

# Student Health Center



Non-Instructional Program Review

Spring 2010



## **Student Health Center Non-Instructional Program Review**

**Spring 2010**

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**Prepared by**

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# TABLE OF CONTENTS

I.	INTRODUCTION	P05
II.	INTEGRATION AND COORDINATION WITH OTHER PROGRAMS	P10
III.	PROGRAM SELF-EVALUATION	P11
IV.	EFFECTIVE PRACTICES	P18
V.	OPPORTUNITIES FOR IMPROVEMENT, RECOMMENDATION AND NEEDS IDENTIFICATION	P20
VI.	TECHNICAL ASSISTANCE/TRAINING NEEDS	P22
VII.	SUPPLEMENTAL INFORMATION	
	• 1 GENERAL INFORMATION	P23
	• 2 PROGRAM FORMS	P29
	• 3 REFERRALS	P41
	• 4 INFORMATIONAL FLYERS	P51
VIII.	APPENDIX	
	• A CATALOG PAGES PERTAINING TO PROGRAM	P57
	• B GOALS AND ACCOMPLISHMENTS	P60
	• C STUDENT LEARNING OUTCOMES	P65
	• D FISCAL REPORTING	P69

# NON-INSTRUCTIONAL PROGRAM REVIEW STUDENT HEALTH CENTER

The final summary of the program review process for the Student Health Center is attached to this page. I affirm that this program has been reviewed according to the accepted District procedures for program review and that the final summary accurately reflects the consensus of the members of the review committee.

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Shauna Bigby, College Nurse

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date

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Martha McDonald, Dean of Students

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date

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Dr. Jeanne Hamilton, Vice President of Student Services

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date

It will be the department's responsibility to communicate review recommendations with additional offices and services.

# Student Health Center Non-Instructional Program Review

## I. INTRODUCTION

The Student Health Center is institutionally owned and funded solely by the student health fee collected from each student at the time of enrollment each semester. Due to the means of funding, the health center services are primarily for students only. The Student Health Center is located at the north east area of the campus in Hayden Hall. The health center operates five days a week with hours of service extended to accommodate evening students once a week. The health center is closed on weekends, school holidays, non-instructional days and on Fridays during the summer.

The Student Health Center provides ambulatory care services including pap smears, laboratory services, immunization clinics, sexually transmitted infection testing, physical exams, mental health counseling, as well as prescription and over the counter medications. The Student Health Center does not offer treatment for chronic disease processes such as asthma, hypertension, or diabetes. An extensive list of referrals is available for those students whose illness prohibits treatment based on student health center protocols. Students are seen on a walk in and appointment basis. Appointments are necessary for physical exams, physician appointments and the Women's Health Clinic.

The mission of Citrus College is "to deliver high quality instruction that empowers students to compete globally and to contribute to the economic growth of today's society. Citrus College is dedicated to fostering a diverse educational community and cultural learning environment that supports student success in pursuit of academic excellence, economic opportunity, and personal achievement."

The Student Health Center has a direct correlation with the mission of the college by providing access to health services, which promotes physical, mental and social well-being of the students to achieve their academic success through their overall health. The objective of Citrus College is to provide a safe, friendly, accessible environment where all students and community members may optimize their academic, career, and cultural development.

### **A. Departmental Objectives**

1. In order to increase student retention and success, continue to provide services enhancing wellness, evaluation and treatment and / or referral for care of illnesses and injuries.
2. Promote the development of skills needed as students leave college to make optimum health care decisions and utilize health care system resources.

## B. Number of Staff and Type

- College Nurse, Faculty (10 months)
- Secretary (100%)
- One Adjunct Faculty Nurse Practitioner (part-time on call)
- One Consultant Nurse Practitioner (on call)
- Two Classified Registered Nurses (part-time on call)
- One Faculty Mental Health Counselor (50%)
- Two Consultant Mental Health Counselors (on call)
- Two Consultant Physicians (on call)
- One Student Worker (FWS)

## C. Staff Preparation and Training

Under the supervision of the Dean of Students and the Vice-President of Student Services minimum qualifications of the College Nurse include possession of a valid, current California license as a registered nurse, Masters Degree in Nursing and a California Public Health Certificate, or a Bachelors Degree in Nursing , a California Public Health Certificate and a Masters, Degree in Health Education, Sociology, Psychology, Counseling, Health Care Administration, Public or Community Health or a California Community College LIFE credential in Nursing. The current College Nurse exceeds the minimum qualifications for this position. She is a board certified family nurse practitioner and holds additional credentials as a nursing educator cleared by the Board of Registered Nursing to teach geriatrics, advanced medical surgical nursing, maternal health and pediatric nursing courses.

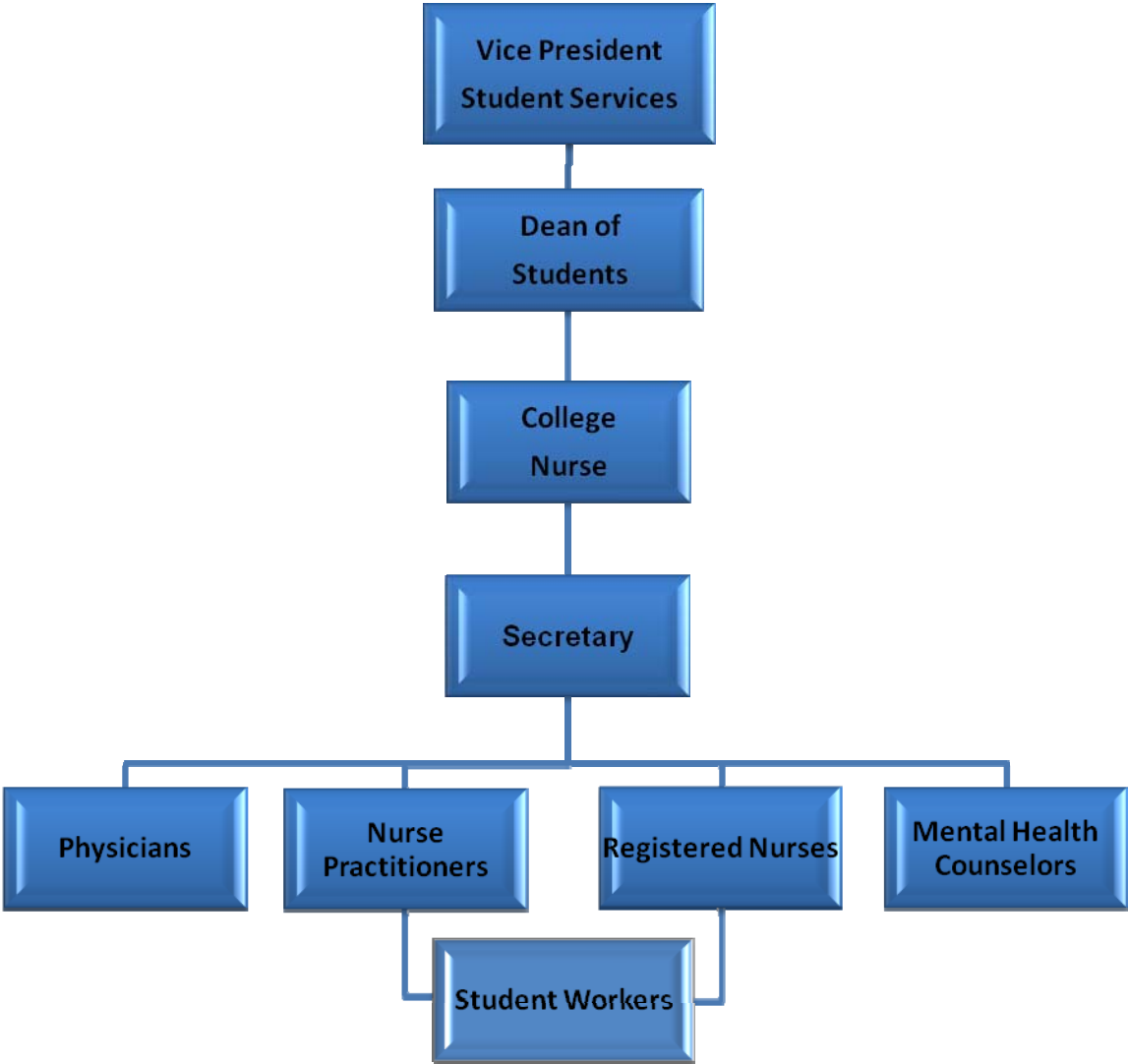
Registered Nurse, mental health and physician licensing boards require that each of the disciplines listed participate in a minimum number of continuing education hours for licensing renewals. Health Center Staff are members of the Health Services Association of California Community Colleges (HSACCC) and American College Health Association (ACHA), which provides continual college health educational opportunities. Because college health care providers focus on such a unique population, attendance at annual and regional meetings specific to college health such as of HSACCC and ACHA are crucial to continued program development and to the provision of best health care practices. The College Nurse provides continuous updates on protocols and procedures to provide quality care to students.

## D. Diversity

Data Provided by the Office of Institutional Research

<b>Ethnicity</b>	<b>Student Utilization of Health Services (2008-2009)</b>	<b>General Campus Population (Fall 2008)</b>
African-American Non-Hispanic	17%	5%
American Indian/Alaskan Native	0%	0.7%
Asian	8%	6%
Filipino	0%	3%
Hispanic	17%	40%
Other Non-White	0%	2%
Pacific Islander	0%	0%
Unknown	0%	17%
White Non-Hispanic	58%	28%

**E. Organizational Chart**



## F. Number of Students Served Annually

The average number of students served on an annual basis by the Student Health Center staff is roughly 6750 students. This figure is based on the total number of daily student contacts, classroom presentation, specialty clinics and events.

Semester	2005-06	2006-07	2007-08	2008-09
Fall	2426	2609	2823	3249
Winter	N/A	N/A	N/A	418
Spring	2481	2635	2680	2745
Summer	421	465	513	538

\* Top five services performed during the 2008-2009 academic calendar.  
(utilization rates have approximated )

1. 971 Head, Ears, Eyes ,Nose and Throat (HEENT) and Cardiopulmonary
2. 674 Genitourinary/Gynecology
3. 372 Dermatology
4. 352 Gastrointestinal
5. 292 Musculoskeletal

## G. Facilities/Location

The Student Health Center is located in Hayden Hall on the north east area of campus. The Student Health Center will relocate in spring 2011 to the new Students Service Building which will be located on west side of campus.

## H. Progress on Prior Program Review Recommendations

- 1. The committee recommends immunization clinics to administer Tetanus and Measles, Mumps and Rubella boosters.**

It is the current practice of the health center to perform most immunizations on a walk in basis. The need is being adequately met this way.

- 2. The committee recommends that the program offer staff development opportunities.**

In compliance with this recommendation the health center offers staff and employees continuing education opportunities from both internal and external sources. Internal sources include areas such as updates on immunization standards and pap smear screening protocols. External sources include areas such as licensing board approved programs and/or conferences that offer continuing education credits for general health and wellness and college health topics. These forums include but are not limited to medical continuing education seminars such as Pri-med, American College Health Association, and Health Associations of California Community Colleges.



- 3. The committee recommends that the program incorporate student surveys and service evaluations as a means to measure services.**

As of the 2006-2007 academic year student surveys and service evaluations are performed annually. Results of these evaluations are used for program analysis, improvement, and SLO development.

**Included copy of Surveys and Evaluations (see Appendix)**

- 4. The committee recommends that the health center have a minimum of one staff meeting per semester.**

Due to the number of part-time and on call staff a monthly communication letter is the current means of communicating and updating staff on current practices. Future plans include closing the health center for the implementation of a one hour bi-monthly meeting.

- 5. The committee recommends that all staff should be trained on computer usage for on-going information and training related to operation of the health center.**

Currently all staff are proficient in the use of the college computer system, fax, and internet. Wingspan training for enrollment verification has also been provided for key members of the health center staff.

- 6. The committee recommends an increase in the number of part-time on call nurse practitioners and mental health counseling.**

The number of nurse practitioners has increased from one to three providing an additional fifteen hours of provider time. The number of mental health counseling hours has increased significantly. The health center has one part-time mental health faculty and two mental health consultants, totaling approximately 20 hours per week of mental health counseling.

## II. INTEGRATION AND COORDINATION WITH OTHER PROGRAMS

### A. How does this program coordinate with the other Student Services programs on campus?

The College Nurse is an active participant in the Annual Student Service Planning meeting, Physical Resource Committee, Student Services Committee, and Student Conduct Committee and attends monthly Student Affairs Supervisors meetings all of which serve to enhance services available to students.

### B. How does the program work with research and TeC Services?

The Student Health Center relies on TeC Services to provide e-mail, telephone and computer equipment support, including Wingspan.

### C. How is this program integrated with student equity and strategic planning?

The Student Health Center is integrated with student equity by providing culturally sensitive care. The Student Health Center program is integrated with strategic planning through the continued involvement in student learning outcomes, student surveys, and annual Student Service Planning meetings.

- **Student Success** – The Student Health Center contributes to student success by providing culturally sensitive care and online access to services offered, Student Health Center Newsletter, Community Resources and Self Care Instructions.
- **Student Learning Outcomes** – The Student Health Center has completed two cycles of SLOs during the 2007- 2008 and 2008 - 2009 academic years.
- **Fiscal Transparency-** Fiscal transparency is accomplished through the published annual budget
- **Communication** - The Student Health Center provides communication through the college website, campus outreach, Student Health Center brochure, classroom presentations, Weekly Bulletin, flyers, communication board and the college catalog.

### III. PROGRAM SELF-EVALUATION

Self-evaluation is based on the WASC Accreditation Standard 11B-Student Support Services *“The institution recruits and admits diverse students who are able to benefit from its programs, consistent with its mission. Student support services address the identified needs of students and enhance a supportive learning environment. The entire student pathway through the institutional experience is characterized by a concern for student access, progress, learning, and success. The institution systematically assesses student support services using student learning outcomes, faculty and staff input, and other appropriate measures in order to improve the effectiveness of these services”.*

#### **A. MIS Data Reporting**

The Student Health Center is self-funded, therefore is not required to provide MIS data. The Student Health Center is required to report communicable diseases to the Los Angeles Department of Public Health. This procedure is mandated by the State of California, further reporting or processing of records are not continued or retained by the Student Health Center.

#### **B. Access**

##### **1. How accessible is the program?**

The Student Health Center is available to all eligible and currently enrolled students. Student Health Center information is available on the college website, college catalog, handouts and Student Health Center brochure.

##### **a. Compare demographic data from the college to the program, including ethnicity, gender, age, student with disabilities.**

When comparing the demographic data of the college to the Student Health Center, evidence indicates that there are similarities between the institution and the health center. We serve a higher number of Hispanic students as compared to other ethnic groups and we serve a higher number of female students as compared to male students.

B1a. Table 1.

