nassau BOCES

CLINICAL CHECKLIST AND TIMELINE

Spring 2026

Dear Parent or Guardian of a Student in a Health Science Program:

The students in a Health Science Program will participate in a **required clinical rotation** at an in-patient health care facility during the 2026/27 school year. This experience will provide them with the opportunity to practice their skills and make decisions about their future careers.

A complete physical exam is required by the health care facilities in order for a student to attend clinic. Therefore, **under no circumstances will a student participate in the clinical rotation without a completed health physical done within the year prior to the start of clinic.** Students who do not submit a complete physical will not be able to complete their program and therefore cannot take their certification exams.

Please note, as per the New York State Department of Education, "students may not be enrolled with the intent to omit portions of a required curriculum which include; didactic, in-person skills lab and in-person hands-on clinical at a work -related facility." Therefore, **if a student is not eligible to attend clinic, they will be required to withdraw from the program.**

If you do not have a private physician, please contact our school nurse at (516) 604-4218 so that you may be provided with a list of clinics. Please be sure to schedule a physical as early as possible, as many times these appointments need to be scheduled months in advance.

Checklist for Completion

As soon as possible:

☐ Review the clinical contact expectations that will be required for all students in a Health Science Program (Please note that returning students must submit prior to the end of the school year by June 3, 2026. New-incoming students are required to submit by September 4, 2026).

☐ Schedule your appointment for a physical with your doctor for a date between June 1st and September 1st. It sometimes can take several months to obtain an appointment.

Between June 1, 2026, and September 1, 2026 (at your doctor appointment):

☐ Make sure to explain to your medical provider this is not a "regular" school physical. You are looking to get clearance to work in a clinical setting, which is why you need titers.

☐ Be sure that your medical provider completes all parts of the form, signs and stamps the form. If, for some reason, the form is not able to be completed, have them sign, stamp, and date what is completed, and submit the form to the teacher so we can check progress.

☐ Be sure to ask for "quantitative titer report results" and attach a copy of the lab report

JOSEPH M. BARRY CAREER & TECHNICAL EDUCATION CENTER

1196 Prospect Avenue, Westbury, New York 11590
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September 4, 2026

☐ **Submission of the physical paperwork and lab work is due September 4, 2026. Students who do not have their paperwork completed by the start of their clinical rotations will be withdrawn from the program.**

Checklist for Paperwork DUE on September 4th

☐ Physical completed after 06/01/2026

☐ Physical form/paperwork completed (front and back / no "see attached")

☐ Immunization records

☐ Tetanus shot (within 10 years)

☐ Flu Shot (current year or subject to wearing a mask)

☐ Hemoglobin & Hematocrit (lab results containing normal ranges)

☐ MMR Titers (lab results reflecting positive immunity or booster)

- ☐ Measles
- ☐ Mumps
- ☐ Rubella

☐ Varicella Titer (lab results reflecting positive immunity or booster)

☐ Tuberculosis (negative results)

- ☐ QuantiFERON (lab results containing normal ranges) (RECOMMENDED OPTION)

OR

- ☐ PPD (this option requires up to 4 doctor visits within a specific time frame)
  - ☐ PPD 1 Date (at physician) _____
  - ☐ PPD 2 Date (within 90 days at the start of clinic) _____

Other Helpful Information Regarding Health Physical Requirements

TB Clearance Process
You may take the **QuantiFERON TB GOLD (QFT) blood test** after June 1, 2026.

Titers
Titers indicate whether or not your child is at risk to contract one of the listed communicable diseases Please make sure the doctor not only notes the results of the test but also **attaches a copy of the lab report for each test.**

Flu Shot
We strongly encourage students to have a flu shot. If you do not show proof of having a flu shot, you are required to wear a mask every day at clinic.

COVID-19
As we are all aware, CDC/DOH guidelines are constantly being updated. Currently, students whose placement is in a medical office or health care facility are not required to have their COVID vaccination. This, however, could change at any time. Students may be asked to wear a mask (and possibly a face shield).

Completed documentation
Check that the doctor completed the entire physical form and has attached all requested reports. Be sure to keep a copy for yourself.

As mentioned above: A complete physical exam is required by the health care facilities in order for a student to attend clinic. Therefore, **under no circumstances will a student participate in the clinical rotation without a completed health physical done within the year prior to the start of clinic.** Students who do not submit a complete physical will not be able to complete their program and therefore cannot take their certification exams. As per the New York State Department of Education, "students may not be enrolled with the intent to omit portions of a required curriculum which include; didactic, in-person skills lab and in-person hands-on clinical at a work-related facility." Therefore, **if a student is not eligible to attend clinic, they will be required to withdraw from the program.**

The deadline for paperwork submission is September 4, 2026.

