

## **BROWARD COLLEGE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM ADMISSION MEDICAL HISTORY & PHYSICAL EXAMINATION**

In order to participate in the clinical portion of any health science program, the student must complete a Medical History and Physical Examination Form. Admission into the Nuclear Medicine Program is provisionally based upon acceptance of the approved health evaluation record.

Failure to submit the original form - complete with documentation - may prevent the student from progressing to the clinical portion of the program. Valid verification of immunizations is required for eligibility to attend clinicals at the health care agencies.

**Students are responsible for the cost of the physical examination and any related expenses.**

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### **Section 1: Student Self-Report of Medical History**

This section about past and current health status should be completed by the student **prior** to having the physical examination.

### **Section 2: Medical History and Physical Examination**

The Health Care Examiner will review any documentation the student provides.

#### **Immunization Verification**

- I. A PPD and/or CXR required annually, within the past 12 months. The PPD result must be documented in millimeters of induration. If a PPD is positive, a chest x ray is required every year. QuantiFERON TB Gold Test is not accepted.
- II. A Tdap (Tetanus, Diphtheria, and Pertussis) vaccine is required within 10 years of the date of the examination.
- III. A seasonal flu vaccine is required with documentation during flu season.
- IV. Measles, Mumps, Rubella, Varicella, titers must be completed to verify immunity. Titers must be completed within 10 years of the date of the examination. All negative results necessitate a vaccination. If the Measles, Mumps, Rubella or Varicella titer is negative, two post-titer MMR or Varicella boosters are required. A student stating that they have had the disease is NOT acceptable documentation
- V. Hepatitis B titer must be completed within the past ten years. If negative, the Hepatitis series must be completed (0, 1 month, 2 months after the second dose – 6 months after if using the combined Hepatitis A & B vaccine) OR the student can decline.
- VI. Results of all laboratory blood tests and diagnostics are required.
- VII. Examiner must initial after completing each section.

#### **Health Care Examiner's Statement**

This section is to be completed by a Licensed Professional Health Care Examiner (MD, DO, ARNP or PA **only**). All sections must be completed with a signature provided.

#### **The following sections must be reviewed and signed by the student:**

Section 3: Release of Information

Section 4: Verification of Compliance with Technical Performance Standards

Section 5: Permission to Render Medical Treatment

Submit the completed form – pages 2 through 5 – with all required documentation to the Nuclear Medicine program office.

**BROWARD COLLEGE DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
ADMISSION MEDICAL HISTORY & PHYSICAL EXAMINATION**

**Section 1: Student Self Report of Medical History – Please Print**

<b>Last Name</b>	<b>First Name</b>	<b>Student ID</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell</b>	
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Contact at:</b>	
<b>BC Email Address</b>			

<b>Review of Systems / Medical History — please check all that apply</b>			
Abnormal Bleeding	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Intestinal / Stomach	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	Low Back Condition / Scoliosis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Mental Disorder	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>
Chest Pain	<input type="checkbox"/>	Neck Condition	<input type="checkbox"/>
Chronic Cough	<input type="checkbox"/>	Neurological Disorder	<input type="checkbox"/>
Concussion / Head Injury	<input type="checkbox"/>	Orthopedic Disorder	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Prior Surgery	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Ear Problem / Hard of Hearing	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	Sickle Cell Trait	<input type="checkbox"/>
Eye Problem / Vision Loss	<input type="checkbox"/>	Sinus Problems	<input type="checkbox"/>
Fracture of	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>
Gallbladder Disease	<input type="checkbox"/>	Splenectomy	<input type="checkbox"/>
Headaches / Migraines	<input type="checkbox"/>	Sprain of	<input type="checkbox"/>
Heart Murmur or Arrhythmia	<input type="checkbox"/>	Syncope / Fainting	<input type="checkbox"/>
Heart Problem (other)	<input type="checkbox"/>	Thyroid Disease	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>

**Provide information regarding any of the boxes checked above. Explain medical/psychological occurrence and current status.**

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**Please indicate any health concerns, if any, that you presently have:**

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**Allergies: \_\_\_\_\_None      \_\_\_\_\_Latex      \_\_\_\_\_Penicillin/Ampicillin      \_\_\_\_\_Other**





<b>Last Name</b>	<b>First Name</b>	<b>Date</b>
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**Section 3: Release of Information**

In conformance with 20 U.S.C. 123g (Family Education Rights and Privacy Act) and Section 228.093, Florida Statutes, I authorize Broward College and its agents to release and disclose the information contained in this form, including my immunization record, upon request, to a clinical affiliation site

\_\_\_\_ I herein **give** permission to duplicate the requested information and release it to the clinical site.

\_\_\_\_ I **do not** give permission to duplicate the requested information and release it to the clinical site.

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

**Section 4: Verification of Compliance with Technical Performance Standards**

The Health Science Education has outlined specific Technical Performance Standards that serve to inform students of skills and/or physical/psychological demands necessary for program completion and workplace responsibilities.