Fall 2008 Data Comparisons from College to the Student Health Center:

	College	Student Health Center
<b>Gender</b>		
Female	55.8 %	61.0 %
Male	42.0 %	36.5 %
Unknown	2.2 %	2.5 %
<b>Ethnicity</b>		
Am. Indian or Alaskan Native	0.7 %	0.8 %
Asian or Pacific Islander	9.5 %	11.2 %
Black Non-Hispanic	4.9 %	5.3 %
Hispanic	37.1 %	36.8 %
Other	7.8 %	6.2 %
White Non-Hispanic	31.0 %	33.5 %
Unknown	8.9 %	6.2 %
<b>Age</b>		
Less than 17	0.4 %	0.3 %
18-24	55.9 %	56.7 %
25-49	29.0 %	38.1 %
Over 50	14.7 %	4.9 %
Unknown	0.03 %	0
<b>Disability</b>		
Yes	3.4 %	9.8 %
No	96.6 %	90.2 %
<b>Total</b>	<b>18,363</b>	<b>6750</b>

Data provided by the Office of Institutional Research

**b. How effective is the program in enabling success for underprepared and underrepresented students?**

The Student Health Center is free of charge for students to see the registered nurse, nurse practitioner, physician and /or for counseling services. Laboratory tests, medications, immunizations and procedures require a nominal fee. For services that cannot be provided by the Student Health Center an extensive list of community referrals is available, many of which are free of charge. It is the ideal program for low socio-economic students who are traditionally under prepared and under-represented students.

**C. Success**

**1. How well does this program help students complete their educational goals?**

The Student Health Center supports students on their journey to attaining their educational goals by providing access to health services, which promotes physical, mental and social well-being of the students to realize their academic success through their overall health.

## D. Student Learning Outcomes

### 1. Describe your process in the development and implementation of Program Student Learning Outcome (SLO)?

The Student Health Center has completed two cycles of SLOs. In 2007- 2008, SLOs focused on psychological service effectiveness. The College Nurse attended meetings and workshops held by campus committees to develop SLOs, as well as discussions held within the Student Health Center with staff members. Meetings with the Vice President of Student Services and Dean of Students were also held to develop and refine SLOs.

Outreach campaigns, student surveys, and statistical data were used to achieve the SLOs. Students were asked to complete a three item questionnaire at the conclusion of their counseling session. This three item questionnaire was designed to assess perceived effectiveness of their sessions. In 2008-2009, SLOs focused on outreach efforts to promote vaccine preventable disease. Effectiveness was measured by tallying the numbers of vaccines administered to students requesting vaccines from our student intake sheet.

### 2. Included copy of SLO (see Appendix C)

## E. Compliance

### 1. Provide an overview of how this program meets applicable minimum requirements of law.

According to Title 5 colleges that offered student health services in 1986 are mandated to maintain the same level of care regardless of costs. The Citrus College Student Health Center has not only maintained status quo, but has in fact expanded the types of services offered.

The Student Health Center must adhere to federal and state regulated programs including the Occupational Safety and Health Act (OSHA) an infection control regulatory program and Clinical Laboratory Improvement Amendments (CLIA). CLIA is a quality improvement program that governs quality standards for all laboratory testing to ensure the accuracy, reliability and timeliness of patient test results.

Due to patient confidentiality laws the Student Health Center must also comply with the Family Educational Rights and Privacy Act (FERPA), The Americans with Disabilities Act and the Health Insurance Portability and Accountability Act, (HIPPA) a patient privacy act. In addition to complying with federal regulations the Student Health Center must comply with mandatory communicable disease reporting issued by the Los Angeles County Department of Public Health, mandated by the State of California. Reportable diseases include but are not limited to syphilis, chlamydia, gonorrhea, whooping cough and tuberculosis.

## F. Student Eligibility

### 1. Describe eligibility requirements for participation in your program.

All students who pay the health fee and are currently enrolled are eligible to receive services from the Student Health Center. Students under the age of 18 are required to have parental or guardian consent for treatment. Pursuant to Education Code 76355 students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination or organization are exempt from the required health fee.

## **G. Program Services**

### **1. List and describe the services/components offered by your program.**

The goal of the Student Health Center is to provide high-quality ambulatory care, mental health counseling, comprehensive disease prevention and healthcare education to Citrus College students.

#### **Health Care Services for Students:**

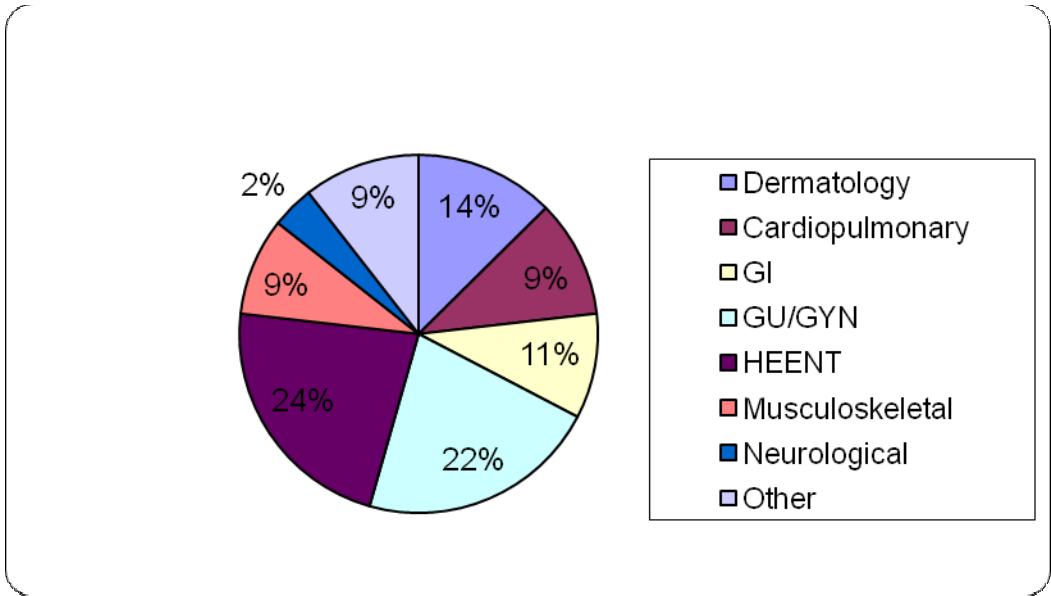
- Treatment of acute illness and ambulatory care
- Immunizations
- Tuberculin skin tests
- Over-the-counter (non-prescription medications)
- Condoms and personal hygiene items
- Blood pressure and weight checks
- Commonly used prescription medications at low cost prescribed by campus health care providers (physician and/or nurse practitioner)
- Family Planning Services/Women's Health
- Plan B – Emergency Contraception
- Hearing and vision screening
- Short term personal counseling
- STD Testing
- Off-Campus referrals as needed

#### **Promotion of Positive Health Outcomes for Students:**

- Health education materials (audio-visual, brochures, reference files)
- AIDS information, referral resources, HIV testing
- Substance abuse information and referral resources
- Eating disorders information and referral resources
- 12-step program referrals
- Accident and medical insurance information

There is no charge for the college nurse, nurse practitioner, and physician or counseling services. Some tests, medications and procedures require a minimal fee.

## **Classification of Visits**

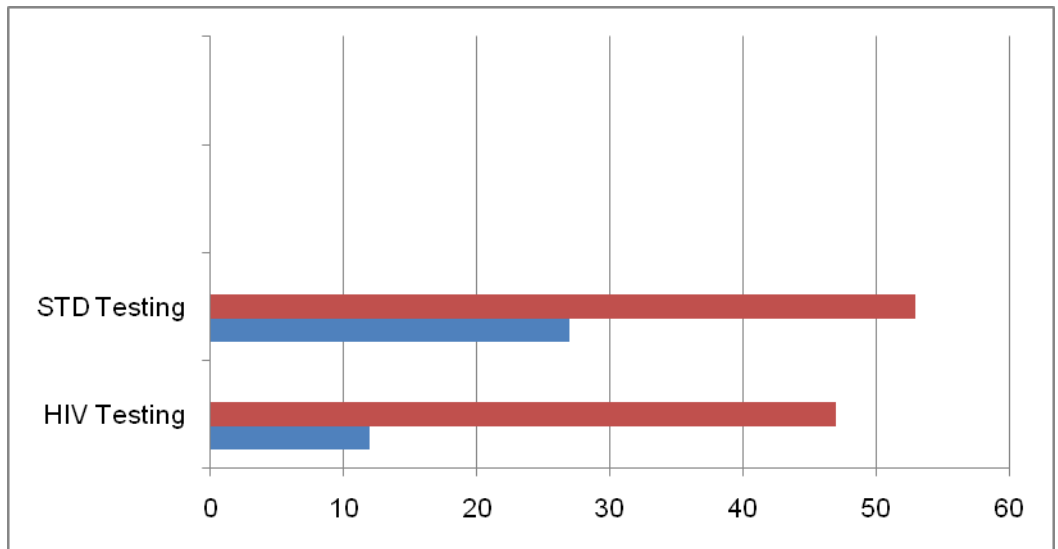


(HEENT)  
(GU/GYN)  
(GI)

Head, Ears, Eyes, Nose and Throat  
Genitourinary/Gynecology  
Gastrointestinal

### Testing and Screening

2007 | 2008



An increase in the number of STD and HIV testing performed in 2008 can be attributed to a free mobile HIV testing unit stationed on campus, provided by East Valley Partners and free STD testing sponsored by the Los Angeles County Public Health.

**LOS ANGELES COUNTY INFERTILITY PREVENTION PROJECT**  
**SENTINEL SITE UPDATE - JANUARY 1 - DECEMBER 31, 2009**  
**CITRUS COLLEGE**

Characteristic	Females				Males			
	Total tested		CT Positive		Total tested		CT Positive	
	n	%	n	%	n	%	n	%
<b>Total</b>	100	100.0	6	6.0	62	100.0	6	9.7
<b>Chlamydia test result</b>								
Positive	6	6.0	-	-	6	9.7	-	-
Negative	94	94.0	-	-	56	90.3	-	-
Unsatisfactory	0	0.0	-	-	0	0.0	-	-
<b>Gonorrhea test result</b>								
Positive	0	0.0	0	0.0	2	3.2	1	0.0
Negative	100	100.0	6	6.0	60	96.8	5	8.3
Unsatisfactory	0	0.0	0	0.0	0	0.0	0	0.0
Not tested	0	0.0	0	0.0	0	0.0	0	0.0
<b>Age group</b>								
15-19	12	12.0	3	25.0	8	12.9	0	0.0
20-24	66	66.0	3	4.5	36	58.1	3	8.3
25-29	11	11.0	0	0.0	10	16.1	1	10.0
30-34	4	4.0	0	0.0	3	4.8	1	0.0
35-39	7	7.0	0	0.0	5	8.1	1	0.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
<b>Race/Ethnicity (Can provide more than one answer)</b>								
White	47	47.0	4	8.5	35	56.5	1	2.9
Black	11	11.0	1	9.1	5	8.1	1	20.0
Hispanic	56	56.0	3	5.4	34	54.8	3	8.8
Amer.Ind./ N. Alask.	1	1.0	0	0.0	4	6.5	0	0.0
Hawaiian / Pac. Islander	2	2.0	0	0.0	1	1.6	0	0.0
Asian	15	15.0	0	0.0	4	6.5	0	0.0
Other	1	1.0	0	0.0	3	4.8	2	66.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0
<b>Chlamydia symptoms</b>								
Yes	43	43.0	3	7.0	12	19.4	2	16.7
No	54	54.0	3	5.6	49	79.0	3	6.1
Unknown	3	3.0	0	0.0	1	1.6	1	0.0
<b>Specific symptoms</b>								
Discharge	24	24.0	2	8.3	6	9.7	2	0.0
Dysuria	16	16.0	0	0.0	6	9.7	2	33.3
Pelvic Pain	8	8.0	0	0.0		N/A		N/A
Abn. Vag. Bleeding	2	2.0	0	0.0		N/A		N/A
<b>Reason for clinic visit</b>								
Heard about the test	49	49.0	6	12.2	33	53.2	3	9.1
To get condoms	3	3.0	0	0.0	2	3.2	0	0.0
For a physical	26	26.0	0	0.0	12	19.4	0	0.0
Other health problem	21	21.0	0	0.0	12	19.4	0	0.0
Extra Credit	0	0.0	0	0.0	2	3.2	1	0.0
Unknown	1	1.0	0	0.0	1	1.6	1	0.0
<b>Sexual preference</b>								
Male	93	93.0	6	6.5	4	6.5	0	0.0
Female	2	2.0	0	0.0	56	90.3	5	8.9
Both	4	4.0	0	0.0	0	0.0	0	0.0
Unknown	1	1.0	0	0.0	2	3.2	1	0.0



**2. Describe how it compares to similar programs at other community colleges in service area.**

With the exception of chiropractic care at Mt. San Antonio College and a completely separate psychological services department at Pasadena City College, all colleges of the surrounding areas including Glendale Community College and Chaffey College provide similar services. It appears that Citrus College offers on average of 30% more physician and nurse practitioner hours.

**H. Funding Expenditure & Accountability**

**1. How does this program work with the business office to monitor expenditures and fiscal reporting?**

The Student Health Center works closely with the Dean of Students to monitor expenditures and fiscal reporting.

**Included copy of fiscal reporting** (*see Appendix D*)

**I. Environmental Impact**

**1. How has your program contributed to a greener campus environment (i.e. increased awareness, impact on the campus footprint, strategies to reduce consumption and energy, waste reduction, recycling, sustainability, etc...)**

The Student Health Center participates in paper / plastic recycling and complies with the hazardous waste program through the Safety Coordinator on campus.

**J. Technology needs**

**1. What technology needs currently exist in your program?**

The Student Health Center has access to Wingspan to determine student eligibility for services and student class schedules for notification purposes. The Student Health Center also has access to Quest Laboratories for patient records and laboratory results.

**2. Given your plans for future growth and development, what technology needs do you anticipate in the future?**

Due to an increase in the number of students served, the health center will require a program for computerized appointments and medical charting. This will also assist in categorizing types of services utilized and distinguishing the number of walk in appointments from scheduled appointments.

#### IV. EFFECTIVE PRACTICES

##### **A. Describe what is working well including awards and special recognitions.**

Currently we are able to meet approximately 85% of student needs within the health center as opposed to referring them to outside agencies. Referrals are issued for those who present with the need for chronic disease management, EKG's, X- rays, and invasive procedures such as stitches. Continuing to provide low cost laboratory and prescription medication has been an essential asset to student health. Attending college health seminars, collaborating with the Los Angeles County, Department of Public Health and health center directors from the surrounding colleges has allowed us to maintain status quo as it pertains to services provided by the health center. The Student Health Center continues to accommodate students on a walk in basis although there has been a significant increase in the number of student contacts primarily due to the recession.

##### **B. What exemplary practices and services do you offer that could be shared with other departments or other campuses?**

The College Nurse collaborates monthly with the College Nurse / Nurse Directors from surrounding college health centers in an effort to ensure that similar services are provided and best practices are implemented. The Student Health Center offers exemplary health education to the Citrus College community. The health center staff members also participate and collaborate in the Student Conduct Committee. This endeavor has led to a seamless line of communication regarding student conduct mental health issues. During the peak of the 2009-2010 flu season, the College Nurse collaborated weekly with the Los Angeles Department of Public Health and the Director of Communications to ensure that a proactive approach was taken to aid in the health and safety of the college students, staff and faculty with specific emphasis on H1N1. H1N1 immunizations were also available to students and staff free of charge. The College Nurse also collaborates annually with the Director of Health Sciences to facilitate the participation of nursing students in seasonal flu clinic. The health center also hosts Azusa Pacific University senior level nurse practitioner students and Cal Poly Pomona dietetic interns.

