



**VA St. Louis Health Care  
System School of  
Medical Laboratory Science  
Student Handbook**

**915 N Grand Blvd., 113/JC, St. Louis, MO 63106**

## ***Preface***

VA St. Louis Health Care System (VASTLHCS) offers a 12-month Medical Laboratory Science Program designed to provide students with the basic knowledge and principles of all entry-level procedures related to the profession of Medical Technology. National Accrediting Agency accredits the Program for Clinical Laboratory Sciences (NAACLS). The NAACLS *Standards* are available for students to read.

(Application Pending)

National Accrediting Agency for Clinical Laboratory Sciences 5600 North

River Road Suite 720

Rosemont, IL 60018

Phone 773-714-8880 Fax 773-714-8886

[info@naaccls.org](mailto:info@naaccls.org)

<http://www.naaccls.org> Web page

VASTLHCS awards a Certificate in Medical Laboratory Science to each student who satisfactorily completes the required course of study. Upon completion, students are eligible to sit for the American Society of Clinical Pathologist Medical Laboratory Scientist examination. Graduation from this program is not contingent upon the student passing any national exam and the student will be issued a certificate in Medical Laboratory Science.

Students accepted in the program are regarded as mature, responsible individuals seeking a formal education in the field of Medical Technology. They are not considered employees of the program's designated clinical education affiliate. This handbook has been prepared to inform the student of the responsibilities and requirements of this educational endeavor. However, the responsibilities and requirements contained herein, are subject to revision at any time and may be modified at the discretion of Medical Laboratory Science program officials and/or VASTLHCS administration.

[VA St Louis Health Care System School Of Medical Laboratory Science | VA St Louis Health Care | Veterans Affairs](#)

### **VASTLHCS Medical Laboratory Science Faculty**

Dr. Adegboyega Director of Pathology and Laboratory Services

Tara Lambert MHS MLS, QLS (ASCP)<sup>CM</sup> MLS Program Director

Lesley McCollough, MHA/ED, MLS(ASCP)<sup>cm</sup> Lab Director

## Contents

Preface .....	2
Program Purpose Statement .....	1
Goals and Outcomes.....	1
Program Outcomes: .....	1
Essential Functions of the Profession .....	3
Academic Requirements .....	4
Program Grading .....	4
Requirements for Progression.....	5
Student Employment and Work Regulation .....	5
Rules for Clinical Education and MLS Classroom.....	5
General.....	5
Attendance .....	6
Conduct and Attire .....	7
Verbal Communication.....	8
Non-Verbal Communication.....	8
Professional Values .....	9
Professional Work Ethic .....	10
Student Health .....	10
Life Threatening .....	11
Not Life Threatening .....	11
Clinical Education Assignments .....	12
Teach Out Plan .....	12
Patient Confidentiality.....	12
Student Drug Screen, Background Check & Medical Records .....	13
Disciplinary Action.....	13
APPENDIX A:.....	14
MLS Department .....	16
Medical Laboratory Technology Handbook Guidelines Verification Form .....	16
Statements of Understanding .....	18
WAIVER OF LIABILITY AND .....	20
INFORMED CONSENT .....	20
Academic Integrity and Professional Conduct.....	22
Change in Health Status .....	24
PHYSICAL EXAMINATION DIRECTIONS.....	26
Absentee Form .....	32

## **Program Purpose Statement**

To equip Medical Laboratory Scientists with the knowledge and critical thinking skills to perform diagnostic laboratory testing critical for supporting the whole health of those who have borne the battle, our community, and our nation. In this program, students obtain the knowledge and skills necessary for entry level Medical Laboratory Scientists performing a wide array of medical laboratory tests that assist healthcare providers in the diagnosis and treatment of illness.

Continuing education is encouraged by the MLS program in an effort to motivate the technologist, or prospective technologist, to keep up to date on the latest technical and procedural advances in the field of medical laboratory technology. Continuing education is mandatory for license renewal in the State of Florida.

## **Goals and Outcomes**

The VASTLHCS Medical Laboratory Science program seeks to recruit, educate, and provide opportunities for enhanced experiential learning in both the classroom and laboratory setting. The knowledge, skills and attitudes obtained will prepare highly valued laboratorians with professional attitude, high moral and ethical standards, and the utmost technical competence in Medical Technology that meets, but is not limited to, the standards for accreditation as set forth by the National Accrediting Agency for Clinical Laboratory Sciences. This education will provide the student with the skills, knowledge, and experience to demonstrate competence in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains as performed by medical laboratory scientists.

