

Medical Administrative Assistant Program

MAA Student Forms

Revised: 2017

Statement of Acknowledgement -
Washington State Background Check Outcomes
Medical Administrative Assistant Program

Seattle Vocational Institute (SVI) does not discriminate in any course or program of study, however, a conviction or convictions (felony or misdemeanor) or unacceptable Washington State Patrol and/or National Criminal Background Check may prevent me from being certified as a Healthcare Professional and may prevent me from becoming employed in the healthcare industry.

I also understand that felony conviction(s) or other conviction(s), may prohibit me from taking a national certification examination.

I authorize Seattle Vocational Institute to perform a Washington State Patrol Criminal Background check on me as required by our practicum sites so that we do not place a student with a conviction or convictions with our practicum partners.

I understand that it is at the discretion of the practicum partners to accept or deny an externship/practicum opportunity.

Finally, I understand that Seattle Vocational Institute's responsibility is to provide me with training in my chosen field, and to inform me of any known obstacles to my success in that field. Seattle Vocational Institute does not guarantee employment. – Medical Administrative Assistant Program Disclosure – Background Check.

I, _____, acknowledge that I
have been informed by Seattle Vocational Institute representative,

_____, that if the result of my
Criminal Background Check indicates criminal history, I may not be able to be placed in an approved Medical Administrative Assistant practicum "externship," resulting in non-completion of the Medical Administrative Assistant Program at Seattle Vocational Institute.

Student signature

date

SVI Representative Signature

date

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Verification of Receiving the MAA Handbook”

I (Print student name), _____ have received and agree to abide by the requirements and policies of the Seattle Vocational Institute MA program as defined in the MAA Student Handbook.

- I understand that I will be informed in writing of any change in policy that occurs prior to the next scheduled Handbook revision.
- I understand that I may address any questions/concerns regarding the SVI MAA Program Student Handbook to the MA Program Director.

Print Student Name

Student Signature

Date

Note: This disclaimer must be turned in to the Program Director. This Disclaimer will remain in your MAA student file.

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Hepatitis B Immunization Waiver”

I (Print student name), _____ have received information regarding the Hepatitis B vaccine provided in the Medical Administrative Assistant Handbook.

After careful consideration of the risks, I do not wish to receive the vaccine.

Print Student Name

Student Signature

Date

Note: This disclaimer must be submitted to the Program Director. This Disclaimer will remain in your MAA student file.

Student Health Insurance Responsibility

Note: This disclaimer must be turned in to the Program Director. This Disclaimer will remain in your MAA student file.
“*Student Health Insurance Responsibility*”

I (Print student name), _____ understand that I will be responsible for my own health care coverage and expenses incurred by me while a student in the MAA Program at SVI.

- I further understand that if it is necessary for me to receive medical care, including Emergency Room treatment, I will be responsible for any charges incurred.

- Additionally, if my insurance status changes I will inform SVI and complete a replacement Student Health Insurance Responsibility Disclaimer or a Student Health Insurance Waiver Disclaimer.

- I have health insurance through _____.

Print Student Name

Student Signature

Date

Note: This disclaimer must be turned in to the Program Director. This Disclaimer will remain in your MAA student file.

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Student Health Insurance Waiver”

I (Print student name), _____ understand the importance of health insurance coverage. However, I do not have a valid health insurance and purchasing such a policy would place undue hardship on me.

- **I do not and will not hold the school or any affiliated institution liable for any illness, injury or accident that may be directly related to being a Medical Assistant student at Seattle Vocational Institute, and I will be responsible for any medical fees incurred as a result.**

Print Student Name

Student Signature

Date

Note: This waiver must be turned in to the Program Director. It will remain in your MAA student file.

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Seattle Vocational Institute Medical Assistant Program Confidentiality Statement”

I (Print student name) _____ understand that in the course of the Medical Administrative Assistant program I will encounter information that is of a sensitive and personal nature. I acknowledge that information shared in the classroom environment and in the observation of clinical activities must be kept confidential and private.

In the classroom students are encouraged to participate openly and may choose to share personal information. I understand the shared information is to be held in confidence. **I understand that I may not discuss any information about any student with anyone in or outside of the classroom.**

In accordance with current federal and state mandates designed to “develop security standards to prevent unauthorized use or disclosure of any health information that is electronically maintained or used in electronic transmission,” I also acknowledge that any access I have to written or electronic medical charting is strictly confidential. I further acknowledge that should I have access to such record maintenance systems, **I will not attempt to review confidential material in any regard other than by direct order from a supervisor, physician or other health care provider.** Additionally, I acknowledge that I must comply with any confidentiality and regulatory compliance standards that may be imposed upon me during any of my clinical activities.

I acknowledge that should I break this statement of confidentiality, I may face consequences that may prevent me from completing this program, or other consequences yet to be determined.

Print Student Name

Student Signature

Date

Note: This disclaimer must be turned in to the Program Director. It will remain in your MAA student file.