##### **C. What successful pilot projects have been implemented by your program?**

An anxiety support group has been implemented by our mental health staff. Additionally, mental health staff work closely with the Veteran, Boots to Books program. Mental health staff presence in the Boots to Books program has allowed our staff members to become educated on the specific needs of student veterans. A campus wide Automatic External Defibrillator Program has been successfully implemented and is monitored by the College Nurse. The health center participates in a Sexually Transmitted Infection Program and Condom Project, both of which are funded by the Los Angeles County Department of Public Health. Moreover, a campus wide distribution of the Health Center Newsletter, health and wellness information and improved web site have further enhanced our accessibility.

##### **D. How do faculty administrators, staff and students participate in improving the effectiveness of this program?**

One of the ways in which students participate in improving program effectiveness is through our annual satisfaction survey. In addition, the health center staff works closely with external relations in the mass distribution of pandemic influenza planning and educating the campus community about H1N1. The College Nurse is also an active participant in the Annual Student Service Planning meeting, Physical Resource Committee, Student Services Committee, Student Conduct Committee and attends monthly Student Affairs Supervisors meetings all of which serve to enhance services available to students.

## V. OPPORTUNITIES FOR IMPROVEMENT, RECOMMENDATION, AND NEEDS IDENTIFICATION

### **A. Identify areas where you may need to make adjustments or changes to better serve students.**

#### **1. Use data and previous discussions as a foundation for recommendations.**

- Implementing scheduled appointments to reduce student wait time is currently being evaluated and considered.
- New Student Service Building: Upon relocation to the new Student Services Building the health center will be able to provide more efficient care with an increase in reception space, an increased number of exam rooms, a laboratory drawing station, and a multipurpose room which will be used for health education, mental health counseling and staff meetings. The new building will also allow us to better accommodate our wheelchair bound students by way of a wheel chair accessible entrance.

#### **2. Consider needs for data, staffing, program growth and/or restructuring.**

Semester	2005-06	2006-07	2007-08	2008-09
Fall	2426	2609	2823	3249
Winter	N/A	N/A	N/A	418
Spring	2481	2635	2680	2745
Summer	421	465	513	538

The institution is in the process of constructing a new Student Services Building, scheduled to be completed by spring 2011, which will house the new Student Health Center. The Vice President of Student Services is the responsible person for implementing the plans for the new building.

- Upon moving to the new building, staff reorganization should be considered due to the anticipated increase in services, programs and staffing. Departmental and future staffing recommendations to be considered include: an increase in registered nurse and nurse practitioner hours, a health educator and a part-time medical assistant.
- The need for an upgrade of the current Secretary to a Health Center Operations Coordinator is evident. Currently, the health center secretary has taken on extra duties that are imperative and aid in efficient and essential health center operations. The Secretary provides direct support to the College Nurse by organizing and coordinating complex secretarial duties including legally sensitive / time sensitive clerical duties. An increase in the number of students served, types of services offered and program expansion has required that additional responsibilities be assumed. With an increase in the number of staff to coordinate, and the increase in

the number of health center contracts and affiliates complex coordination has already occurred.

- The department needs to continue to assess and evaluate the effectiveness of the mental health program. Emphasis should be focused on the utilization of student counseling hours and types of services offered.

## **2. Technology needs**

The Student Health Center values technology and continues to embrace technological change to improve work performance, enhance service to students, and provide solutions mandated by legislative directives.

- Due to the anticipated growth in the number of student contacts, the Student Health Center will move from a pencil and paper system to a computerized appointment management system which will also assist in data management.

## VI. TECHNICAL ASSISTANCE/TRAINING NEEDS

### **A. Is there any training or technical assistance that you believe will improve the effectiveness of your program?**

The College Nurse is currently researching electronic medical record systems. Electronic medical recording and appointment scheduling systems will improve the effectiveness and efficiency of health center operations.

## VII. SUPPLEMENTAL INFORMATION

### A. Provide copies of materials that you provide to students in your program.

#### 1. General Information



### Student Health Center Mission

The mission of the Student Health Center is to provide high-quality ambulatory care, mental health counseling, comprehensive disease prevention and healthcare education to Citrus College students.

#### **Health Care Services for Students:**

- Treatment of acute illness/ ambulatory care
- Immunizations
- Tuberculin skin tests
- Over-the-counter (non-prescription medications)
- Condoms and personal hygiene items
- Blood pressure and weight checks
- Commonly used prescription medications at low cost prescribed by campus health care providers (physician and/or nurse practitioner)
- Family Planning Services/Women's Health
- Plan B – Emergency Contraception
- Hearing and vision screening
- Off-Campus referrals as needed
- Short term personal counseling
- STD Testing

#### **Promotion of Positive Health Outcomes for Students:**

- Health education materials (audio-visual, brochures, reference files)
- AIDS information, referral resources, HIV testing
- Substance abuse information and referral resources
- Eating disorders information and referral resources
- 12-step program referrals
- Accident and medical insurance information

There is no charge for the college nurse, nurse practitioner, physician, and counseling services. Some tests, medications and procedures require a minimal fee.

**Hours of Service\*:**      **Monday – Thursday 8:30 AM to 4:30 PM (Monday until 6:30 PM by appointment only)**  
**Friday – 8:00 AM to 12 Noon (\*hours subject to change)**

Hours sometimes vary for the campus health care providers. Please call the Student Health Center at 626-914-8671 for information, appointments and/or special clinic hours.

**PLEASE NOTE: For safety reasons, children are NOT allowed in the Student Health Center.** Thank you for your cooperation and we apologize for any inconvenience.

4/09



## STUDENT HEALTH CENTER CHARGES

### VACCINES

Hepatitis B (series of 3)	\$30.00 each
Hepatitis A/B (series of 3)	\$45.00 each
Tdap (Tetanus/Diphtheria/Pertussis)	\$40.00
MMR (Measles, Mumps & Rubella)	\$57.00

### LAB TESTS

Chemistry Panel	\$20.00
Chemistry Panel w/ TSH	\$25.00
Chemistry Panel w/ TSH & CBC	\$25.00
Pap Smear	\$25.00
Pregnancy Test	\$5.00
STD Testing	Free
HIV Testing	Free
Hepatitis B Surface Antibody QN Titer	\$15.00
Hepatitis B Surface Antigen w/Reflex Titer	\$10.00
Rubeola (Measles) Titer	\$15.00
Mumps Titer	\$15.00
Rubella Titer	\$5.00
Varicella Titer	\$15.00
TB Test (Tuberculin)	\$10.00 (student)    \$15.00 (staff)
Urine Dip Stick	\$2.00
UA w/ reflex to culture	\$15.00

### PHYSICALS

RN (not including labs, TB or vaccines)	\$25.00
LVN (not including labs, TB or vaccines)	\$25.00
CNA (with TB)	\$35.00
CNA (without TB)	\$25.00
CDC (without TB)	\$10.00
CDC (with TB)	\$20.00
RDA (not including TB, labs, or vaccines)	\$25.00
EMT (not including TB, vaccines)	\$25.00

### MISCELLANEOUS

Ace Bandage	\$2.00
Condoms	10¢ each
Pads/Tampons	25¢
Plan B (Emergency Contraception)	\$20.00
Birth Control Pills	\$11.00

*(Prices subject to change)*



## MEDICATIONS

ACYCLOVIR 800 MG #35	\$10.00
ACYCLOVIR 400 MG #30	\$8.00
AMOXICILLIN 500MG #30	\$5.00
BACTRIM DS #14	\$5.00
BACTRIM DS #20	\$5.00
CEPHALEXIN 500MG #28	\$8.00
CLOTRIMAZOLE AF 1% Cream	\$5.00
CIPROFLOXIN 500 MG #6	\$5.00
CORTISPORIN OTIC	\$15.00
DOXYCYCLINE 100MG #20	\$5.00
ERY-TAB 333MG #30	\$12.00
GENTAMICIN SULFATE 5 ml Ophth. Sol.	\$5.00
LORATADINE (CLARITIN) 10 MG #30	\$5.00
METRONIDAZOLE 500 MG #14 (FLAGYL)	\$5.00
PENICILLIN VK 500MG #40	\$8.00
PERMETHRIN 5% CREAM 60 GR (ELIMITE)	\$10.00
PLAN-B (LEVONORGESTREL)	\$20.00
PRO AIR INHALER 17 GR (ALBUTEROL)	\$34.00
PYRIDIUM (PHENAZOPYRIDINE) 100MG #10	\$4.00
ROCEPHIN (CEFTRIAZONE) 250 MG #1	\$10.00
SOLIA (DESOGEN)	\$11.00
SULFACETAMIDE OPH SOL. 10%	\$5.00
TRIAMCINALONE CREAM 0.1% 15 GR	\$5.00
TRINESSA (ORTHO -TRICYCLEN)	\$11.00

## STUDENT HEALTH CENTER HISTORY FORM

Student ID Number	Date of Birth	Age
Name		Male ( ) Female
( ) Last	First	Middle Initial
Address		Home Phone
Street	City	Zip
Personal Physician		Cell Phone/Work Phone
Name	Address	Phone
Medical Insurance <input type="checkbox"/> No <input type="checkbox"/> Yes; Name of plan _____		
Person to be notified		Phone
in case of emergency?	Name	Address
	Relationship to you	

**Please Answer the following:**

	YES	NO
1. Are you allergic to any medications, food, insect bites, or other? If "Yes", to what: _____ _____	_____	_____
2. Do you take any medication(s) regularly, prescription, non-prescription or herbal preparations? If "Yes", please list. _____	_____	_____
3. Do you drink alcohol, smoke or use drugs (street drugs ie. marijuana, meth, etc.)? If "Yes", please list: _____	_____	_____
4. Have you ever been hospitalized or had surgery? If "Yes", describe _____ _____	_____	_____
5. Do you have any other physical/mental condition (s)? If "Yes", describe. _____ _____	_____	_____
Are you registered with DSP&S? _____		

	YES	NO		YES	NO
Anemia or blood disease?.....	( )	( )	Kidney, urinary problems?.....	( )	( )
Heart, blood pressure, circulatory problems?.	( )	( )	Seizures, epilepsy, blackouts?.....	( )	( )
Lung, breathing problems, asthma?.....	( )	( )	Muscle, bone or joint problems?.....	( )	( )
Stomach, bowel or liver problems?.....	( )	( )	Eye (vision) or ear (hearing) problems?.....	( )	( )
Diabetes, thyroid disease?.....	( )	( )	Psychiatric, psychological problems?.....	( )	( )

I consent to have first aid treatment, receive medications if I need them, and be examined by the nurse, nurse practitioner or physician for diagnosis, treatment, and/or referral for care of my problems(s).

I understand that for any laboratory tests done at the Student Health Center it is my responsibility to schedule a follow up appointment with the prescribing clinician. I understand that the campus physician and/or nurse practitioner hours are limited and that in his/her absence I am advised to consult my own provider or local health department/clinic regarding any health problems.

I understand the health privacy practices of the Student Health Center and have had the opportunity to read the posted Health Insurance Portability and Accountability Act (HIPAA) information regarding my rights to privacy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Rev: 9/08

**Citrus College Student Health Center**  
**1000 W. Foothill Blvd., Glendora, CA 91741-1899**  
**(626) 914-8671**

**Name:** \_\_\_\_\_  
**Student ID:** \_\_\_\_\_

<b>Tdap (Tetanus, Diphtheria, Pertussis) (IM): NOT A LIVE VIRUS</b>																						
<p>*Has had series in the past. Approximate date of last tetanus shot _____</p> <p>*No current febrile illness</p> <p>*Denies convulsions/nervous system disorders.</p> <p>*Denies severe latex allergy.</p> <p>*Denies reaction to tetanus/mercurial products.</p> <p>*Currently taking following meds:</p> <p>*Denies 1<sup>st</sup> trimester pregnancy. LMP: _____ (Check w/ MD for exceptions in treatment)</p> <p>VIS Date: 11/18/08      <i>Patient's Initials:</i> _____</p>	<p style="text-align: center;"><b>Vaccine Booster</b></p> <p>Date given      Lot#/Exp.</p> <p>_____      _____</p> <p>_____</p> <p style="text-align: center;">Signature</p>																					
<b>MMR (Measles, Mumps, and Rubella) (SQ): A LIVE VIRUS</b>																						
<p>*Denies pregnancy. LMP: _____</p> <p>*Denies plans to get pregnant within next four weeks.</p> <p>*May not be given in the buttocks.</p> <p>*PPD may be given before or on the same day, or one month after.</p> <p>VIS Date: 3/13/08      <i>Patient's Initials:</i> _____</p>	<p style="text-align: center;"><b>Vaccine Booster</b></p> <p>Date given      Lot#/Exp.</p> <p>_____      _____</p> <p>_____</p> <p style="text-align: center;">Signature</p>																					
<b>HEPATITIS B VACCINE (IM): NOT A LIVE VIRUS</b>																						
<p>*Denies hypersensitivity/allergy to yeast.</p> <p>*Use with caution in pregnancy (gestation &gt; 12 weeks) LMP _____</p> <p>*No evidence of physical illness.      <input type="checkbox"/> HCG test offered</p> <p>*Denies past/present hepatitis B infection.</p> <p>Schedule - Regular: 0, 1, 6 months or 0, 1, 4 months</p> <p><i>*May be given concurrently with other vaccines</i></p> <p>*Prolonging the interval does not require restarting series.</p> <p>VIS Date: 7/18/07      <i>Patient's Initials:</i> _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Date Given</td> <td style="width: 25%; text-align: center;">Lot# /Exp.</td> </tr> <tr> <td>#1 _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Inj. site</td> </tr> <tr> <td>#2 _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Inj. site</td> </tr> <tr> <td>#3 _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Inj. site</td> </tr> </table>		Date Given	Lot# /Exp.	#1 _____	_____	_____	Signature	_____	Inj. site	#2 _____	_____	_____	Signature	_____	Inj. site	#3 _____	_____	_____	Signature	_____	Inj. site
	Date Given	Lot# /Exp.																				
#1 _____	_____	_____																				
Signature	_____	Inj. site																				
#2 _____	_____	_____																				
Signature	_____	Inj. site																				
#3 _____	_____	_____																				
Signature	_____	Inj. site																				
<b>HEPATITIS A VACCINE: NOT A LIVE VIRUS</b>																						
<p>* Denies hypersensitivity to any component of the vaccine.</p> <p>* No current febrile illness.</p> <p>* Immunocompromised clients or those receiving immunosuppressive therapy may not obtain the expected immune response from the vaccine.</p> <p>* Denies past/present hepatitis A infection.</p> <p>* Denies pregnancy or breast feeding. LMP _____ <input type="checkbox"/> HCG test offered</p> <p>Schedule – Regular: 0, 6 months</p> <p>VIS Date: 3/21/06      <i>Patient's Initials:</i> _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Date Given</td> <td style="width: 25%; text-align: center;">Lot#/Exp.</td> </tr> <tr> <td>#1 _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Inj. site</td> </tr> <tr> <td>#2 _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Signature</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Inj. site</td> </tr> </table>		Date Given	Lot#/Exp.	#1 _____	_____	_____	Signature	_____	Inj. site	#2 _____	_____	_____	Signature	_____	Inj. site						
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#1 _____	_____	_____																				
Signature	_____	Inj. site																				
#2 _____	_____	_____																				
Signature	_____	Inj. site																				

I have been given and have read, or have had explained to me, information about the diseases and vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and request that the vaccine be given to me. I am aware that 1-800-VACCINE is available for more information.

† Instructed to notify Student Health Center of any adverse reaction

† Immunization card given

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

**TWINRIX (HEPATITIS A & B VACCINE) (IM): NOT A LIVE VIRUS**

\* Denies past/present hepatitis A or B infection.  
 \* Denies pregnancy or breastfeeding. LMP \_\_\_\_\_  HCG test offered  
 \* Denies hypersensitivity/allergy to yeast.  
 \* No evidence of moderate or severe physical illness.