### **Program Outcomes:**

1. Demonstrate the skills necessary to perform and evaluate clinical laboratory analyses accurately and proficiently.
2. Respect for others is shown in the responsibility of good patient care and cooperation with fellow employees.
3. The desire to strive for new knowledge and evidence-based practice in a rapidly changing health-care environment.
4. Increased interest in the growth and development of medical laboratory science as a profession.
5. To supply the region with competent medical laboratory scientists who possess advanced skills and are committed to excellence.
6. Provide an appropriate combination of didactic and clinical experiences in a stimulating atmosphere for students, faculty, and laboratory staff.
7. Maintain a source of professionals who promote interest in the growth of medical laboratory science as a profession.
8. Honor America's Veterans by providing exceptional health care that improves their health and well-being.
9. Perform routine laboratory procedures encompassing all major areas of the clinical laboratory: hematology, chemistry, immunology, microbiology, urinalysis, and transfusion services.
10. Comprehend and follow procedural guidelines in the performance of laboratory tests to include pre-analytical, analytical, and post-analytical processes.

11. Recognize unexpected results and instrument malfunctions and take appropriate action.
12. Correlate laboratory findings to common disease processes.
13. Comply with safety procedures and ethical standards of practice.
14. Demonstrate professional and interpersonal communication skills with patients, laboratory personnel, other health care professionals, and the public.
15. Recognize continuing education as a function of growth and maintenance of professional competence.
16. Prepare students to take the national certification examination offered by American Society for Clinical Pathology (ASCP).

## Essential Functions of the Profession

MLS students will also be expected to meet the technical standards that are necessary to perform the "essential functions" of a medical laboratory technician. These technical standards are as follows:

**Strength:** Moderate muscular strength is needed. In the course of the program, the MLS student may be pushing, pulling and lifting objects more than 20 lbs.

**Motor Skills Needed:** The MLS student should possess the ability to safely and accurately perform all laboratory procedures, manipulate tools, instruments and other equipment in the laboratory. In the course of the program, the MLS student may be performing simple motor skills such as standing, walking etc.; performing simple manipulative skills such as washing, writing, collating, etc.; performing moderately difficult manipulative skills such as positioning patient, using a computer keyboard, etc. and performing difficult manipulative skills such as invasive procedures, pipetting, calibration of equipment, etc.

**Coordination:** In the course of the program, the MLS student may be performing body coordination such as walking, stooping, etc.; performing tasks that require hand-eye coordination such as keyboard skills, phlebotomy, etc. and performing tasks that require arm-hand steadiness such as invasive procedures, etc.

**Mobility:** The student should be able to move from place to place in the performance of his or her work. In the course of the program, the MLS student may be walking and standing; sitting for prolonged periods; standing for prolonged periods and assuming uncomfortable positions such as bending over tables, etc.

**Visual Discrimination:** The student should be able to read charts and graphs; read instrument scales; discriminate colors; read microscopic materials and record results. In the course of the program, the MLS student may be required to see objects far away as in driving; see objects closely as in reading patient sample information, test instrument data, differentiates colors and visual structures as in reading microscope slides, labels, color comparison charts, warning symbols, etc.

**Speech and Hearing:** The student must be able to communicate effectively and sensitively in order to assess both verbal and non-verbal communication, be able to adequately receive and transmit information to the patient and to members of the health care team and hear normal sound with some background noise.

**Mental Requirements:** The medical laboratory student should possess the emotional stability and health needed for full utilization of his or her intellectual abilities. The student must be free of mind-altering drugs, including alcohol and must be able to recognize emergency situations and take appropriate action.

**Environmental Conditions:** The MLS student may be exposed at different times to human blood, urine, body tissues or fluids; grease or oil; toxins, cytotoxins or poisonous substances; dust, mold, respiratory and contact allergens; other hazardous materials such as chemicals; electromagnetic radiation as in CRTs or VDTs; sharply pointed and sharp-edged objects and dangerous Electrical current and voltages.

**Communication Requirements:** The MLS student will communicate verbally with individual patients, staff members, visitors and telephone callers in order to explain detailed information; communicate verbally with small groups in an informal setting; initiate honest agreement or dissent regarding interpretation of data and perform detailed written documentation on a daily basis.

## **Academic Requirements**

### **Program Grading**

The Medical Laboratory program is a full-time, maximum 40 hours per week program. Students are in class five mornings a week for didactic portion followed by clinical rotation in the afternoon. Classes and clinical hours are scheduled between the hours of 6:30 a.m. - 5:00 p.m. (days).

Students are required to successfully pass all medical laboratory technology curriculum courses with a grade of "C" or higher. Additionally, all courses with a MLS prefix must be passed on the first attempt. If a student receives a grade lower than a "C" in any MLS course, he/she will be dismissed from the program.