After review of the Technical Performance Standards for my program of study (attached):

\_\_\_\_ I **have determined that I will be able to perform the standards or essential skills listed.**

\_\_\_\_ I **have determined that I will be able to perform the standards or essential skills listed but will require reasonable accommodation.** I have registered with Disability Services and will arrange to meet with the Associate Dean to determine the accommodation necessary.

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

**Section 5: Permission to Render Medical Treatment**

In case of serious illness or accident, I give Broward College or its representative(s) permission to secure medical and/or surgical care to include transportation to a physician or hospital of their choice, examination, medication, and surgery that is considered necessary for my good health. I understand that I am responsible for any cost incurred if not covered by the Health Care Agency Affiliation Contract or by the Health Science accident insurance.

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



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<b>Last Name</b>	<b>First Name</b>	<b>Date</b>
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**Technical Performance Standards  
Diagnostic Medical Sonography Program**

The Diagnostic Medical Sonographer utilizes high frequency sound waves and other diagnostic techniques for medical diagnosis. The professional level of this health care service requires highly skilled and competent individuals who function as integral members of the health care team. The Diagnostic Sonographer must be able to produce and evaluate ultrasound images and related data that are used by physicians to render a medical diagnosis. The Diagnostic Sonographer must acquire and maintain specialized technical skills and medical knowledge to render quality patient care.

**In the professional courses that are required, as well as in the career field of sonography, the student and sonographer must have the ability to:**

1. Lift and move patients and accessories
2. Coordinate movement of equipment, such as portable machines and accessories
3. Utilize the skills needed to perform procedures with "universal precautions" when working with all types of patients
4. Give instructions to patients, peers, and healthcare personnel
5. Hear audible cues and warnings of imaging and Doppler equipment and life support devices
6. Utilize the sense of touch in order to provide patient care and position patients for sonographic examinations
7. Exhibit the dexterity to manipulate the transducer in the necessary maneuvers to achieve the optimum examination and to operate the controls of the equipment
8. Evaluate images, distinguishing between black, white, and shades of gray tones, and recognize and evaluate shades of color in images and color flow Doppler
9. Utilize interpersonal skills to professionally and sensitively interact with patients who are experiencing physical or emotional trauma
10. Utilize oral and written communications to assess clinical records, comprehend and employ appropriate medical terminology and interact with the referring and/or attending physician with oral and written impressions regarding sonographic data as permitted by employer policy and procedure
11. Exercise professional judgment and discretion to identify a life-threatening situation and implement emergency care
12. Perform within the SCOPE OF PRACTICE (detailed below).
13. Protect the patient's rights and privacy and adhere to the Professional Code of Conduct.

**Scope of Practice for the Diagnostic Ultrasound Professional**

**Preamble:**

The purpose of this document is to define the Scope of Practice for Diagnostic Ultrasound Professionals and to specify their roles as members of the health care team, acting in the best interest of the patient. This scope of practice is a "living" document that will evolve as the technology expands.

<b>Last Name</b>	<b>First Name</b>	<b>Date</b>
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**Definition of the Profession:**

The Diagnostic Ultrasound Profession is a multi-specialty field comprised of Diagnostic Medical Sonography (with subspecialties in abdominal, neurologic, obstetrical/gynecologic and ophthalmic ultrasound), Diagnostic Cardiac Sonography (with subspecialties in adult and pediatric echocardiography), Vascular Technology, and other emerging fields. These diverse specialties are distinguished by their use of diagnostic medical ultrasound as a primary technology in their daily work. Certification<sup>1</sup> is considered the standard of practice in ultrasound. Individuals who are not yet certified should reference the Scope as a professional model and strive to become certified.

**Scope of Practice of the Profession:**

The Diagnostic Ultrasound Professional is an individual qualified by professional credentialing<sup>2</sup> and academic and clinical experience to provide diagnostic patient care services using ultrasound and related diagnostic procedures. The scope of practice of the Diagnostic Ultrasound Professional includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, and in which he/she has demonstrated competency.

**Diagnostic Ultrasound Professionals:**

- Ⓟ Perform patient assessments
- Ⓟ Acquire and analyze data obtained using ultrasound and related diagnostic technologies
- Ⓟ Provide a summary of findings to the physician to aid in patient diagnosis and management
- Ⓟ Use independent judgment and systematic problem solving methods to produce high quality diagnostic information and optimize patient care.

1 An example of credentials: RDMS (registered diagnostic medical sonographer), RDCS (registered diagnostic cardiac sonographer), RVT (registered vascular technologist); awarded by the American Registry of Diagnostic Medical Sonographers,<sup>®</sup> a certifying body with NCCA Category "A" membership.

2 Credentials should be awarded by an agency certified by the National Commission for Certifying Agencies (NCCA).

**Endorsed by:**

- Ⓟ Society of Diagnostic Medical Sonography
- Ⓟ American Institute of Ultrasound Medicine
- Ⓟ American Society of Echocardiography\*
- Ⓟ Canadian Society of Diagnostic Medical Sonographers
- Ⓟ Society for Vascular Ultrasound
- Ⓟ \* Qualified endorsement