Schedule – Regular: 0, 1, 6 months

\* May be given concurrently with other vaccines.  
 \* Prolonging the interval does not require restarting series.

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

Date Given	Lot# /Exp.
#1 _____	_____
Signature	Inj. site
#2 _____	_____
Signature	Inj. site
#3 _____	_____
Signature	Inj. site

**TETANUS PROPHYLAXIS (IM): NOT A LIVE VIRUS**

\* Has had series in the past. Approximate date of last tetanus shot \_\_\_\_\_  
 \* No current febrile illness.  
 \* Denies convulsions/nervous system disorders.  
 \* Denies reaction to tetanus/mercurial products.  
 \* Currently taking following meds:  
 \* Denies 1<sup>st</sup> trimester pregnancy. LMP: \_\_\_\_\_ (Check w/ MD for exceptions in treatment)

VIS Date: 11/18/08      Patient's Initials: \_\_\_\_\_

**Vaccine Booster**

Date given	Lot#/Exp.
_____	_____
Signature	

## 2. Program Forms



### STUDENT HEALTH CENTER

(626) 914-8671

The following is a list of services nursing students may obtain in the Student Health Center.

#### PHYSICAL EXAMINATION: \$25.00

- \* Physicals are by appointment and scheduled with a physician or nurse practitioner.
- \* The following prices are for Labs and Immunizations required in the nursing program that are not included in the price of the physical examination.  
(\*prices listed are current as of 5/09 and are subject to change):

**LABS:** The following lab tests *are either required* in the nursing program *or are necessary* to determine immunity:

* Hepatitis B (HepBsAg) Titer	\$10.00
* Hepatitis B (Hep BsAb) Titer	\$10.00
* Varicella (Chickenpox) Titer	\$15.00
* Rubeola (Measles) Titer	\$15.00
* Mumps Titer	\$15.00
* Rubella Titer	\$ 5.00

#### IMMUNIZATIONS: *It is important to find your immunization records*

* Hepatitis B (series of 3)	\$30.00 each
* MMR (Measles, Mumps & Rubella)	\$57.00
* Tdap (Tetanus, Diphtheria, Pertussis)	\$40.00

We **do not** carry the Varicella vaccine, but we can refer you to places that have the vaccine.

Tuberculin PPD (TB skin test) ( <i>TWO step testing is required</i> ) <i>If you have had a past positive PPD, you will require a chest x-ray</i>	\$10.00 each
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Outside referrals to low cost facilities are also available at the Student Health Center.

#### *Hours of Service*

Monday – Thursday 8:30AM to 4:30 PM

Friday 8:30 AM – 12:00 Noon

**CITRUS COLLEGE**  
**1000 W. Foothill Blvd.**  
**Glendora, CA 91741-1899**  
**NURSING PROGRAM HEALTH REQUIREMENTS**

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

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

The nursing program requires the baseline communicable disease titers listed below to be performed. Applicants with non immune status will be required to obtain the appropriate vaccine(s) and a follow up titer(s).

Titer	Date Drawn	Result	Reference Range for positive (immune status)	Results of titers
Rubeola(Measles) AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Mumps AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Rubella AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Hepatitis B (HepBsAg)*				<input type="checkbox"/> Non reactive <input type="checkbox"/> Reactive
Hepatitis B (HepBsAb)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Varicella AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune

IMMUNIZATION DATES							
MMR				Hepatitis B or Twinrix			
Td (Tetanus)				Tdap (one time only)			
Varicella							

\*Persons with positive HepBsAg: Provider must address whether acute hepatitis or chronic hepatitis condition.

**TB skin test (2 step required):**

Mantoux (PPD) Step 1: Date given: \_\_\_\_\_ initials \_\_\_\_\_ Date read: \_\_\_\_\_ mm induration \_\_\_\_\_ initials \_\_\_\_\_

Mantoux (PPD) Step 2: Date given: \_\_\_\_\_ initials \_\_\_\_\_ Date read: \_\_\_\_\_ mm induration \_\_\_\_\_ initials \_\_\_\_\_

**Referred for Chest X-Ray:** Film Date \_\_\_\_\_ Impression:  normal  abnormal  Free from communicable tuberculosis

**Known Positive PPD:** Date of positive reaction: \_\_\_\_\_ Date of oral assessment screening \_\_\_\_\_  cleared

**PHYSICAL EXAMINATION**

Date of exam: \_\_\_\_\_

**WNL = Within Normal Limits**

**Known Allergies:** \_\_\_\_\_

HEENT \_\_\_\_\_ Lungs \_\_\_\_\_ Cardiac \_\_\_\_\_ Extremities \_\_\_\_\_

Spine \_\_\_\_\_ Neuro \_\_\_\_\_

I hereby certify that I have examined the above named student and the student is in good mental and physical condition for the nursing program at Citrus College.

Comments: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

Phone \_\_\_\_\_

**CITRUS COLLEGE**  
**1000 W. Foothill Blvd.**  
**Glendora, CA 91741-1899**

**NURSING PROGRAM HEALTH REQUIREMENTS**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

The nursing program requires baseline communicable disease titers. Applicants with non immune status will be required to obtain the appropriate vaccine(s) and a follow up titer(s).

Titer	Date Drawn	Result	Reference Range for positive (immune status)	Results of titers
Rubella AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Rubeola AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Mump AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Hepatitis B (HepBsAg)*				<input type="checkbox"/> Non reactive <input type="checkbox"/> Reactive
Hepatitis B (HepBsAb)				<input type="checkbox"/> immune <input type="checkbox"/> non immune
Varicella AB (IGG)				<input type="checkbox"/> immune <input type="checkbox"/> non immune

IMMUNIZATION DATES					
MMR				Hepatitis B or Twinrix	
Td (Tetanus)				Tdap (one time only)	
Varicella					

\*Persons with positive HepBsAg: Provider must address whether acute hepatitis or chronic hepatitis condition.

**TB skin test (2 step required):**

Mantoux (PPD) Step 1: Date given: \_\_\_\_\_ initials \_\_\_\_\_ Date read: \_\_\_\_\_ mm induration \_\_\_\_\_ initials \_\_\_\_\_

Mantoux (PPD) Step 2: Date given: \_\_\_\_\_ initials \_\_\_\_\_ Date read: \_\_\_\_\_ mm induration \_\_\_\_\_ initials \_\_\_\_\_

Referred for Chest X-Ray: Film Date \_\_\_\_\_ Impression:  normal  abnormal  Free from communicable tuberculosis

Known Positive PPD: Date of positive reaction: \_\_\_\_\_ Date of oral assessment screening \_\_\_\_\_  cleared

**PHYSICAL EXAMINATION**

Date of exam: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

HEENT \_\_\_\_\_ Lungs \_\_\_\_\_ Cardiac \_\_\_\_\_ Extremities \_\_\_\_\_

Spine \_\_\_\_\_ Neuro \_\_\_\_\_

I hereby certify that I have examined the above named student and the student is in good mental and physical condition to participate in the nursing program at Citrus College.

Comments: \_\_\_\_\_

Provider Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

Phone \_\_\_\_\_

**HEALTH HISTORY**  
(To be filled out by student)

Have you ever had any of the following conditions? Give dates with explanations.

Impairment of hearing _____	Loss of weight _____
Frequent headaches _____	Marked fatigue _____
Discharging ear _____	Spitting of blood _____
Sleeplessness _____	Shortness of breath _____
Undue worry or fear _____	Pleurisy _____
Dizziness or unconsciousness _____	Hernia _____
Epilepsy or convulsions _____	Abdominal pain _____
Persistent cough _____	Constipation _____
Rheumatism/rheumatic fever _____	Indigestion _____
Palpitation or heart disease _____	Venereal disease _____
Surgical operation _____	Nature & date _____
Severe accident _____	Nature & date _____

Tuberculosis, you or family member \_\_\_\_\_  
If so, who & when last contacted \_\_\_\_\_  
What relatives have had diabetes? \_\_\_\_\_

Check the following diseases you may have had as a child or an adult:

_____ Chickenpox	_____ Measles	_____ Diabetes
_____ Diphtheria	_____ German Measles	_____ Kidney trouble
_____ Mumps	_____ Scarlet fever	_____ Polio
_____ Pneumonia	_____ Whooping cough	_____ Osteomyelitis
_____ Influenza	_____ Typhoid fever	_____ Dysmennorrhoea
_____ Asthma	_____ Chronic amoebic or bacillary dysentery	_____ Chronic recurrent appendicitis

List any other illnesses you have had: \_\_\_\_\_  
\_\_\_\_\_

List any medication you are on: \_\_\_\_\_  
\_\_\_\_\_

Do you have any mental or physical condition that would prevent you from successful achievement in this occupational field? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

I verify that the above information is correct and I understand that any falsification of any information may result in my being dropped from the nursing program. I also give permission for my health files to be kept in my folder in the Health Sciences Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**CITRUS COLLEGE**  
1000 W. Foothill Blvd.  
Glendora, CA 91741-1899  
(626) 914-8720

PHYSICIAN'S RECORD OF PRE-ENTRANCE HEALTH EXAMINATION (To be filled out and signed by physician and on permanent file at Citrus College before student will be allowed patient contact.)

NAME OF APPLICANT \_\_\_\_\_ Date of Birth \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ Skin \_\_\_\_\_

Deformities \_\_\_\_\_ Posture \_\_\_\_\_ Joints \_\_\_\_\_

Back \_\_\_\_\_ Any present/previous problems \_\_\_\_\_

Speech defects \_\_\_\_\_ Nose and Sinuses \_\_\_\_\_

Ears \_\_\_\_\_ Vision \_\_\_\_\_ Mouth \_\_\_\_\_

Throat \_\_\_\_\_ Tonsils present \_\_\_\_\_ Diseased \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_

Evidence of Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ Nervous System \_\_\_\_\_

Pelvic-Genitourinary \_\_\_\_\_ Endocrine System \_\_\_\_\_

TESTS:

Tuberculin: Date Administered \_\_\_\_\_ Results \_\_\_\_\_

Are the following IMMUNIZATIONS up-to-date?

Tetnus: Yes \_\_\_\_\_ No \_\_\_\_\_  
Measles: Yes \_\_\_\_\_ No \_\_\_\_\_

Polio: Yes \_\_\_\_\_ No \_\_\_\_\_  
Varicella: Yes \_\_\_\_\_ No \_\_\_\_\_

After this examination, do you believe that the health of this applicant is such that he/she should undertake the EMERGENCY MEDICAL TECHNICIAN I-A PROGRAM at Citrus College?

---

DATE \_\_\_\_\_ SIGNATURE OF PHYSICIAN \_\_\_\_\_

Name of Physician (type or print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ STATE LICENSE NUMBER \_\_\_\_\_

## HEALTH HISTORY

(To be filled out by student prior to physical examination.)

Have you ever had any of the following conditions? Give dates with explanations.

Impairment of hearing _____	Loss of weight _____
Frequent headaches _____	Marked fatigue _____
Discharging ear _____	Spitting of blood _____
Sleeplessness _____	Shortness of breath _____
Undue worry or fear _____	Pleurisy _____
Dizziness or unconsciousness _____	Hernia _____
Epilepsy or convulsions _____	Abdominal pain _____
Persistent cough _____	Constipation _____
Rheumatism/rheumatic fever _____	Indigestion _____
Palpitation or heart disease _____	Venereal disease _____
Surgical operation _____	Nature and date _____
Severe accident _____	Nature and date _____

Tuberculosis, you or family member? \_\_\_\_\_  
If so, who and when last contacted? \_\_\_\_\_  
What relatives have had diabetes? \_\_\_\_\_

Check the following diseases you may have had either as a child or an adult:

_____ Chickenpox	_____ Measles	_____ Diabetes
_____ Diphtheria	_____ German Measles	_____ Kidney trouble
_____ Mumps	_____ Scarlet Fever	_____ Polio
_____ Pneumonia	_____ Whooping Cough	_____ Osteomyelitis
_____ Influenza	_____ Typhoid Fever	_____ Dysmenorrhea
_____ Asthma	_____ Chronic amoebic or Bacillary Dysentery	_____ Chronic recurrent Appendicitis

List any other illnesses you have had: \_\_\_\_\_  
\_\_\_\_\_

List any medication you are on: \_\_\_\_\_  
\_\_\_\_\_

Do you have any mental or physical condition that would prevent you from successful achievement in this occupational field?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain:

I verify that the above information is correct and I understand that any falsification of any information may result in my being dropped from the EMT I-A Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Citrus College

1000 W. Foothill Blvd.  
Glendora, CA 91741-1899  
(626-914-8727)

## RDA PROGRAM

PHYSICIAN'S RECORD OF PRE-ENTRANCE HEALTH EXAMINATION  
(To be filled out and signed by physician)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### TESTS/IMMUNIZATIONS:

Tuberculin: Date given: \_\_\_\_\_ Date read: \_\_\_\_\_ mm induration \_\_\_\_\_ initials \_\_\_\_\_  
Hepatitis B: Titer results: \_\_\_\_\_ Vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Are you current on your Tetanus? Yes \_\_\_\_\_ No \_\_\_\_\_

---

### PHYSICAL EXAMINATION

#### Known Allergies:

\_\_\_\_\_

HEENT \_\_\_\_\_ Lungs \_\_\_\_\_ Cardiac \_\_\_\_\_ Extremities \_\_\_\_\_

Spine \_\_\_\_\_ Neuro \_\_\_\_\_ Posture \_\_\_\_\_ Joints \_\_\_\_\_

I hereby certify that I have examined the above named student and the student is in good mental and physical condition for the REGISTERED DENTAL ASSISTING PROGRAM at Citrus College.

### COMMENTS:

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

PROVIDER SIGNATURE \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**HEALTH HISTORY**

(To be filled out by student prior to physical examination)

Have you ever had any of the following conditions? Give dates with explanations.

Impairment of hearing _____	Loss of weight _____
Frequent headaches _____	Marked fatigue _____
High/Low Blood Pressure _____	Spitting of blood _____
Sleeplessness _____	Shortness of breath _____
Undue worry or fear _____	Anemia _____
Dizziness or unconsciousness _____	Hepatitis _____
Epilepsy or convulsions _____	Abdominal pain _____
Persistent cough _____	Constipation _____
Rheumatism/rheumatic fever _____	Indigestion _____
Palpitation or heart disease _____	Venereal disease _____

Surgical operation _____	Nature & date _____
Severe accident _____	Nature & date _____

Tuberculosis, you or family member \_\_\_\_\_  
 If so, who & when last contacted \_\_\_\_\_  
 What relatives have had diabetes? \_\_\_\_\_

Check the following diseases you may have had either as a child or an adult:

_____ Chickenpox	_____ Influenza	_____ Measles
_____ Diphtheria	_____ Asthma	_____ German Measles
_____ Mumps	_____ Scarlet fever	_____ Kidney trouble
_____ Pneumonia	_____ Diabetes	_____ Polio

List any other illnesses you have had: \_\_\_\_\_

List any medication you are on: \_\_\_\_\_

Do you have any mental or physical condition that would prevent you from successful achievement in this occupational field? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the above information is correct and I understand that any falsification of any information may result in my being dropped from the R.D.A. Program.