If a student demonstrates a consistent lack of performance in the clinical requirements of the program and is performing below average (grade "B"), the student may be placed on clinical probation for one semester. A student may also be placed on clinical probation for a severe infraction of the program guidelines. If a student is placed on clinical probation, the student will have a time frame designed for them to demonstrate that their weakness in clinical performance has been strengthened. At the time of assigning the probationary status, the student will be advised of the problem and be offered suggestions and ways to improve. If the student does not show improvement within the given time frame, the student will be dismissed from the program.

1. All students must obtain a "C" or better in all MLS courses. A "D" or "F" in any MLS course may result in dismissal from the program.
2. This is a competency-based program. At the beginning of each course, the student will be given a list of behavioral objectives by the instructor. Each objective must be based on the degree of achievement and minimum competency achieved.
3. All numerical grades at the end of the course will be transposed to a letter grade using the following scale:  
A = 93 - 100  
B = 85 - 92  
C = 76 - 84  
D = 70 - 75  
F = 69 and below

## **Requirements for Progression**

The Medical Laboratory Science program is cohort based, meaning that students work through a curriculum together to achieve the same certificate. Students must progress through the curriculum with their cohort. If a student is not able to take the required courses as scheduled, the student will be withdrawn from the program and will have to reapply for admission to the program with a future cohort.

Due to the sequential nature of the curriculum, students must successfully complete all courses for a given semester before becoming eligible to take courses in the subsequent semester. It is essential that students master the knowledge and skills of each Medical Laboratory Science course (determined by a minimum grade of “C” or better.) In the event that the student obtains a grade lower than a “C” in any of the Medical Laboratory Technology courses, they will be required to withdraw from the program and will have to reapply for admission to the program with a future cohort.

## **Student Employment and Work Regulation**

If possible, students should not have an off-campus job that may interfere with their performance in the program. It is assumed that the student's first responsibility while in the program is his/her education. Conduct after hours reflects on the program, hospital, and the profession.

Students are not permitted to take the place of staff at clinical site. Hours spent at the clinical site are scheduled during weekday hours only. Voluntary, unpaid phlebotomy is not permitted at the clinical sites unless scheduled by the clinical educator of the MLS program. Employment should, in no way interfere with the student's academic or clinical responsibilities.

## **Rules for Clinical Education and MLS Classroom**

### **General**

1. All required PPE must be worn while in the laboratory.
2. Eating, drinking, and smoking are not allowed in any laboratory.
3. Appropriate clothing must be worn in the lab (business casual, closed toe shoes and name tag).
4. No chemicals or equipment may be removed from the lab without specific permission.
5. Wash your hands often during the lab and wash them thoroughly upon leaving the lab.
6. In the case of an injury, notify your instructor immediately. All injuries, no matter how small, must be reported.
7. The clinical liaison or their representatives will supervise clinical experience.
8. Questions or problems incurred in the lab should be taken to the appropriate individual in charge if it concerns rules or regulations. Questions concerning procedures, techniques and testing theory may be directed to the technologist in the



department.

9. Students must observe hospital and lab regulations for routing work and written communications.
10. Students must not discuss lab results with any staff member outside of the lab, with family members, friends, or patients.
11. Questions concerning the diagnosis of disease states or evaluation of therapy should be directed to the Pathologist.
12. Physicians and other medical professionals should be addressed by their title.

## **Attendance**

1. Class attendance for each MLS course is mandatory.
2. The MLS instructor in advance of the class must grant excused absences if at all possible. It is the student's responsibility to notify the instructor if he/she is going to be absent. Excused absences will be at the discretion of the instructor and include the following:
  - a. Death or severe illness in the family
  - b. Illness of the student
  - c. Jury duty
3. Students unable to attend the class at the hospital must notify the lab as far in advance as possible. The MLS instructor must also be notified. The instructor **will not** call the hospital for the student. The student may leave a message on the answering machine.
4. All absences must be documented by completing the appropriate absence form which is placed in the student's folder.
5. If the student has excessive excused absences because of health reasons, he/she may be required by the MLS faculty to withdraw from the MLS program until he/she is able to attend on a regular basis.
6. All work missed because of absences must be made up, it is the student's responsibility to make arrangements with the instructor. Tests, quizzes, or laboratory practicals missed because of an unexcused absence cannot be made up, and the student will receive a "o" for that grade.
7. Students will attend the clinical lab five four-hour period per week for each of the courses taken. The Clinical Practicum courses involve 20 hours per week at the clinical site.
8. Student's time in the clinical lab will be kept by use of time sheets in Canvas. Time must be verified by the clinical instructor's signature.
9. It will be the responsibility of the student to make up all clinical labs when they are absent. This is to be arranged with the clinical instructor. Students should not ask the hospital to make special arrangements for the make-up class. If the total required clinical time is not put in by the end of the semester, the student will be given an incomplete (I) grade for

the course.