DISCLAIMER FOR MEDICAL ASSISTANT STUDENTS

“Pregnancy and Practicum (Externship)”

I (Print student name), _____ understand that Seattle Vocational Institute does not discriminate in any course; however, if I should become pregnant during my program of study, my pregnancy may effect practicum eligibility.

- **I understand that it is the decision of the practicum site supervisor whether or not I will be allowed to remain on site. If I am asked to leave the site because of pregnancy, it is my responsibility to immediately inform the Seattle Vocational Institute Practicum Coordinator.**
- **If I am receiving Financial Aid at the time I am released from practicum, I understand this may jeopardize my eligibility for future Financial Aid. Furthermore, I may be required to pay back the Financial Aid award I received for the quarter I was serving the practicum.**
- **I understand that Seattle Vocational Institute has no financial obligation to me for any costs that I may incur if I am required to repeat any courses due to my separation from the Medical Administrative Assistant program.**

Print Student Name

Student Signature

Date

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Statement of Understanding - High School Diploma / GED”

I (Print student name), _____, understand that I must have a high school diploma or GED to register in the Medical Administrative Assistant program.

- If an official high school or GED transcript showing evidence of completion is not on file at Seattle Vocational Institute I will not be permitted to enroll in or attend classes in the program.

Print Student Name

Student Signature

Date

Note: This disclaimer must be turned in to the Program Director. It will remain in your MAA student file.

Seattle Vocational Institute Medical Assistant Program Student Information / Emergency Data Sheet

STUDENT ID# (if known) _____

NAME (Print) _____

ADDRESS

Street _____

City, State, zip code _____

Phone(s) _____

E-mail _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP TO STUDENT _____

ADDRESS _____

PHONE NUMBER(S) _____

IS THERE ANY MEDICAL CONDITION YOU WISH TO SHARE WITH YOUR FACULTY MEMBERS?

_____ YES _____ NO IF YES PLEASE EXPLAIN _____

Print Student Name

Student Signature

Date

Note: This information sheet must be turned in to the Program Director. It will remain in your MAA student file.

DISCLAIMER FOR MEDICAL ADMINISTRATIVE ASSISTANT STUDENTS

“Statement of Understanding – TB, Immunization and Physical Exam Requirement”

I (Print student name), _____, understand that I am required to have a licensed health care provider complete the information on the Physical Examination Form, including documentation of **TWO** current negative TB tests or a negative chest x-ray for active TB screening.

Further, I agree to provide documentation from a licensed health care provider indicating all required immunizations, as listed on the Physical Examination Form have been verified/received.

- **If the Physical Examination Form and all required documentation is not submitted prior to clinical classes or practicum eligibility I understand that I will not be permitted to attend clinical classes and/or participate in the Medical Administrative Assistant program practicum until required documentation is submitted.**

Print Student Name

Student Signature

Date

Note: This disclaimer must be turned in to the Practicum Coordinator or Program Director. It will remain in your MAA student file.

Seattle Vocational Institute Medical Administrative Assistant Program Physical Examination

To be completed by a Licensed Provider

Student Name _____
Last First Middle

Address _____
Street City State Zip Code

Date of Exam _____ Age _____ Height _____ Weight _____ DOB _____

Allergies/drug reactions _____

HISTORY OF APPLICANT - to be completed by provider (not student)

Diabetes _____

Tuberculosis/respiratory problems _____

Epilepsy/convulsions/fainting _____

Back problems _____

Tremors _____

Mental health care _____

Medication taken routinely _____

Other physical limitations _____

PHYSICAL EXAMINATION NOTES

REQUIRED VISION EXAMINATION

Vision screening results _____ Read fine print w/o corrective lenses? ___ Color blind? ___

A current **two-step** TB test or TB screening chest x-ray is required. **The test or x-ray is considered current if obtained within the past six months.** If not current new TB tests or TB screening chest x-ray is required.

1. Result _____ mm Positive or Negative Date of Results _____

2. Result _____ mm Positive or Negative Date of Results _____

If a TB test result is positive, a chest x-ray is required and official documentation of results that indicate a negative TB status must be submitted.

In your opinion, is there any physical, medical, or psychological issue or concern that might prevent this person from participating in the Medical Assistant program?

DOCUMENTATION OF REQUIRED IMMUNIZATIONS

1) a. Diphtheria-Tetanus immunization date (must be within past 10 years)

2) a. MMR immunization dates

or

b. MMR titer **with lab results attached**

3) a. Varicella immunization dates _____

or

b. History of disease? YES or

c. Varicella titer **with lab result attached**

4) a. Hepatitis B immunization dates 1st _____ 2nd _____

3rd _____

b. Hepatitis B titer **with lab result attached**

Signature _____

(Licensed Health Care Provider)

Printed Name _____

Clinic Name _____

Phone Number _____

Clinic Address _____

PLEASE RETURN THIS FORM TO:

Seattle Vocational Institute
Medical Assistant Program
2120 South Jackson Street
Seattle, WA 98144

Attn: **MAA Program Director/Accreditation Officer**