_____	_____
Signature	Date

Citrus College  
100 W. Foothill Blvd.  
Glendora, CA 91741-1899  
(626) 914-8728

**RDA PROGRAM**

**Dentist's Record of Pre-Entrance Dental Health Exam**

It is the intention of the Citrus College Registered Dental Assisting Program that each student maintains good oral health and a disease-free dentition.

Student's Name: \_\_\_\_\_

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

DATE OF INITIAL EXAMINATION: \_\_\_\_\_

Type of Dental Care

- Complete prophylaxis/calculus free
- Full mouth x-rays (If radiographs can be deferred, that will allow the student to sit as a patient when enrolled in Radiology)
- Periodontal exam
- All restorative charted with next appointment scheduled (if needed)
- Recall visit scheduled:  3 months     4 months     6 months
  
- All dental work is completed \_\_\_\_\_ (date)
  
- Work in Progress
  - Restorative (filling/crown/bridge, etc.)
  - Periodontal (root planning/curettage/corrective procedure)

Next appointment \_\_\_\_\_ (date)

Comments \_\_\_\_\_

Print Name: \_\_\_\_\_ D.D.S. / D.M.D.

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Citrus College  
RDA PROGRAM

**CHANGES IN STUDENT'S HEALTH**

Any changes in the student's health, including but not limited to pregnancy, allergies, and medications being taken, shall be reported to the Dental Assisting Program Director immediately, before giving or receiving any dental assisting procedures.

Failure to notify the Program Director of changes in a timely manner may result in dismissal from the program.

**MEDICAL RELEASE**

**MEDICAL CONSENT:**

In the event of any medical emergency, Student (check one and initial)  does  does not authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care that the District program supervisor(s) deems necessary for the safety and protection of the Participant.

Are you currently under a physician's care for any illness or injury?       yes       no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any prescription drug/s?       yes       no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be contacted in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read this Medical Consent and understand its terms. I execute it voluntarily with full knowledge of its significance.

\_\_\_\_\_  
Signature of student  
or parent / guardian(if student is a minor)

\_\_\_\_\_  
Date

**Citrus College**  
1000 W. Foothill Blvd.  
Glendora, CA 91741-1899  
(626) 914-8720

PHYSICIAN'S RECORD OF PRE-ENTRANCE HEALTH EXAMINATION (To be filled out and signed by physician and on permanent file at Citrus College **BEFORE** student will be allowed patient contact).

NAME OF APPLICANT \_\_\_\_\_ Date of Birth \_\_\_\_\_

Weight _____	Height _____
Skin _____	Deformities _____
Posture _____	Joints _____
Back _____	Any present/previous problems _____
Speech Defects _____	Nose & Sinuses _____
Ears _____	Vision _____
Mouth _____	Throat _____
Tonsils present _____	Diseased _____
Heart _____	Lungs _____
B/P _____	Pulse _____
Evidence of Tuberculosis _____	Diabetes _____
Abdomen _____	Hernia _____
Nervous System _____	Pelvic-Genitourinary _____
Endocrine System _____	

THE FOLLOWING IS **REQUIRED** BY COLLEGE AND HOSPITAL INSURANCE COVERAGE:

TESTS:

Tuberculin/PPD:      Date Administered \_\_\_\_\_ **Signature** \_\_\_\_\_

Date Read \_\_\_\_\_ **Results** \_\_\_\_\_ mm induration **Signature** \_\_\_\_\_

Chest X-ray Date \_\_\_\_\_ Attach Results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After this examination, do you believe that this student is free from any communicable disease and that the health of this applicant is such that he/she should undertake the NURSING ASSISTANT PROGRAM at Citrus College? **(Circle One)** Yes      No

\_\_\_\_\_

DATE \_\_\_\_\_ **SIGNATURE OF PHYSICIAN** \_\_\_\_\_

Name of Physician (print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ STATE LICENSE NUMBER \_\_\_\_\_

HEALTH HISTORY

(To be filled out by student prior to physical examination)

Have you ever had any of the following conditions? Give dates with explanations.

Impairment of hearing _____	Loss of weight _____
Frequent headaches _____	Marked fatigue _____
Discharging ear _____	Spitting of blood _____
Sleeplessness _____	Shortness of breath _____
Undue worry or fear _____	Pleurisy _____
Dizziness or unconsciousness _____	Hernia _____
Epilepsy or convulsions _____	Abdominal pain _____
Persistent cough _____	Constipation _____
Rheumatism/rheumatic fever _____	Indigestion _____
Palpitation or heart disease _____	STD _____
Surgical operation _____	Nature & date _____
Severe accident _____	Nature & date _____

Tuberculosis, you or family member \_\_\_\_\_  
 If so, who & when last contacted \_\_\_\_\_  
 What relatives have had diabetes? \_\_\_\_\_

Check the following diseases you may have had either as a child or an adult:

_____ Chickenpox	_____ Measles
_____ Diabetes	
_____ Diphtheria	_____ German Measles
_____ Kidney trouble	
_____ Mumps	_____ Scarlet fever
_____ Polio	
_____ Pneumonia	_____ Whooping cough
_____ Osteomyelitis	
_____ Influenza	_____ Typhoid fever
_____ Dysmenorrhea	
_____ Asthma	_____ Chronic amoebic or bacillary dysentery
_____ Chronic recurrent appendicitis	

List any other illnesses you have had: \_\_\_\_\_

List any medication you are on: \_\_\_\_\_

Do you have any mental or physical condition that would prevent you from successful achievement in this occupational field?

YES \_\_\_ NO \_\_\_\_\_

If yes, please explain:

I verify that the above information is correct and I understand that any falsification of any information may result in my being dropped from the Nursing Assistant Program.

Signature

Date



### 3. Referrals

## AMBULATORY CENTERS

### ALHAMBRA HEALTH CENTER

612 W. Shorb St.  
3:30 pm  
Alhambra 91803  
(626) 308-5369

**TB Clinic:** Mon. – Fri. 8:00 – 10:30 am & 12:30 –  
12:30 – 3:00 pm  
**Chest x-rays (TB follow up with positive skin test)**  
**Adult Walk-In Clinic:** Includes STD; call for hours

### AZUSA HEALTH CENTER

150 N. Azusa Ave.  
Azusa 91702  
(626) 334-1201

**Adult Clinic:** Mon., Tues. Wed. 8:00 am – 4:00 pm  
Thurs. 10:00 am – 6:30 pm  
Fri. 8:00 am – 4:30 pm

\$40.00 office visit. Includes lab, x-ray. Rx extra. Sliding fee available  
(Serves Azusa, Irwindale, Glendora and portions of Covina (north of Arrow Hwy.) and San Dimas)

### COUNTY/USC GENERAL

USC Medical Center  
1200 N. State St.  
Los Angeles, CA  
(213) 226-2622

### EL MONTE COMPREHENSIVE

10953 Ramona Blvd.  
El Monte 91731  
(626) 579-8463 (Information)  
(626) 579-8351 (Adult Services)  
(626) 579-8391 (Dental)  
(626) 579-8341 (Pediatric)  
(626) 579-8423 (Prenatal)

**Adult Walk-In Clinic:** Mon. – Fri. 7:30 am

\$35.00 office visit. Includes labs, x-rays. Rx extra. Sliding fee available

### LA PUENTE HEALTH CENTER

15930 Central Ave.  
La Puente 91744  
(626) 968-3711

**TB Clinic:** 8:00 am – 12:30  
**Adult Clinic:** By appt. only. Call for hours  
(No TB or STD follow up)

### MONROVIA HEALTH CENTER

330 W. Maple Ave.  
Monrovia 91016  
(626) 301-4003  
(626) 359-0783 (fax)  
(626) 301-4034 (TB nurse)

**TB Clinic:** Mon. – Fri. 8:00 am – 3:00 pm  
Wed. 10:00 am – 5:00 pm  
**STD Clinic:** Mon. 12:30 pm – 3:00 pm  
Wed. 10:00 am – 12:30 pm & 1:30 – 4:00 pm  
Thurs. 8:00 am – 10:00 am & 12:30 – 3:00 pm

(Serves Monrovia, Altadena, Duarte, Sierra Madre and portions of Pasadena and Arcadia)

### ONTARIO HEALTH CENTER

1647 E. Holt Blvd.  
Ontario  
(909) 458-9716

**TB Clinic:** \$10.00  
Mon, Tues, Wed, Fri 9:00 am – 11:30 am  
**STD Clinic:** \$15.00  
Fri 8:00 am – 10:45 am

### PASADENA HEALTH DEPARTMENT

1845 N. Fair Oaks  
Pasadena  
(626) 744-6000

**TB Clinic:** \$8.00  
**STD Clinic:** Tues. 5:00 pm  
\$25.00 or Medi-Cal, HIV free

### PICO RIVERA HEALTH CENTER

6336 S. Passons Blvd.  
Pico Rivera 90661  
(213) 949-6611

**Adult Clinic:** By appt. only  
G.P. available Mon. – Fri. 9:00 am – 5:00 pm

**POMONA HEALTH CENTER**

750 S. Park Ave.  
Pomona 91766  
(909) 868-0235  
(909) 868-0241

**TB Clinic:** Mon. – Fri. 8:00 am – 3:30 pm  
Thurs. 10:00 am – 5:30 pm  
(Free chest x-ray for positive Mantoux – new converters only)  
**STD Clinic:** Tues. 12:00 pm– 2:30 pm  
Thurs. 10:00 am – 12:00 pm

**SAN BERNADINO CO. HEALTH DEPARTMENT**

(909) 387-6280

**WHITTIER HEALTH CENTER**

7643 S. Painter Ave.  
Whittier 90602  
(562) 464-5350

**TB Clinic:** Mon. – Fri. 8:00 am – 11:00 am  
& 12:30 pm – 4:00 pm  
**STD/HIV** Mon. – Thurs. 12:00 pm – 3:00 pm  
Thurs. 4:30 pm – 7:00 pm

# Citrus College Student Health Center

## Community Referrals

<b>Los Angeles County Human Services (24/7):</b> Information specialists who provide agencies in your area that assist you in accessing services for family problems, emergency food & shelter, health services, counseling, substance abuse, legal referrals, mental health, transportation, welfare and many more services.	Los Angeles	323-686-0950
	San Gabriel Valley	626-350-6833

<b>Public Health Department (PHDs):</b>	1-800-339-6993 Press "7" to learn which PHD serves you.	<b>Huntington Memorial Hospital</b> <u>Physician Referral line:</u>	1-800-903-9233 Computerized referral service to physicians available 24 hrs. This service can also give up-to-date information on medical or dental physicians who accept Medi-Cal.
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**No/Low Cost Medical Agencies for San Gabriel Valley (Please note: Citrus College provides this list without endorsement of agencies. Costs subject to change):**

CLINIC	ADDRESS	PHONE NUMBER	COSTS	OTHER SERVICES AVAILABLE
Arroyo Vista Family Health Center	6000 N. Figueroa St. Los Angeles, CA 90042	323-254-5291	As low as \$30, if eligible bring paycheck stub as proof	Physicals, optometry, and dental services by appointments.
Asian Pacific Health Care Venture	1530 Hillhurst Ave., #200 Los Angeles, CA 90027	323-644-3880	Discounted/varies Medi-Cal, Medicare, & multiple plans accepted.	Primary care, STD/HIV testing. Women's health & pediatrics. Youth clinic less than 24 years of age.
Bill Moore Community Health Clinic (URDC)	1460 N. Lake Ave., # 107 Pasadena, CA 91104	626-398-3796 (Press #3)	Physicals at low cost. Straight Medi-Cal accepted	Physicals, STD testing, and family medicine practice.
Buddhist Tzu-Chi Free Clinic Tues-Sat. 9:30-11:00 am & 1-4 pm Appointments required	1000 S. Garfield Ave. Alhambra, CA 91801	626-281-3383	Must bring financial information to qualify.	Primary care, optometry and dental services available
CHAP Clinic Mon-Fri 8-4:30 pm Sat. 9-1 urgent care only	1855 N. Fair Oaks, 2 <sup>nd</sup> Fl. Pasadena, CA 91103	626-398-6300	Medi-Cal accepted.	Physical exams, immunizations, TB skin tests, diabetes and hypertension management, and x-ray services.
Cleaver Family Wellness Clinic	4368 Santa Anita Ave. El Monte, CA 91731	626-579-0290	Medi-Cal accepted.	General medicine and family practice, physical exams, gynecological exams, nutrition/health education, and lab services.
East Valley Community Center	680 Fairplex Drive Pomona, CA 91768	909-620-8088	Medi-Cal accepted	Primary, dental and pediatric services, specialty and mental health care services. <i>Special Note: County Facility</i>
El Monte Comprehensive Clinic Walk-in only; Mon-Fri 8am-8:30pm Sat. 8am-5pm	10953 Ramona Blvd. El Monte, CA 91731	800-383-4600	\$40 per visit – No discounts Medi-Cal accepted	Urgent, primary, dental, optometry, women's health. <i>Special Note: County Facility</i>
LA County-USC Healthcare Network Call for appointment	1200 N. State St. Los Angeles, CA 90023	323-226-2622	Medi-Cal accepted	Walk-in Clinic: 7am-11pm 7 days week Emergency Room: 24/7 Multiple Specialty Clinics: M-F 8am-5pm

**No/Low Cost Medical Agencies for San Gabriel Valley (continued):**

CLINIC	ADDRESS	PHONE NUMBER	COSTS	OTHER SERVICES AVAILABLE
Los Angeles Free Clinic Mon-Thurs 12:30-7:30 pm Appointments require a 2 week wait	8405 Beverly Blvd or 6043 Hollywood Blvd.	323-653-1990  323-462-8632	Free lab, exams and services	Free: HIV & STD testing, PAP, Birth Control, Psychological Services, Women's wellness clinic. Pharmacy on site
Pasadena Dispensary Mon-Tues – Thurs-Fri	711 Fairmount Ave. Pasadena, CA 91105	626-397-5485	Initial visit \$40. Subsequent medical costs vary.	Multiple specialties available.
Pasadena Public Health Department	1845 N. Fair Oaks Pasadena, CA 91103	626-744-6005		Some services restricted to Pasadena residents.
Roybal Comprehensive Health Center	245 S. Fetterly Ave. Los Angeles, CA 90022	323-780-2340	Medi-Cal accepted	Primary, dental and pediatric services. Specialty and mental health care services available. <i>Special Note:</i> County Facility

**Emergent Care Services:**

HOSPITAL	ADDRESS	PHONE NUMBER	HOSPITAL	ADDRESS	PHONE NUMBER
East Valley Hospital	150 W. Route 66 Glendora, CA 91741	626-825-5000	LAC/USC Women's & Children's Hospital	1200 N. State St. Los Angeles, CA 90023	323-226-3468
Foothill Presbyterian Hospital	250 S. Grand Ave. Glendora, CA 91741	626-963-8411	Methodist Hospital	300 W. Huntington Dr. Arcadia, CA 91007	626-445-4441
Huntington Memorial Hospital	100 W. California Blvd. Pasadena, CA 91105	626-397-8505	Pomona Valley Hospital	1798 N. Garey Ave. Pomona, CA 91767	909-865-9500
LAC/USC Medical Center	1200 N. State St. Los Angeles, CA 90023	323-226-2622	San Gabriel Valley Medical Center	218 S. Santa Anita St. San Gabriel, CA 91776	626-289-5454