## **Conduct and Attire**

1. Any student caught in the act of cheating on an exam, quiz or lab report will receive a “O” for that grade. Two such incidences will constitute dismissal from the program.
2. Any student willfully creating a hazardous situation for himself and/or others in the laboratory will be dismissed from the class with an unexcused absence. Continual practice of this nature will result in dismissal from the program.
3. The student must exhibit courtesy and respect for the instructors and fellow students while in class or the clinical facility.
4. Students must wear a lab coat for each laboratory class. For purposes of safety, open-toed shoes or sandals are not permitted during a laboratory period.

To avoid introducing potentially harmful microorganisms into the environment or otherwise injuring the patient or self, the clinical laboratory student always:

5. Exhibits a clean body and hair (head and facial)
6. Wears clean clothes.
7. Styles hair in well-controlled manner, e.g., off-the-collar and not falling long or loose about the face or shoulder.
8. Keeps mustache/beard (if permitted) short and neatly trimmed.
9. Keeps nails clean and well-manicured e.g., short to moderate in length and smoothly filed.
10. Wears minimal and modest ornamentation/jewelry. No dangling neck chains or long earrings. No body jewelry.
11. Uses perfume or cologne (light fragrances) only very sparingly.

To promote the professional image of clinical laboratory science, the student always:

12. Wears well-fitting clothes, neither too tight nor too baggy; wears appropriate undergarments and wrinkle-free clothing.
13. Keeps shoes in good condition, e.g., clean, and well-polished.
14. Wears makeup that is appropriate for the workplace, e.g., minimal in application and modest in effect
15. Wears only intact, clear/pale nail polish (if appropriate or permitted)

## **Verbal Communication**

To promote positive, comfortable interactions the clinical laboratory student will:

1. Speak with an appropriate tone and volume of voice, e.g., not curt, rude, or abrupt.
2. Use inoffensive language that is neither slang nor profane.
3. Use words and content of speech appropriate for the emotional climate of the moment, e.g., supportive, empathetic, joyful.
4. Make appropriate overtures to engage in conversation/communication with others.
5. Maintain the content and flow of conversation/communication, i.e., display social and therapeutic finesse.
6. Bring conversation/communication to closure politely and hospitable.
7. Exhibit courteous telephone manners, e.g., greetings, identification, handling inquiries, taking messages, transferring, and placing calls, providing closure.
8. Refrain from discussing personal issues and concerns with clients, family, and others in the workplace.
9. Discuss client and work-related issues and concerns only with appropriate individuals and in private locations.
10. Exhibit discretion and restraint in displays of humor.

## **Non-Verbal Communication**

To promote positive, comfortable, interactions, the clinical laboratory student always:

1. Exhibits facial expressions that are respectful and appropriate, expected, and comfortable for others.
2. Uses eye contact that is appropriate, expected, and comfortable for others.
3. Uses body and head movements that support comfortable communications with others.
4. Respects others' personal space regarding position of self during interactions.
5. Places self in a non-confrontational position in relation to others during interactions.

## **Professional Values**

To demonstrate behavior consistent with the value of NON-MALFEASANCE (TO DO NO HARM), the clinical laboratory student always:

1. Recognizes limits of own competence by seeking assistance as necessary.
2. Reports own errors and omissions to appropriate persons.
3. Delegates assignments consistent with caregiver capabilities.

To demonstrate behavior consistent with the value of BENEFICENCE (TO DO GOOD), the clinical laboratory student always:

1. Accepts constructive feedback as a means for improving personal growth.
2. Supports peers and other personnel.
3. Willingly accepts assignments.
4. Exhibits adaptability and flexibility.
5. Handles stressful situations calmly, constructively, and tactfully.
6. Delegates difficult assignments fairly.

To demonstrate behavior consistent with the value of FIDELITY (FAITHFULNESS TO AGREEMENTS AND RESPONSIBILITY), the clinical laboratory student always:

1. Exhibits accountability, i.e., is directly, clearly and willingly answerable for own actions.
2. Serves as a role model for others in the human, social manner in which service is delivered.
3. Keeps commitments made to clients, colleagues and employers.

To demonstrate behavior consistent with the value of VERACITY (TELLING THE TRUTH), the clinical laboratory student always:

1. Exhibits honesty in all areas of responsibility.
2. Reports others who knowingly and willingly mislead, falsify, or otherwise display dishonesty.

To demonstrate behavior consistent with the value of ALTRUISM (CONCERN FOR THE WELFARE OF OTHERS), the clinical laboratory student always:

1. Exhibits the “therapeutic use of self” in rendering care, i.e., uses self and personal abilities and qualities to achieve positive goals for others.
2. Promotes others’ personal growth.