Please call your child's teacher or the school counselor at (516) 604-4200 with any questions or concerns.

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STUDENT HEALTH HISTORY AND PHYSICAL EXAM

Teacher Name:	Class:		
Student First Name:	Student Last Name:		
Date of Birth:			
Home Street Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		

To Be Completed by Parent/Guardian
Parent/Guardian Consent Statement:

- I give permission that a copy of this report may be sent to a clinical facility when requested.
- I give permission for my child to be randomly drug tested for Nassau BOCES at any hospital/nursing home as deemed necessary.

Signature: _____
(Parent/Guardian)

To Be Completed by Student
Student Statement:

I _____ consent to random drug testing for Nassau BOCES at any hospital/nursing home as deemed necessary.
(Print student name)

Signature: _____
(Student)

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STUDENT HEALTH HISTORY AND PHYSICAL EXAM

Student First Name:	Student Last Name:	Date of Birth

To Be Completed by Physician: **Date of Exam: __/__/__**

Medical History

Check if any of the following pertains to the student. All items checked MUST have current status and treatment explained.

_____ Seizure Disorder	_____ Thyroid disease	_____ Diabetes
_____ Asthma	_____ Scoliosis	_____ Hearing Loss
_____ Kidney Disease	_____ Hepatitis	_____ Rheumatic fever
_____ Heart condition	_____ Mental illness	_____ Orthopedic problems
_____ Gynecological problems	_____ Hypertension	_____ Tuberculosis

Explanations: _____

Allergies

Drug allergies: _____

Food allergies: _____

Medication

Is the student taking any medication at the present time? ○ No ○ Yes
If yes, please specify: _____

Physical Examination

Height:	Weight:	Blood Pressure:	Pulse:	Respirations:
Vision:	Corrective Lenses:	○ Yes ○ No		
Skin:		Musculoskeletal:		
Thyroid:	Nose:	Throat:	Lymph nodes:	
Neurological, speech, tremors, reflexes:				
Physical abnormalities: (describe)				

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Student First Name:	Student Last Name:	Date of Birth

To Be Completed by Physician **Date of Exam: __/__/__**

Mandatory	**Date**	**Notes:**
Influenza shot	__/__/__	
QuantiFERON-TB Gold (QFT)	__/__/__	QFT **OR** 2 PPDs are required within below time frame *For NUMC ONLY – if you attended clinic last year, you are only required to get 1 PDD this year but must attach last year's PDD results.*
Or		
PPD	__/__/__	Must be done after 7/01/24
1st PPD result ○Negative ○ Positive		If positive, Chest X-ray report is required.
2nd PPD	__/__/__	Must be done after 8/15/24
2nd PPD result ○Negative ○ Positive		If positive, Chest X-ray report is required.
Diphtheria/Tetanus	__/__/__	Must be within 10 years
Hepatitis B1	__/__/__	It is highly recommended that all students be vaccinated for Hepatitis B
Hepatitis B2	__/__/__	
Hepatitis B3	__/__/__	
COVID-19	__/__/__	Not required

Mandatory Titres & Laboratory Results

Please document results from the following and attach lab reports. If the titres do not show immunity, please provide proof of a booster shot. **Please note:** For all students/instructors *attending clinic for the 1st time*, Titre Blood Tests are mandatory. For students/instructors returning to clinic for a 2nd year titre blood tests *do not* have to be repeated, **but results and lab reports must be resubmitted**. Please attach copy of the immunization record.

	Date:	**Results:**	**Booster Vaccine *(if needed)***
Hemoglobin & Hematocrit	__/__/__		
Routine Urinalysis	__/__/__		
Rubeola Titre	__/__/__		
Rubella Titre	__/__/__		
Mumps Titre	__/__/__		
Varicella Titre	__/__/__		

Examining Physician's Statement: The above named student can assume, without any limitations, classroom and clinical assignments. He/she is free at this time for any habituation or addiction to alcohol or drugs that may be a potential risk to Hospital Patients or Nursing Home residents.

Physician Signature and Stamp	
Physician Name (print) :	Date:
Street Address:	
Telephone:	

Attach Lab Results: ○ Rubeola Titre ○ Rubella Titre ○ Mumps Titre ○ Varicella Titre ○ Documentation of booster immunization (only for low immunity titers) ○ Chest X-Ray (only if positive PPD result)

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