MENTAL HEALTH RESOURCES	PHONE NUMBER	ADDRESS	SERVICES AVAILABLE
Arcadia Mental Health Center (Mental health assistance for patients and families)	626-821-5858	330 E. Live Oak Ave Arcadia, CA 91006	Crisis evaluation and stabilization. Walk-in, medication, psychiatric mobile response. Intensive care management for the severely/persistently mentally ill
Aurora Charter Oak Hospital	800-654-2673	1161 E. Covina Blvd. Covina, CA 91722	Free assessments, psychiatric mobile response team for crisis evaluation and stabilization. Intensive care management for severely and persistent mentally ill on an inpatient and outpatient basis.
Los Angeles Community Counseling Center	626-932-1000	248 E. Foothill Blvd. Monrovia, CA 91016	
Center for Pacific Asian Families (Crisis counseling and supportive services)	800-339-3940		
Mental Health Referral and Crisis (Los Angeles County) Mental Health Crisis	800-854-7771 800-999-9999		
National Child Abuse Hotline (Counseling for parents, children & adults who were abused children)	800-422-4453		
Suicide Prevention Center Crisis Line	877-727-4747 310-391-1253		

DOMESTIC VIOLENCE	PHONE NUMBER
Battered Women (Counseling and shelter)	800-548-2722 (English/Spanish) 323-653-4042 (Asian/Pacific)
LACAAW (Los Angeles Commission on Assaults Against Women)	626-585-9166

## Citrus College Student Health Center

### Specialty Referrals

#### Dental Resources:

CLINIC	ADDRESS	PHONE NUMBER	SERVICES AVAILABLE
Arroyo Vista Family Health Center	6000 N. Figueroa St. Los Angeles, CA 90042	323-254-5291	Adults and children Cost: Medi-Cal, sliding scale
Community Health Alliance of Pasadena	1855 N. Fair Oaks Pasadena, CA 91103	626-398-6300	General dentistry
El Monte Comprehensive Clinic	10953 Ramona Blvd. El Monte, CA 91731	626-579-8303	General dentistry, free – must not have any insurance. Ages 5 and older
LA Free Clinic	8405 Beverly Blvd. Los Angeles, CA 90048	323-653-1990	Cleanings, fillings and extractions only: Call Tuesday at 1 pm appointments.
Pasadena City College	1570 E. Colorado Blvd. Pasadena, CA 91106	626-585-7241	Dental cleaning, exams, X-rays only. Cleaning \$10 and X-ray \$10 (Students less)
San Gabriel Valley Dental Society	312 Las Tunas San Gabriel, CA	626-285-1174	Call for dental referral services
USC School of Dentistry	925 West 34 <sup>th</sup> St. Los Angeles, CA 90089	213-740-0412 (Children) 213-740-2862 (Adults)	General and special dentistry. Cost: \$20 first visit (5-12), \$40 for adults and less than 5 yr. Medi-cal accepted; free care for HIV and children

#### Optometry:

CLINIC	ADDRESS	PHONE NUMBER
Arroyo Vista Family Health Center	6000 N. Figueroa St. Los Angeles, CA 90042	323-254-5291
Buddhist Tzu-Chi Free Clinic Tues.-Sat. 9:30-11 am & 1-4 pm. Appointments required	1000 S. Garfield Ave. Alhambra, CA 91801	626-281-3383
El Monte Comprehensive Clinic Walk-in only: Mon.-Fri. 8am-8:30 pm, Sat. 8am-5 pm	10953 Ramona Blvd. El Monte, CA 91731	800-383-4600
LA Free Clinic	6043 Hollywood Blvd. Los Angeles, CA	323-462-8632
Wal-Mart Vision Care Center – Covina Mon.-Fri. 9am-9pm; Sat. 9:00 am-7:00 pm; Sun. 11 am-5 pm Doctor's Hours vary. Call or stop by for appointment Eye exam \$49, frames \$18 and up, lenses \$30 and up	1275 N. Azusa Ave. Covina, CA 91722	626-331-1570
Wal-Mart Vision Care Center – Duarte Mon.-Fri 9am-9pm; Sat. 9am-7pm; Sun. 11am-6pm Doctor's Hours: Kenneth Christopher O.D. Mon.-Fri. 10am-7pm; Sat. 9am-6pm; Sun. 11am-5pm Eye exam \$45, frames \$18 and up, lenses \$30 and up	1600 E. Mountain Ave. Duarte, CA 91010	626- 359-2998
Wal-Mart Vision Care Center - Glendora	1950 Auto Center Drive Glendora, CA 91740	626-305-1121
Wal-Mart Vision Care Center – City of Industry Mon.-Fri. 9am-9pm; Sat. 9am-7pm; Sun. 11am-4pm Doctor's Hours: Dr. Holland Mon.-Fri. 10am-5:30pm; Sat. 9:30am-4:30pm Eye exam \$49, frames & 18 and up, lenses \$30 and up	17150 East Gale Ave. City of Industry, CA 91745	626-913-5055

**Please note: Citrus College Student Health Center provides this list without endorsement or guarantee of any particular provider or service.**

**Women's Health Care (Pap Smears, STDs testing, & Contraception):** \* Abnormal PAP Follow-up

CLINIC	ADDRESS	PHONE NUMBER	CLINIC	ADDRESS	PHONE NUMBER
Asian Pacific Health Care Venture	1530 Hillhurst Ave. Los Angeles, CA 90027	323-644-3880	El Monte Comprehensive Clinic*	10953 Ramona Blvd. El Monte, CA 91731	626-579-8303
Bill Moore Community Health Clinic (URDC)	1460 N. Lake Ave., # 107 Pasadena, CA 91104	626-398-3796 (Press #3)	LA Free Clinic	6043 Hollywood Blvd. Los Angeles, CA	323-653-1990
Cleaver Family Wellness Clinic	4368 Santa Anita Ave. El Monte, CA 91731	626-579-0290	Pasadena Dispensary* Tuesday mornings	711 Fairmount Ave. Pasadena, CA 91105	626-397-5485

**Pregnancy Options:**

PRE-NATAL CLINIC	ADDRESS	PHONE NUMBER
Black Infant Health Project	1845 N. Fair Oaks, Room 120 Pasadena, CA 91103	626-744-6092 626-744-6093
El Monte Comprehensive Clinic - Pre-Natal	10953 Ramona Blvd. El Monte, CA 91731	626-579-8423
LAC/USC Medical Center Women's Hospital	1240 N. Mission Road Los Angeles, CA 90033	323-226-3166
Pasadena Public Health Pre-Natal Clinic	1845 N. Fair Oaks, 2 <sup>nd</sup> Fl. Rm 2130 Pasadena, CA 91103	626-744-6008 626-744-6125 626-304-0025

**Emergency Contraception:**

CLINIC	ADDRESS	PHONE NUMBER
Azusa Medical Pharmacy	507 N. Azusa Azusa, CA 91702	626-969-4202
Arrow Medical Pharmacy	453 E. Arrow Hwy, #E Azusa, CA 91702	626-339-6141
El Monte Comprehensive Clinic*	10953 Ramona Blvd. El Monte, CA 91731	626-579-8463
Planned Parenthood <u>Pasadena</u>	1045 N. Lake Ave. Pasadena, CA	626-798-0766
<u>Burbank</u>	916 W. Burbank Blvd. Burbank, CA	818-843-2009
<b>Other resources available on the Web: <a href="http://www.ec.help.org">www.ec.help.org</a> or 1-888-NOT-2-LATE</b>		

**Adoption Resources:**

CLINIC	ADDRESS	PHONE NUMBER
Adoption Warm Line		818-508-9276
Holy Family Services	402 N. Marengo Ave. Pasadena, CA 91101	626-432-5680
Independent Adoption Center	5777 W. Century Blvd. Suite 1240 Los Angeles, CA 90045	310-215-3180
Kinship Center LA	595 E. Colorado Blvd., Suite 810	626-744-9814
National Adoption Clearing House	330 C. Street SW Washington, DC 20447	703-352-3488 818-251-0075

**Abortion Resources:**

CLINIC	ADDRESS	PHONE NUMBER
Family Planning Associates	5050 San Bernardino St. Montclair, CA 91763	909-626-2463
LAC/USC Women's Hospital	1240 N. Mission Los Angeles, CA	323-226-8768
Pasadena Public Health	1845 N. Fair Oaks Pasadena, CA 91103	626-744-6008
Planned Parenthood – <u>Pasadena</u>	1045 N. Lake Ave. Pasadena, CA	626-798-0706
<u>Pomona</u>	1900 Royalty Dr., Suite 230 Pomona, CA	909-620-4268

## CITRUS COLLEGE STUDENT HEALTH CENTER

### DENTAL REFERRALS

#### L.A. COUNTY DENTAL CLINIC

##### **EDWARD ROYBAL COMPREHENSIVE HEALTH CENTER**

245 S. Fetterly, Los Angeles (East LA)  
(323) 780-2260 (appointments)  
Basic dental services—Mon.-Fri. 7:30 am—4:00 pm  
Emergency walk-in—Mon.- Fri. 7:30 am  
\$50.00 per visit—Payment plan on request

##### **EL MONTE COMPREHENSIVE HEALTH CENTER**

10953 Ramona Blvd., El Monte  
(626) 579-8391  
Limited services: Cleanings, fillings, simple root canals by appointment  
Emergency walk-in—7:30 am or 12:30 pm only Mon.—Fri.  
If low income, may qualify for free county program; otherwise \$50.00 per visit

#### SCHOOL USC OF DENTISTRY

925 West 34<sup>th</sup> St., Los Angeles  
(213) 740-1576 or (888) 8723368  
Basic dental services—Mon.—Fri. (except Tues.) 8:15 am or 1:00 pm & Tues. 1:00 pm only  
No appointment 1<sup>st</sup> visit. 1<sup>st</sup> come—1<sup>st</sup> served for the first 15 patients  
Initial screening \$80.00 for exam with x-rays  
Emergency services available, also 1<sup>st</sup> come—1<sup>st</sup> served starting at \$62.00

#### UCLA SCHOOL OF DENTISTRY

Tiverton & Le Conte (310) 206-3904—New patient services  
Mon.—Fri. 8:00am—4:45 pm  
Initial screening \$100.00 for exam with x-rays. 1<sup>st</sup> appoint 3 hours in length  
Urgent Care—(310) 206-4239 Mon.—Fri. 9:00 am—5:00 pm

#### LOMA LINDA UNIVERSITY DENTAL SCHOOL CLINIC

11092 Anderson St. Loma Linda, CA (909) 558-4222  
New patient screening (909) 558-4675  
Mon.—Thurs. 8:00 am—5:00 pm, Fri. 8:00 am—1:00 pm

#### L.A. COUNTY GENERAL HOSPITAL

EMERGENCY DENTAL CLINIC  
1175 N. Cummings, LA (Room 2P 48) (323) 226-5013  
Oral surgery only

#### LOS ANGELES FREE CLINIC, DENTAL SERVICES

8405 Beverly Blvd., LA (323) 653-1990

#### PASADENA CITY COLLEGE

Call for appointment (626) 585-7241  
Cleaning services available. X-rays done with dentist's prescription.

#### SAN GABRIEL VALLEY DENTAL SOCIETY

(626) 285-1174 Call for additional referrals



## Mental Health Resources

### **Arcadia Mental Health Center**

330 E. Live Oak Ave  
Arcadia, CA 91006  
(626) 821-5858

Intensive care management for severely/persistently mentally ill only. Initial evaluation is free. LPT on staff. Walk-in 8-10am, M-F. Psychiatric mobile response.

### **Angeles Community Counseling Center**

248 E. Foothill Blvd, 2<sup>nd</sup> floor  
Monrovia, CA 91016  
(626) 932-1000

Marriage and Family Counseling. Sliding scale payment with minimum of \$20.00.  
Leave a message on intake phone and someone will call back. M&F Therapist on staff  
Only

### **Aurora Charter Oak Hospital**

1161 E. Covina Blvd.  
Covina, CA 91722  
(800) 654-2673

Acute psychiatric facility. Evaluation for treatment, then referral. Free assessments,  
Psychiatric mobile response team for crisis evaluation and stabilization.

### **Pacific Clinics—East**

(877) 722-2727

Adult medication support only and must have LA County Medical insurance.

### **APU Mental Health Services**

(626) 815-5421

Sliding scale per income--\$30.00-\$70.00 per hour

### **L.A. County Mental Health (Arcadia)**

(626) 821-5858

Managing chronically and severely mentally ill for those with no insurance  
If unable to qualify for treatment, have referrals for help

### **Santa Anita Family Services**

716 N. Citrus  
Covina, CA  
(626) 966-1755

Individual and Group Counseling  
Fee based on sliding scale. No insurance

### **La Puente Mental Health Services**

Call Center (626) 227-7018

Individual counseling for those with severe mental disabilities  
If unable to provide services, have mental health referrals  
MediCal and Medicare only

### **211 L.A. County Information Line**

**Resources from Housing to Mental Health**

**Suicide Prevention Center Crisis Line**

(877) 727-4747

(310) 391-1253

**California Family Counseling Services**

1225 W. Huntington Dr. Suite 2

Arcadia, CA 91007

(626) 792-1184

Family and Private Counseling

Accepts insurance and also has pay by sliding scale \$25.00-\$100.00

Also has an intern program with appointments evenings and weekends

**Pasadena Mental Health Center**

1495 N. Lake Ave.

Pasadena, CA 91104

(626) 798-0907

General Counseling Only-no suicide or drug abuse

Graduate student interns supervised by Licensed Psychologist

Do not take insurance. Sliding scale only.



# H1N1 INFLUENZA FACT SHEET

## Common Flu Symptoms include sudden onset of:

- Fever > 100.4°
- Fatigue
- Headache
- Muscle aches
- Cough
- Sore throat

People with the flu usually have fevers that last for 2-5 days. Fevers caused by upper respiratory viruses usually resolve after 24-48 hours.

### How to Avoid the Flu

- Wash your hands often
- Avoid close contact with people who are sick
- Avoid touching your eyes, nose and mouth
  - Get an influenza vaccination

### People at High Risk

- Cancer
- HIV
- Heart or lung problems
- Pregnant women
- Infants/children
- People who have weakened immune systems or Chronic medical problems

These groups of people should avoid close contact with the sick and contact their health provider immediately if they do become sick or if they have come in close contact with someone with the flu.

### How Do I Care for Someone with the Flu?

- **WASH YOUR HANDS FREQUENTLY** and Limit contact with sick people
- Do not share personal hygiene items (towels, Eating utensils, toothbrushes, etc.)
  - Provide water and other fluids
- Provide over the counter medications to reduce fever and flu symptoms

### Who should stay home?

- If you are sick, practice healthy habits and stay home until 24 hours after your temperature returns to normal.

## Flu Treatment

Most people with the flu recover within 1 week without treatment. However it is important to seek immediate medical attention if you have:

- Shortness of breath or difficulty breathing
- Purple or blue discoloration of the lips
- Pain or pressure in the chest or abdomen
- Signs of dehydration such as dizziness when Standing or not passing urine
- Confusion or being less responsive or incoherent
  - Seizures
- Severe vomiting or are unable to keep fluids down

Treating the symptoms can help you feel better

- Rest until your symptoms are resolved
- Fluids – drink enough so that you do not become dehydrated
- Acetaminophen (eg Tylenol) or ibuprofen to relieve fever, headaches, and muscle aches
- **DO NOT** use Aspirin because it can lead to a serious disease called Reyes syndrome

## Antiviral Drugs

Most people with flu symptoms do not need antiviral medications. High risk patients should be evaluated within 24-48 hours of symptoms. Most flu illness resolves without the need to take medication.