## **Professional Work Ethic**

To demonstrate behavior expected of PROFESSIONAL EMPLOYEES, the clinical laboratory student always:

1. Promotes an environment that fosters team efforts and relationships.
2. Follows institutional/agency personnel policies, e.g., regarding absences, tardiness, scheduling.
3. Exhibits initiative.
4. Avoids personal calls except in the case of an emergency and turns off cellular phone when in class and clinicals.
5. Exhibits timeliness and consideration in scheduling and taking breaks and mealtimes.
6. Reports to appropriate personnel when leaving the lab or assignment for any reason.
7. Willingly complies with employee requests and directions, as appropriate.
8. Assists in providing safety and security by always wearing the required OSHA personal protection equipment and identification badge.

## **Student Health**

In the event a student requires emergency treatment, the affiliate will provide such treatment according to the conditions of the affiliation agreement between the hospital/affiliate. The affiliate RESERVES THE RIGHT TO BILL THE STUDENT for such emergency treatment. The student is LIABLE for any medical expenses incurred in the clinical setting from any emergency medical treatment administered. Accident insurance is not a substitute for health insurance and does not cover illness or disease. Should a student be involved in an accident or injury to self or to a patient, an accident report must be completed and signed by the student immediately along with the agency report. If the accident involved a possible exposure to a bloodborne pathogen, the Employee Occupational Health (EOH) must also be notified immediately.

### ***Life Threatening***

- ✓ Upon observation of the medical emergency - **ACTION:**
  - Call or have someone call **x3333**.
  - State the nature or type of emergency.
  - Give the location of building, floor, and room.
- ✓ Identify the person and any other pertinent information which will help prepare responders.
  - Age
  - Gender
  - Symptoms victim is exhibiting.
  - Pre-existing health condition (if known)
  - Medication the victim may be taking (if known)
  - Stay with the victim until emergency personnel arrive.
- ✓ Have another individual in the area meet the emergency personnel to expedite locating the victim inside a building.
- ✓ Following the medical emergency, prepare an incident report regarding the actions taken in response to the emergency. Copies of this report should be provided to appropriate administrators.

### ***Not Life Threatening***

- ✓ Injuries which are not life threatening, but which have occurred on property.
  - Contact EOH at x54393 (JC) or x64262 (JB).
  - First Aid should be provided within the scope of knowledge and skill by anyone who is readily accessible and willing to manage the situation.
- ✓ EOH will make a written report for any injury that occurs on property.
  - Instructors/Preceptors will submit a report to their Department Supervisor concerning the circumstances of student injuries occurring in their class activities.
  - Initial reports should be forwarded to the administrator immediately responsible for the instructional or operational program for appropriate distribution.
  - Supervisors are responsible for reporting injuries and sickness of employees in compliance with Workers' Compensation policies.

## **Clinical Education Assignments**

During enrollment in the Medical Laboratory Science program, students will be assigned to a clinical department. This assignment is made by the VASTLMHC MLS Faculty.

Appointments to a clinical department will not be changed without the agreement of all parties involved, (the Program Director, Clinical Coordinator, the representatives of the department and the student).

Overtime will not be considered, nor can it be accrued or banked, then later accepted for time off, make-up days, personal leave, illness, early completion of the program, etc.

## **Teach Out Plan**

NAACLS requires the MLS Program to have in place a “teach out” plan in case of program closure. If the MLS Program at VASTLHCS closes, it will be immediately communicated to all attending students.

All prospective MLS students will be told that the program will not be taking a new cohort due to program closure and information regarding other MLS programs in the area will be available.

All current students in the MLS program will be informed of program closure. All current students will be allowed to complete the MLS courses and final clinical practicum if completed with the normal entry and exit time frame of 11 months. Students who do not, or cannot, complete within that time frame will be given information in applying to other local MLS programs for completion of their education.

In the event of a disaster when MLS labs and classrooms are damaged or unavailable, labs and lectures will be moved to another room or building, online or even to another campus.

## **Patient Confidentiality**

All hospital and patient records are confidential in nature. Request for information concerning a patient must be referred to the Lead Clinical Instructor. Students are expected to maintain confidentiality in a professional manner. You will be asked to sign a confidentiality statement upon admittance to the program.

Social Media sites such as Facebook, Instagram, Twitter etc. are subject to the same professional standards related to HIPAA, FERPA and clinical affiliation confidentiality. Violations of this nature will be subject to the same disciplinary action.

## **Student Drug Screen, Background Check & Medical Records**

Students at VASTLHCS School Of Medical Laboratory Science involved in direct patient care during externship/clinicals in a hospital or related medical facility are required to submit a Federal Background check.

Once submitted, these records will become the property of the Medical Laboratory Science program and will not be available for copying or for use to meet the requirements of outside employers. Students who are out of the program for six months or more must submit new records.

