)	Channel 19, Huntsville
WAAY TV (ABC)	Channel 31, Huntsville
WAFF TV (NBC)	Channel 48, Huntsville