## Antibiotics

Antibiotics do not help. They should be used only if there is a bacterial complication

## Where can I get more information?

Los Angeles County Department of Public Health  
<http://www.publichealth.lacounty.gov>  
Centers for Disease Control and Prevention (CDC)  
<http://www.cdc.gov/h1n1flu/generalinfo.htm>



**FREE**

**HIV TESTING**

**(Anonymous and Confidential)**

**Tuesdays**

**8:30 AM – 11:30 PM**

The East Valley Community Health Center  
will perform testing in the Student Health  
Center

**Please call 626-914-8671 or stop in the Student Health Center  
for any questions**

This services is provided in cooperation with the East Valley Community Health Center, which is the designated alternative testing site for the East San Gabriel Valley and is sponsored by the County of L.A. Department of Health Sciences –Aids Program Office

**Date:** September 2, 2009

**To:** Citrus College Faculty and Staff

**From:** Shauna Bigby RN MSN FNP-BC

**Subject:** H1N1 Influenza

Although the severity of flu outbreaks during the fall and winter of 2009-10 is unpredictable, more communities may be affected than were affected in spring/summer 2009, reflecting wider transmission and a greater impact.

Below is a list of recommendations that the Center for Disease Control has provided specifically for Institutions of Higher Education. These recommendations were created in efforts to prevent the spread of H1N1.

- Those with flu-like illness should stay away from classes and limit interactions with other people (called “self-isolation”), except to seek medical care, for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay away from others during this time period even if they are taking antiviral drugs for treatment of the flu. (For more information, visit <http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>.)
- Expect that a student demonstrating flu like symptoms will be absent for at least 7 to 10 days after the onset of their symptoms.
- Review and revise, as needed, policies, such as student absenteeism policies that make it difficult for students, to stay home when they are ill or to care for an ill family member.
- Do not require a doctor’s note to confirm illness or recovery. Doctor’s offices may be very busy and may not be able to provide such documentation in a timely way.
- If close contact with others cannot be avoided, the ill student should be asked to wear a surgical mask during the period of contact. Close contact includes things like caring for or living with the ill person.
- Instruct students with flu-like illness to promptly seek medical attention if they have a medical condition that puts them at increased risk of severe illness from flu, are concerned about their illness, or develop severe symptoms such as increased fever, shortness of breath, chest pain or pressure, or rapid breathing.
- Plan ways to continue educating students who stay home through distance learning methods.

It is important to point out that the vast majority of people who have the flu will make a quick recovery at home. However, we should take an active role in preventing the spread of infection.

# Wash Your Hands

with soap and warm water for 15-20 seconds  
**Protect yourself. prevent disease!**



# Lave sus Manos

con jabón y agua tibia por 15-20 segundos  
**¡Protéjase a usted mismo. Prevenga enfermedades!**

Լվացե՛ք Ձեր Ձեռքերը 請洗手 손을 씻읍시다  
Nhớ rửa tay ត្រូវលាងដៃរបស់អ្នក โปรดล้างมือ  
Мойте руки MAGHUGAS NG KAMAY اغسل يديك  
دست هایتان را بشوید

For more information, visit  
[www.lapublichealth.org](http://www.lapublichealth.org)

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Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



COUNTY OF LOS ANGELES  
**Public Health**



# Health Center Anxiety Support Group

Mondays

**November 9-December 7, 2009**

3:30 p.m.-5:00 p.m.

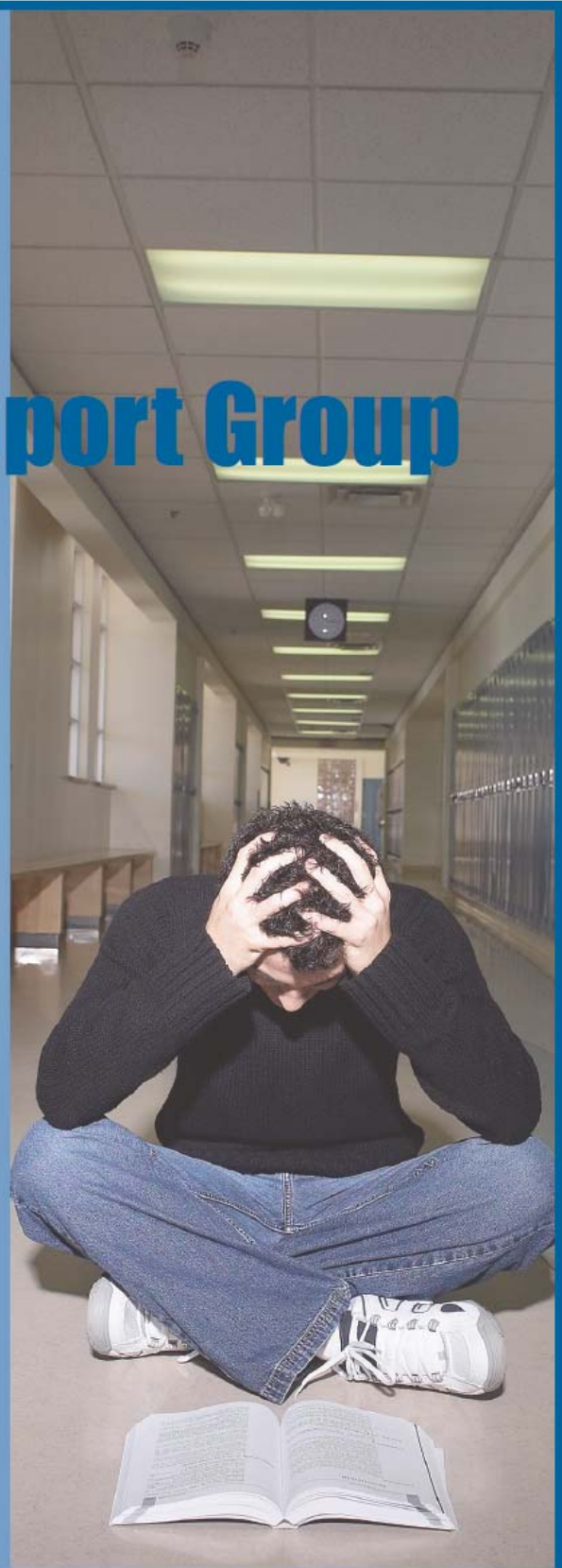
Lifelong Learning Center, Rm. 101

- Learn to identify the onset of anxiety
- Develop effective coping techniques
- Learn to avoid trigger situations
- Meetings held in a safe and supportive environment

**To RSVP or for more information  
call 626.852.8671**

*Limited Space Available*

1000 W. Foothill Blvd., Glendora, CA 91741  
[www.citruscollege.edu](http://www.citruscollege.edu)



The Student Health Center and the  
Associated Students of Citrus College present:

**FACT OR HYPE???**

**SWINE FLU!**

**ASK THE NURSE**



**Monday, October 26  
10 a.m.**

**Campus Center East Wing**

For more information,. Contact the Office of Student Life  
(626) 914-8603, [campuscenter@citruscollege.edu](mailto:campuscenter@citruscollege.edu)  
or visit the Student Health Center.





## VII. Appendix

### A. Catalog pages pertaining to program.

#### Security Office

Each pay phone on campus allows you to reach the Security Office by pressing \*11. Security's direct line is 626-914-8611

[www.citruscollege.edu/stdntsrv/security](http://www.citruscollege.edu/stdntsrv/security)  
[security@citruscollege.edu](mailto:security@citruscollege.edu)

Office Hours: Mon.-Thurs., 7 a.m.-8 p.m.  
Fri., 7 a.m.-3:30 p.m.

Location: CC

- For emergency assistance press \*11 from any pay phone, press 8611 from any office phone
- Vehicle jump starts
- Vehicle unlocks
- Lost and found
- Overnight parking information
- Parking citation information and appeals
- The Security Office provides a security escort on campus for any member of the college community upon request from dusk until dawn. During busy periods, callers may experience a 10-minute delay in the arrival of the officer. Security escorts are provided for safety, not convenience.

#### Student Health Center

626-914-8671

[www.citruscollege.edu/stdntsrv/healthcncr](http://www.citruscollege.edu/stdntsrv/healthcncr)

Office Hours: Mon.-Thurs., 8 a.m.-5 p.m.  
Mon. until 6:30 p.m. by appointment

Location: HH

All currently enrolled students who pay the student health fee are eligible to receive health care services from the on-campus Student Health Center. Many of the services provided by the Citrus College Student Health Center are free of charge. Some tests, medications, and procedures require a minimal fee.

Health Care Services include:

- Treatment of acute illness/ambulatory care
- Immunizations
- Tuberculin skin tests
- Over the counter (non-prescription) medications
- Condoms and personal hygiene items
- Commonly used low costs medications (prescribed by the campus healthcare providers)
- Family planning services
- Plan B emergency contraception
- Hearing and vision screening
- Off-campus referrals as needed
- Short term personal counseling
- Laboratory testing (blood, urine and pregnancy tests)

#### Stuffed Owl Café

626-914-8615

[www.citruscollege.edu/stdntsrv/owlcafe](http://www.citruscollege.edu/stdntsrv/owlcafe)  
[stuffedowl@citruscollege.edu](mailto:stuffedowl@citruscollege.edu)

Cafeteria Hours: Mon.-Thurs., 7:30 a.m.-2 p.m.

Vending Service Hours: Mon.-Thurs.,  
7:30 a.m.-8:30 p.m.

Location: CC, Lower Level

Located on the lower level of the Ross L. Handy Campus Center, the Citrus College cafeteria offers a wide range of food selections and a cyber place to meet and eat. Many breakfast items are offered, standard grill items are available for lunch, plus fresh pizza, fresh salads tossed to order, deli sandwiches, taco, burrito and tostada bar, and entrees of the day. The Campus Grind offers speciality coffee and pastry service.

Food services include:

- "Home Cooked" nutritious meals
- Deli sandwiches
- Snacks and drinks
- Wireless Internet access
- Concessions
- Vending

Vending Service is available at various locations on campus.

#### Student Employment Services

626-914-8596

[www.citruscollege.edu/stdntsrv/ses](http://www.citruscollege.edu/stdntsrv/ses)  
[jobplacement@citruscollege.edu](mailto:jobplacement@citruscollege.edu)

Office Hours: Mon., Wed., Thurs., 8 a.m.-5 p.m.  
Tues., 8 a.m.-6:30 p.m.

Location: ED 102

Services include:

- A job board listing on-and off-campus job openings
- Resume and interview preparation assistance
- Mock interviews
- Service Learning
- Co-operative Work Experience Education
- New-hire processing of on-campus student workers

#### Transfer Center

626-914-8639

Fax: 626-914-8544

[www.citruscollege.edu/stdntsrv/transcncr](http://www.citruscollege.edu/stdntsrv/transcncr)  
[transfercenter@citruscollege.edu](mailto:transfercenter@citruscollege.edu)

See Career/Transfer Center for more information.

Office Hours: Mon.-Thurs., 8 a.m.-6 p.m.

student's veterans status in order to assign him/her to someone experienced in helping veterans.

4. Submit the application for VA educational benefits, including member copy 4 of DD-214.
5. Reserve and National Guard personnel must submit a Notice of Basic Eligibility (VA form DD-2384), which is issued by the student's reserve or guard unit.
6. Submit all VA educational benefits paper work to the Veterans Representative, located in the Veteran's Center, ED 248, (626) 914-8516.

### **Additional Information Regarding VA Benefits**

Applications for VA benefits will not be processed until all college transcripts have been received and the above procedures have been completed. Students receiving MGIB benefits for the first time must allow eight to 10 weeks from the processing date to receipt of the first check.

The Veterans Administration holds both the college and the recipient liable for overpayments. Overpayments commonly occur due to:

- Failure to process a Program Change Form when dropping a course. The Veterans Administration considers the recipient ineligible to receive benefits after the last date of attendance.
- Failure to report to the veterans clerk in the Veteran's Center any change in a student's number of units or change of address
- Repetition of a course in which a satisfactory grade (C or better) was received.
- If a student receives an overpayment, the Veterans Administration will

automatically stop further payment until the entire amount due has been repaid.

- Veterans will receive a letter requesting repayment if the following categories apply:
  - Enrollment in fewer than six units and receiving benefits under Chapters 30, 31, 33 or 35
  - Enrollment in fewer than three units and receiving benefits under Chapter 1606
  - Officially withdrawn from school

### **Hardship**

In the case of hardship, a veteran may apply to the Veterans Administration to arrange for repayment of the debt with as little inconvenience as possible.

### **Academic Eligibility**

If a VA student's cumulative grade point average remains below 2.0 for two consecutive terms, the student will not be certified for VA educational benefits until his/her academic status is restored to good standing.

### **Food Services**

The Stuffed Owl Café, located downstairs from the Campus Center, offers a wide range of food selections. Monday through Friday, breakfast items are offered, as well as items from the grill; fresh pizza; fresh salads; deli sandwiches; a taco, burrito and tostada bar; and entrees of the day. Vending service is available at various locations on campus throughout the day and evening.

### **Health Center**

The Student Health Center, located in Hayden Hall, supports the educational process and overall mission of Citrus College by providing quality health services and promoting positive health outcomes for the Citrus College community.

College nurses, part-time campus physicians, part-time nurse practitioners and other health care workers, staff the Student Health Center. Health services available to Citrus College students include:

- 12-step program referrals
- Accident and medical insurance information
- Acute illness/ambulatory treatment and care
- AIDS information, HIV testing and referrals
- Crisis intervention
- Commonly used prescription medications, including oral contraceptives, prescribed by the campus physician and/or nurse practitioner
- Condoms and personal hygiene items
- Eating disorders information and referrals
- Family Planning Services
- Health education (audio-visual, brochures & reference files)
- Hearing and vision screening
- Immunization (diphtheria-tetanus, flu, Hepatitis-A&B vaccine)
- Registered nurses and mental health counseling
- Off-campus referrals as needed
- Over-the-counter (non-prescription) medications available from our self help counter
- Plan B Emergency Contraception
- Substance abuse counseling, information and/or referrals
- Testing for sexually transmitted diseases (STD)
- Tuberculin skin tests

There is no charge for the college nurse, nurse practitioner or physician services; however, some tests, medications and procedures require a minimal fee. For safety reasons, children are not allowed in the Health Center.

Visit the Student Health Center or call (626) 914-8671 for information and/or appointments. Hours sometimes vary for college health nurses, nurse practitioners, physicians and other health care personnel.

### **International Student Center**

The International Student Center directs and coordinates international student activities in compliance with federal regulations. Citrus College international students represent 45 countries, further enhancing the diversity of the campus. The interaction and networking among all students has proven to be an invaluable experience for everyone involved. The International Student Office also assists students through its orientation and support programs, ensuring students' completion of their objectives.

Refer to the International Student Admissions section for more information about registration and enrollment.  
[www.citruscollege.edu/international](http://www.citruscollege.edu/international)

### **Student Employment Services**

Student Employment Services is a free job referral service for current Citrus College students and alumni. Services include:

- A job board, divided by job classification, listing a variety of jobs--full and part time, permanent and temporary, on-and off-campus.
- Resume preparation and interviewing skills guidance
- A Cooperative Work Experience Education program, which allows Citrus College students to gain one to four units of credit. Participating students must be enrolled in a class at Citrus within their major and have a job in a field that corresponds with their major.

- Service Learning, which integrates community service with class content.
- The processing of all hiring, termination, and payroll data of on-campus student workers.