### **Disciplinary Action**

1. The Clinical Liaison will report in writing any student who violates these code or hospital regulations. This is especially important in matters concerning confidential patient information. The report should include the nature of the infraction, the date, the student's name, and the name of any other staff members involved.
2. The report will be sent to the MLS Instructor and MLS Program Director and reviewed with the student and the Clinical Liaison.
3. If the MLS Program Director and Clinical Liaison determine that the incident is of a serious nature and agree, the student may be suspended from the MLS program for the semester. If more than 2 incidents occur, the student may be dismissed from the program.
4. All students have a right to defend their actions before program dismissal action is considered.



## APPENDIX A:

# Forms

This page intentionally left blank.

**VASTLHCS SCHOOL OF MEDICAL  
LABORATORY SCIENCE**  
**MLS Department**  
***Medical Laboratory Technology Handbook Guidelines***  
***Verification Form***

Student Name: \_\_\_\_\_

Due: 1<sup>st</sup> day of class

This document is to acknowledge that I reviewed my personal copy of the MLS Student Handbook. I have read and understand the contents thereof. I hereby agree to abide by its regulations.

I understand that I may not be permitted to enroll and complete any MLS courses with a clinical component until I have all of my records on file in the VASTLHCS MLS department (Physical, CPR, immunizations, drug screen, flu vaccination documentation, Covid Vaccination documentation, and background checks) and that these records must be kept updated, or I could be withdrawn from the program.

I understand that orientation to courses and clinical facilities is mandatory. Absence for any reason may result in my being withdrawn from the program.

Any student found guilty of cheating and/or plagiarism may receive an "F" in the course and/or be dismissed from the program.

I understand that patient information that has been disclosed to me is protected by state and federal law. State law prohibits me from making any disclosure of medical information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by federal, state, or local law.

I understand that I may be exposed to blood borne pathogens (potentially infectious disease-causing materials) during my clinical rotations. I understand this can further impact exposure risk if I have any change in health status: such as immunosuppression issues or pregnancy. If I wish to be accommodated, I must disclose my change in health status to the course coordinator and MLS Department.

I understand that I must have personal health insurance and the policy must be active for the entire time I am enrolled in a clinical course. Failure to have personal health insurance, while enrolled in a MLS clinical course, will result in my inability to attend clinical, course failure and/or dismissal from the MLS Program. I will submit a copy of my active insurance card/policy to MLS department before classes begin in the fall. There are several low-cost plans online.

By signing this document, I acknowledge that I have read this document, along with the Student Handbook, and I agree to comply with all terms and conditions. Students who are not able to submit this form by the due date for the semester may not be eligible for clinical and/or for registration for the following semester. I understand that I am expected to submit this signed document to MLS department before classes begin.

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

This page intentionally left blank.

**VASTLHCS School Of  
Medical Laboratory  
Science MLS  
PROGRAM**

***Statements of Understanding***

- I have received a copy of the Medical Laboratory Science current Student Handbook.
- I have read the description of the work in this career field and understand the essential functions.
- I have read the physical and the mental requirements of this field and believe I can meet them.
- I have read and understand the goals and outcomes of the MLS program.
- I understand the academic requirements for progression in my MLS program.
- I understand the procedure used for assigning clinical practicum rotations.
- I understand that there are academic requirements, health tests, medical insurance and immunization requirements for entry to clinical practicum.
- Any questions I asked regarding the contents of the student handbook were answered to my satisfaction.
- I agree to have my education, health and background records released to professional/healthcare agencies requesting that information, and other agencies as designated by VASTLHCS who have a legitimate interest in my student record.
- I give the program permission to contact my employer after graduation and share my personal information to gather post graduate data for institutional research and reporting.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MLS Program Director \_\_\_\_\_ Date \_\_\_\_\_

This page intentionally left blank.

# **VASTLHCS SCHOOL OF MEDICAL LABORATORY SCIENCE**

## ***WAIVER OF LIABILITY AND INFORMED CONSENT***

Name \_\_\_\_\_

Member of Class of \_\_\_\_\_

- I willingly consent to participate in all laboratory treatments and practice sessions as a human subject (i.e., patient) for educational purposes at VASTLHCS School Of Medical Laboratory Science. These treatments (i.e., phlebotomy) may be rendered by faculty or by fellow students. It is my responsibility to disclose any information or medical issues that will limit or bar me from the above participation to the Program Director or Instructor in a timely manner.
- I willingly consent to participate in simulated patient interviews in both lab and lecture demonstrations.
- I willingly consent to give permission to release drug testing results, or Criminal Offender Record Information (CORI) to clinic sites that may require such information as terms of their contract with VASTLHCS School Of Medical Laboratory Science for clinical affiliations.

Signed \_\_\_\_\_

Date \_\_\_\_\_

This page intentionally left blank.