### **Service Learning**

Service Learning integrates community service with what the student is learning in the classroom. Students work with their instructor and the Service Learning Coordinator to find meaningful volunteer opportunities in the community.

Through Service Learning, the student has the opportunity to apply concepts from his or her coursework, explore possible career choices and earn valuable work experience. Additionally, the student will gain an increased awareness of community needs and work to address those needs.

### **Student Government and Student Affairs**

#### **ASCC**

The Associated Students of Citrus College (ASCC) is recognized by the Board of Trustees as the official student government organization, and is open to all student body members. An executive board composed of 19 members conducts ASCC business; 10 are elected members and nine are appointed members.

ASCC responsibilities include administering a budget of approximately \$650,000, as well as planning and implementing many social, cultural and co-curricular programs. Most important of all, ASCC board members represent the interests of the student body on all campus-wide committees.

### **Student Activities and Organizations**

Students are encouraged to become involved in student clubs and organizations. Club activities include business meetings, lectures, discussions, field trips, publications, exhibits and special events of interest to the general student body and to the community. To coordinate the club activities and provide more student representation in school government, the Inter-Club Council, represented by student members, holds weekly meetings.

Citrus College clubs include:

- Alpha Gamma Sigma (honor society)
- Anime Connection
- Automotive Club
- Black Student Union
- Campus Activities Board
- Campus Crusade for Christ
- Citrus Business Association
- Chess Club
- Citrus College Veterans Network
- Chicanos/Latinos for Community Medicine
- Cosmetology Club
- Dance Club
- Dental Assisting Club
- DJ Club
- Drumming Arts Society
- EOPS/CARE Club
- Esthetician Club
- Evening Cosmetology Club
- Film Club
- Gamers Unite Tomorrow Society (GUTS)
- International Friendship Club
- Latino Unidos Student Association
- Mind Poetic
- Muslim Student Association
- National Organization for Women (NOW)
- Phi Theta Kappa (PTK) Honor Society
- Philosophers' Club
- Photography Club
- Pride Alliance

## B. Goals and Accomplishments

### Student Health Center 2007-2008 Accomplishments

1. The Student Health Center Website is up with links to resources, services, newsletter, etc.
2. We have had an increase in utilization of the mental health service hours.
3. We have increased the number of STD testing by 20%
4. City of Hope Breast Cancer Outreach (Campus Wide) – November 2007
5. We have increased the number of Nurse Practitioner provider hours by hiring two Nurse Practitioners.
6. We have increased the number of prescriptions medications and over the counter medications offered to the students.
7. We partnered with the Nursing Department to utilize LVN students to offer faculty and staff flu shots and cholesterol and hypertension screenings.
8. We have done a considerable amount of classroom outreach to disseminate information about: hepatitis, stress, time management, diet and nutrition, health center services, nursing, sexually transmitted diseases, cultural sensitivity, and women's health.

### Student Health Center 2008-2009 Accomplishments

1. The Student Health Center increased campus awareness and knowledge of student's rights as they relate to health care services. Confidentiality policies and sexual assault information have been added to our website.

**(Strategic Plan Goal #1)** The Board encourages the strengthening of support systems that provide students tools to succeed.

2. The Student Health Center staff attended several workshops/seminars to further enhance our knowledge about the needs of Veteran students. We also have a counselor in Counseling 160 to learn about issues specific to this group.

**(Strategic Plan Goal #2)** The Board supports the promotion of a diverse community of students and staff that responds to and recognized the achievements and need of all people.

# Student Services Program Plans - 2008-09

Program: Student Health Center

**1. Please include goals appropriate to your area from the campus strategic plan, categorical site visit, compliance requirements and recommendations, student equity plan, and Board goals. Please include only new and/or revised activities, not routine items.**

GOAL	Responsible Person	Due Date
The Student Health Center will:		
1. Increase campus awareness and knowledge of student's rights as they relate to health related issues: We will add patient's rights information, confidentiality policies, and sexual assault information to our website. ( Strategic Planning Goal # 5)	1. Shauna Bigby and Laura Shurtleff	December 2008
2. Ensure that students become informed and active health care consumers: We will ensure that each student leaves the student health center with increased knowledge and understanding about the disease process of illness at hand. (BOT Goal # 2)	2. Health Center Staff	Implemented September 4, 2008
3. Provide continuing education opportunities to the staff that complement the health services provided. (BOT Goal #3)	3. Shauna Bigby	December 2008
4. Enhance the services offered to our Veteran Students by : <ul style="list-style-type: none"> <li>• Ensuring that the Counselors/College Nurse will attend a Post Traumatic Stress Disorder (PTSD) workshop</li> <li>• Implementing a PTSD screening tool</li> <li>• Having a presence in Counseling 160 - Monica Christianson LCSW will attend Counseling 160 (Boots to Books) to further enhance her knowledge regarding issues specific to this group. (Strategic Planning Goal #5)</li> </ul>	4. Shauna Bigby and Monica Christianson	October 2008

# Student Services Program Plans - 2008-09

## Program: Student Health Center

2. Please briefly describe the progress made on goals from 2007- 08

GOAL	Progress
<ol style="list-style-type: none"><li>1. Increase campus awareness of the Student Health Center: We plan to utilize our website to post the Health Center News Letter, calendar events, and provide updates in services offered.</li><li>2. Improve mental health services and ensure access to appropriate and quality mental health services: We plan to offer evening and group counseling sessions in addition to offering evening hours.</li><li>3. Preventative Health Education: We were looking to partner with some of the community organizations to offer formal symposiums on health related topics and update our library</li></ol>	<ol style="list-style-type: none"><li>1. The Health Center Website is up with links to resources, services, newsletter etc. We have also done a considerable amount of classroom outreach to disseminate information about: hepatitis, stress, time management, diet and nutrition, health center services, nursing, sexually transmitted diseases, cultural sensitivity, and women's health.</li><li>2. We have had an increase in utilization of the mental health service hours.</li><li>3. City of Hope Breast Cancer Outreach (Campus Wide) – November 2007 We have purchased new videos to update our library.</li></ol>



## Student Services Program Plans – 2009-10

Program: Student Health Center

**1. Please include goals appropriate to your area from the campus strategic plan, categorical site visit, compliance requirements and recommendations, student equity plan, and Board goals. Please include only new and/or revised activities, not routine items.**

GOAL	Responsible Person	Due Date
1. To minimize the spread of the flu virus: We are educating the Citrus College community about the spread of the flu virus by providing educational information, posting fliers, providing flu shots, providing cold and flu packets. (Strategic Planning Goal 1.4)	1.Shauna Bigby and Laura Shurtleff	Implemented September 2009
2. To increase the utilization of the health centers mental health hours by creating outreach opportunities, mental health projects and counseling sessions.( BOT Goal #3)	2.Shauna Bigby and Steve Avalos	June 2010
3. Promote the health center immunization program and increase the number of immunizations given by 20%. ( Strategic Planning Goal 1.4)	3.Shauna Bigby and Health Center Staff	June 2010



# Student Services Program Plans – 2009 -10

Program: Student Health Center

**2. Please briefly describe the progress made on goals from 2008-09**

GOAL	Progress
<p>1. Increase campus awareness and knowledge of student's rights as they relate to health related issues.</p> <p>2. Ensure that students become informed and active health care consumers: We will ensure that each student leaves the student health center with increased knowledge and understanding about the disease process or illness at hand.</p> <p>3. Provide continuing education opportunities to the staff that complement the health services provided</p> <p>4. Enhance the services offered to our Veteran Students</p>	<p>Patients rights information including; confidentiality policies and sexual assault policies were added to our website.</p> <p>Health Center staff ensures that each student leaves the health center with literature pertinent to their illness.</p> <p>Ongoing</p> <p>Many of the health center staff have attended workshops about Veteran Students, a PTSD screening tool has been implemented to practice, and Monica Christianson LCSW attends Counseling 160</p>



C. Student Learning Outcomes



**Student Learning Outcomes 2007-08**

Program: Student Health Center

I	II	III	IV	V	VI
Program Purpose	Core Competency	Program Student Learning Outcomes	Assessment Method and Criteria for Success	Assessment Results	Use of Results
<p><b>Department Goal:</b></p> <p>To further evaluate and continue to make improvements to the mental health services offered by the Student Health Center.</p> <p><b>Applicable college mission objective:</b></p> <p>To support student 's success in pursuit of academic excellence, economic opportunity and personal achievement</p>	<p><b>Core Competency no. 4</b></p> <p>-Community/ Global Consciousness and Responsibility</p> <p>- Self esteem</p> <p>- Interpersonal skills</p> <p>- Lifelong learning</p>	<p>Students receiving psychological counseling will:</p> <ol style="list-style-type: none"> <li>1. Be able to identify the source of their psychological distress/ problem</li> <li>2. Learn successful means of coping with their psychological distress/problem</li> <li>3. Feel that their psychological counseling has helped address their psychological distress/problem</li> </ol> <p>The questionnaire was derived from the statements above in the form of a question.</p>	<p>Students will complete a 3 item questionnaire designed to assess the perceived effectiveness of their sessions.</p> <p><u>Criteria for success:</u></p> <p>- 80% of students will be able to identify the source of their psychological problem/distress</p> <p>- 80% of the students will report that they have learned at least one skill to cope with their problem/distress</p> <p>- 80% of the students will report that they feel helped as a result of their psychological counseling</p>	<p>See attached graph-</p> <p>-95% of students were able to identify the source of their psychological problem/distress</p> <p>- 96% of the students reported that they have learned at least one skill to cope with their problem/distress</p> <p>-98% of the students reported that they feel helped as a result of their psychological counseling</p>	<p>To assess psychological service effectiveness</p> <p>-These outcomes tell us that our services are effective in supporting the psychological needs of our students</p>

# **PATIENT SATISFACTION SURVEY**

Please respond by circling your answer to the following questions:

## **Overall quality of health center services:**

Excellent  
Very Good  
Good  
Fair  
Poor

## **Overall satisfaction with health center staff:**

Excellent  
Very Good  
Good  
Fair  
Poor

## **Ability of health center staff to answer my questions:**

Excellent  
Very Good  
Good  
Fair  
Poor

## **Did information received from the health center help you make healthier choices about your personal life?**

Excellent  
Very Good  
Good  
Fair  
Poor

## **How often have you used the health center this semester?**

One time  
2-4 times  
5-7 times  
8-10 times  
More than 10 times

PATIENT SATISFCTION SURVEY

**Overall quality of health center services:**

	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
Excellent	82.5%	87.2%	84.5%
Very Good	10.5%	11.0%	12.5%
Good	6.0%	1.0%	3.0%
Fair	1.0%	0.8%	0.0%
Poor	0.0%	0.0%	0.0%

**Overall satisfaction with health center staff:**

	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
Excellent	78.0%	81.5%	79.3%
Very Good	17.3%	16.0%	18.5%
Good	4.0%	2.5%	2.0%
Fair	0.7%	0.0%	0.2%
Poor	0.0%	0.0%	0.0%

**Ability of health center staff to answer my questions:**

	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
Excellent	72.2%	74.0%	77.5%
Very Good	18.0%	19.5%	18.5%
Good	8.6%	6.5%	3.8%
Fair	1.2%	0.0%	0.2%
Poor	0.0%	0.0%	0.0%

**Did information received from the health center help you make healthier choices about your personal life?**

	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
Yes	75.2%	76.3%	82.5%
No	24.8%	23.7%	17.5%

**How often have you used the health center this semester?**

	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
One time	30.0%	28.2%	28.5%
2-4 times	38.0%	43.8%	48.2%
5-7 times	23.1%	18.0%	16.0%
8-10 times	5.9%	7.3%	5.8%
10 or more times	3.0%	2.7%	1.5%



## Student Learning Outcomes 2008-09

Program: Student Health Center

I	II	III	IV	V	VI
<b>Program Purpose</b>	<b>Core Competency</b>	<b>Program Student Learning Outcomes</b>	<b>Assessment Method and Criteria for Success</b>	<b>Assessment Results 2008-09</b>	<b>Use of Results 2008-09</b>
<p><b>Department Goal:</b></p> <p>To provide high-quality ambulatory care, mental health counseling, comprehensive disease prevention and healthcare education to the Citrus College students.</p> <p><b>Applicable college mission objective:</b></p> <p>To support student's success in pursuit of academic excellence, economic opportunity and personal achievement</p>	<p><b>Core Competency No.4</b></p> <ul style="list-style-type: none"><li>-Responsibility</li><li>-Lifelong learning</li><li>-Community</li></ul>	<p>Students will demonstrate healthy lifestyle and self-care awareness through participation in one or more of the following: preventive vaccination clinics ( Hepatitis A, Hepatitis B, MMR and TB)</p>	<p>Outreach campaign consisting of information table and classroom visits to promote vaccine preventable diseases.</p>	<p>18% increase (from previous year) in vaccine preventable illness given to Citrus College students.</p>	<p>These outcomes tell us that our outreach efforts have increased the number of students vaccinated on campus by the health center.</p> <p>We will continue to monitor and provide outreach.</p>

## D. Fiscal Reporting

<b>HEALTH CENTER (01.3-15400) EXPENDITURES FOR PAST FIVE YEARS</b>						
<b>Object Code</b>	<b>2004-2005</b>	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>	
1200	60,250.00	10,560.28	57,489.90	20,159.60	67,964.00	
1410	9,665.12	721.98	11,564.86	11,862.00	15,621.76	
1420	25,018.71	29,338.37	16,209.62	13,609.30	16,208.90	
<b>Total 1000's</b>	<b>94,933.83</b>	<b>40,620.63</b>	<b>85,264.38</b>	<b>45,630.90</b>	<b>99,794.66</b>	
2100	29,608.39	35,427.83	36,002.27	49,046.23	46,144.78	
2300	25,437.83	32,130.28	42,366.89	48,645.73	47,143.07	
2397	2,797.75	4,089.05	6,255.85	3,139.13	5,588.51	
<b>Total 2000's</b>	<b>57,843.97</b>	<b>71,647.16</b>	<b>84,625.01</b>	<b>100,831.09</b>	<b>98,876.36</b>	
<b>Total 3000's</b>	<b>44,648.92</b>	<b>31,038.96</b>	<b>51,232.05</b>	<b>41,304.38</b>	<b>61,067.09</b>	
4300	(350.41)	1,244.42	(2,914.08)	(4,759.96)	6,292.54	
<b>Total 4000's</b>	<b>(350.41)</b>	<b>1,244.42</b>	<b>(2,914.08)</b>	<b>(4,759.96)</b>	<b>6,292.54</b>	
5100	18,451.50	29,458.00	31,430.50	37,769.00	37,043.21	
5220	177.60	2,352.62	2,376.84	343.17	357.80	
5300	513.00	0.00	533.90	0.00	0.00	
5440	0.00	22,450.00	22,397.00	21,289.00	24,235.00	
5800	0.00	0.00	250.00	0.00	0.00	
<b>Total 5000's</b>	<b>19,142.10</b>	<b>54,260.62</b>	<b>56,988.24</b>	<b>59,401.17</b>	<b>61,636.01</b>	
6400	3,898.63	2,803.68	1,802.36	3,642.36	535.84	
<b>Total 6000's</b>	<b>3,898.63</b>	<b>2,803.68</b>	<b>1,802.36</b>	<b>3,642.36</b>	<b>535.84</b>	
<b>Total Expenditures</b>	<b>220,117.04</b>	<b>201,615.47</b>	<b>276,997.96</b>	<b>246,049.94</b>	<b>328,202.50</b>	