## ***Academic Integrity and Professional Conduct***

Academic integrity and professional conduct are vital in the medical environment. Certain behavior is required of the students, staff and faculty at all times. Students, staff and faculty should also review the Professional Values on pages 8 and 9 of the Medical Laboratory Science Student Handbook. Students and faculty may also be asked to sign a contract at the beginning of each course that outlines student and faculty responsibilities toward a common goal of student success.

There will be repercussions for any student, staff or faculty member who violates academic integrity or exhibits unprofessional conduct. Students may discuss concerns with their instructors or the Program Director. Faculty and staff have the responsibility to counsel any student they have observed violating academic integrity or exhibiting unprofessional conduct.

- **First occurrence** - the unacceptable behavior will be explained to the student and a counseling form written and remediation will be required.
- **Second occurrence** - the unacceptable behavior will again be explained, a counseling form written, the student will be placed on probation for the remainder of the program and the student will be required to discuss these occurrences with the Program Director. Remediation will be required.
- **Third occurrence** - If unacceptable behavior occurs for a third time, the student will be permanently dismissed from the program.

Student Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

This page intentionally left blank.

VASTLHCS School Of Medical Laboratory Science  
Medical Laboratory Technology Program

***Change in Health Status***

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

\_\_\_\_\_  
Student DOB

This above-mentioned student is presently enrolled in the Medical Laboratory Science Program at VASTLHCS School Of Medical Laboratory Science. The role of the Medical Laboratory Scientist in the various healthcare settings requires academic, physical, mental, and environmental work/demands. Due to the nature of the program, the student will be exposed to health hazards demonstrating the ability to make appropriate judgment decisions in emergency and non-emergency situations. In order to determine the appropriate precautions, we need the following information:

- (1) Diagnosis \_\_\_\_\_
- (2) Date of Onset \_\_\_\_\_
- (3) Present Health Status \_\_\_\_\_
- (4) Do you recommend him/her continuation in the enrolled program?  
\_\_\_\_\_Yes \_\_\_\_\_No
- (5) Recommended date Clinical Education may resume: \_\_\_\_\_
- (6) Recommended date for continuation of didactic lectures with co-requisite laboratories:  
\_\_\_\_\_
- (7) Do you recommend any limitation to regular duties? \_\_\_\_\_Yes  
\_\_\_\_\_No If yes, please  
explain.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

This page intentionally left blank.

## SCIENCE PROGRAM

### PHYSICAL EXAMINATION DIRECTIONS

**IMMUNIZATIONS MAY TAKE 30 DAYS TO COMPLETE, SO MAKE AN APPOINTMENT AS SOON AS POSSIBLE.**

1. Student to complete the top portion of the form.
  2. Physician or nurse practitioner to complete the bottom portion of the form, **sign, and date, including the complete address and phone number of the facility. Form will not be accepted without this information completed. (Cannot be a Chiropractor.)**
- 
- I. **Tuberculin Test: Follow your healthcare provider's procedure for Tuberculin Skin Testing Method.** If Tuberculin Skin Test or QuantiFERON Gold Test is positive, have chest X- ray taken or complete the symptom-free checklist if you have had a positive chest x-ray in the past. This test is valid for one year from the time of reading and must be valid through the end of each semester. (If the TB expires during the semester, it must be updated prior to registering for the semester.)
  - II. **MMR:** (Measles, Mumps, Rubella Vaccine) – (a) Proof of two vaccines (physician requires that there be one month between vaccines), or (b) proof of immunizations by titer, or (c) exempt from vaccine if born before 1/1/57. If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).
  - III. **Tetanus/Diphtheria/Pertussis:** Proof of immunization within the last seven years. (If the Tetanus expires during the semester, it must be updated prior to registering for the semester.)
  - IV. **Hepatitis B Vaccination:** (a) Proof of all three immunizations **and** positive surface antibody test 1-2 months after dose #3, or (b) Positive Hepatitis B Titer. If you do not have (a) or (b) sign to decline immunization at this time.
  - V. **Varicella Status:** (a) Known history of chickenpox with positive Varicella Titer, or (b) 2 doses of the Varicella Vaccine.
  - VI. **Physician or Nurse Practitioner must initial each section where data is entered then sign and date at the bottom.**
- All health information that is not documented on health forms must have:**
1. Letterhead from institution or physician or nurse practitioner.
  2. Signature of physician or nurse practitioner.
  3. Date immunization or update was given.

# VA ST. LOUIS HEALTH CARE SYSTEM MEDICAL LABORATORY SCIENCE PROGRAM

## Physical Examination

### TO BE COMPLETED BY STUDENT BEFORE EXAMINATION

Last Name	First	Middle	(Area Code) Home Phone	Birth Date
Street Address	Apt.	City	State	Zip Code
Emergency Contact: _____ Name (Relationship to student) (Area Code) Phone Number				
I understand that I may be asked to submit additional data. I understand that any falsification or omission of information can result in my dismissal from the program.				
Student's Signature: _____				
Date: _____				

### TO BE COMPLETED BY EXAMINER

Systems Reviewed	Normal Findings	Essential Function	Normal Finding
Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision to easily recognize and read text, numbers, and graphics in print and on monitor screens.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temp	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Height	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discriminates patterns,	<input type="checkbox"/> Yes <input type="checkbox"/> No

		colors, and delineate fine details	
Weight	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing ability with or without auditory aids to discern audible alert signals and timing devices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manual dexterity to perform phlebotomy, handle small containers with biohazardous materials, and manipulate small tools.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Integumentary	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bend, reach, sit, Be Sufficiently mobile to traverse about the laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No
GI	<input type="checkbox"/> Yes <input type="checkbox"/> No		
GU/Reproductive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological stability to effectively problem solves, and to react effectively in stressful situations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neuro/Muscular	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Endocrine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Intellectual skills to calculate, interpret, analyze, reason, make critical judgements, and initiate corrective action as necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRINT**

Practitioner/Facility Name and Address:

Phone: ( ) \_\_\_\_

## LABORATORY TESTS AND IMMUNIZATIONS

Student Name: \_\_\_\_\_ Program: MLS Program \_\_\_\_\_

To be completed by Health Care Practitioner

I.

Tuberculin Skin Test	Date Administered:	Date Read:	q. Positive <input type="checkbox"/> Negative
<b>OR</b>			
QuantiFERON Gold Test	Date Drawn:	Date Read:	q. Positive <input type="checkbox"/> Negative
<b>OR</b>			
Chest X-Ray	Date:		q. Positive <input type="checkbox"/> Negative

II.

If born after 1/1/57, must have proof of two (2) MMR vaccines after age one (1).			
MMR Vaccine	Date:	Date:	
<b>OR</b>			
Rubella Titer	Date:		q. Immune <input type="checkbox"/> Not Immune
Rubeola Titer	Date:		q. Immune <input type="checkbox"/> Not Immune
Mumps Titer	Date:		q. Immune <input type="checkbox"/> Not Immune

III.

Tetanus/Diphtheria/Pertussis	Date:	q. Valid within the last 7 years	
<b>OR</b>	Tetanus Titer	Date:	q. Immune <input type="checkbox"/> Not Immune
	Diphtheria Titer	Date:	q. Immune <input type="checkbox"/> Not Immune
	Pertussis Titer	Date:	a. Immune <input type="checkbox"/> Not Immune
			b.

IV.

Hepatitis B Vaccine	Date:	Date:	Date:	Surface Antibody Test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>OR</b>	Hepatitis B Titer	Date:		q. Immune <input type="checkbox"/> Not Immune
<b>OR</b>				
Sign declination if all three (3) immunizations and Surface Antibody Test are not complete or titer results were negative.				
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. (If declining) _____				
Student Signature _____				

V.

Varicella Titer	Date:	q. Immune	q. Not Immune
<b>OR</b>			
Varicella Vaccine	Date:		



	Date:
--	-------

VI.

Flu Vaccination	Date:
<b>OR</b>	
<p>I have declined to receive the influenza vaccine. I acknowledge that influenza vaccination is recommended by the Center for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of influenza and its complications, including death, to patients, my coworkers, my family, and my community. I understand that if I choose to decline the Flu vaccine, I will be required to wear a mask. I understand I can change my mind at any time and accept the Flu vaccine. I have read and fully understand the information on this declination form.</p>	
Student Signature _____	

Covid Vaccination	Date:	Date:	Date:
<b>OR</b>			
<p>I have declined to receive the Covid vaccine. I acknowledge that Covid vaccination is recommended by the Center for Disease Control and Prevention for all healthcare workers in order to prevent infection from and transmission of Covid and its complications, including death, to patients, my coworkers, my family, and my community. I understand that if I choose to decline the Covid vaccine, I will be required to wear a mask. I understand I can change my mind at any time and accept the Covid vaccine. I have read and fully understand the information on this declination form.</p>			
Student Signature _____			

I certify that the above tests and/or vaccinations were performed in this office or laboratory, or documentation was provided to me by the patient.

(If the above tests and/or vaccinations were *not* performed in this office, documentation of agency performing the tests and/or immunizations is provided).

Licensed Health Care Practitioner Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page intentionally left blank



**VA ST. LOUIS HEALTH CARE SYSTEM MEDICAL LABORATORY**  
**SCIENCE PROGRAM**  
**Absentee Form**

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

**Date of absence:** \_\_\_\_\_

**Time of notification:** \_\_\_\_\_

**Was clinical site notified prior to scheduled time:**      **Yes**      **NO**

**Was director notified prior to scheduled class time:**      **Yes**      **NO**

**Total absence to date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Director's signature:** \_\_\_\_\_