ABC University
Immunization & Health Document Requirements

Dear ABC University Student,

Welcome to the ABC University health document tracking service. ABC University has contracted with Sentry MD to store and maintain their student health forms. Sentry MD is a confidential student health record service.

Included in this packet are the health and immunization requirements that are required of you to meet the clinical site requirements and participate in the programs at ABC University.

STEP 1: **Complete and collect all documentation to meet the requirements in the following pages. Included in this packet:**

1. **Part I-Student Profile**
2. **Part II- Additional Required Documentation**
3. **Part III-Immunizations and Titers**
4. **Part IV- Physical Exam form**
5. **Part V- Immunization Release Statement**
6. **Part VI- Account Access Instructions**

STEP 2: Submit all requirements to the Secure upload link at https://mysentrymd.com/sentrymd.html#/upload or email to ABC@SentryMD.com

If you are unable to scan your documentation and save it as a PDF, OfficeLens is a free app for smart phones that allows you to take a picture of your document and it will convert to a PDF file for you

In addition to storing the required information, Sentry MD will keep ABC University informed throughout your term of study of your compliance status with the requirements. You will receive complimentary reminder emails one month prior to the expiration of any required documentation. However, students are responsible for maintaining their compliance throughout the program and submit all updates as you complete them.

If you have any questions regarding this packet, please email us at ABC@SentryMD.com.

PreCheck
Investigate further.

PART I STUDENT INFORMATION | *this must be completed by the Student.*

Last Name:	**First Name:**
DOB: _____/____/_____	**Cell Phone:**
Student ID:	**Email Address:**
Program ☐ ADN Traditional RN ☐ Paramedic-ADN Transition ☐ Vocational Nursing	**First Semester of Entry (Enter the Year):** Fall 20 Spring 20 Summer 20

PART II ADDITIONAL DOCUMENTATION TO SUBMIT | *this must be completed by Student.*

1. **BLS CPR for Health Care Providers Certification:**
   Please submit a copy of your CPR card. Only American Heart Association certifications for BLS Healthcare Provider courses are accepted. ***(Please note: this requirement does not apply to vocational nursing students).***

2. **Identification:**
   Students must submit a copy of their valid driver license or state issued ID card.

3. **Health Insurance:**
   Students must submit a copy of their health insurance card, front and back.

PreCheck
Investigate further.

PART III IMMUNIZATIONS | *This must be completed by your health care provider OR submit supplemental documentation from the provider, clinic or facility to support each requirement on this page.*

Last Name:	**First Name:**	**Date of Birth:**

Measles, Mumps and Rubella (MMR): Two MMR dose series completed **OR** proof of immunity by titer for Measles, Mumps *and Rubella.*
**If a titer results in non-immunity, a two-vaccine series must be completed after the titer.*

MMR Dose 1 Date:
____/____/_____

MMR Dose 2 Date:
____/____/_____

Measles Titer Date:
____/____/_____ **Result: ☐Immune ☐ Non-Immune**

Mumps Titer Date:
____/____/_____ **Result: ☐Immune ☐ Non-Immune**

Rubella Titer Date:
____/____/_____ **Result: ☐Immune ☐ Non-Immune**

☐ Attach copy of quantitative lab report

Hepatitis B*:* Three doses of HepB vaccines completed within the last 10 years **OR** serologic proof of immunity by titer.
**If a titer results in non-immunity a three-vaccine series must be completed after the titer.*

HepB Dose 1 Date:
____/____/_____

HepB Dose 2 Date:
____/____/_____

HepB Dose 3 Date:
____/____/_____

HepB Titer Date:
____/____/_____ **Result: ☐Immune ☐ Non-Immune**

☐ Attach copy of quantitative lab report

Varicella (Chicken Pox): Two dose series completed **OR** proof of immunity by titer.
**If a titer results in nonimmunity a two-vaccine series must be completed after the titer.*

Varicella Dose 1 Date:
____/____/_____

Varicella Dose 2 Date:
____/____/_____

Varicella Titer Date:
____/____/_____ **Result: ☐Immune ☐ Non-Immune**

☐ Attach copy of quantitative lab report

Tetanus Diphtheria, Pertussis (Tdap): Tdap **r**equired every ten years. *TD Booster NOT accepted.*

Tdap Vaccine Date:
____/____/_____

Influenza Vaccine: Required Seasonally during September or October.

Influenza Vaccine Date:
____/____/_____

Tuberculosis Skin Test (PPD/Mantoux): Must provide A PPD skin test within the past 12 months with negative result **OR** a T-Spot or QuantiFERON TB Gold Blood draw can be accepted in replace of a PPD skin test). **Annual update required.**
*If a TB skin test is positive, a chest x-ray must be completed and **updated every two years**.

PPD Skin Test Date Placed:
____/____/_____

PPD Skin Test Date Read:
____/____/_____

Reading __mm

Result: ☐ Negative ☐ Positive

TB QuantiFERON gold Date:
____/____/_____

Result: ☐ Negative ☐ Positive

T-Spot Test Date:
____/____/_____

Result: ☐ Negative ☐ Positive

Chest X-Ray Date:
____/____/_____

Result: ☐ Negative ☐ Positive

Primary Care Provider Signature AND Provider's stamp is required for immunizations on this form to be accepted.

_____ _____
Provider's Signature *Date*

Phone Number: ( ) _____

PLACE PROVIDER'S STAMP HERE

PART IV- PHYSICAL EXAMINATION FORM | *This must be completed by your health care provider.*

Last Name	First Name	Date of Birth

Muscular/Skeletal Requirements

Student should be physically competent to complete the following:

☐ Extended walking and standing daily
☐ Ability to bend and stoop
☐ Use upper body movements
☐ Patient Denies
☐ Ability to grasp, push and/or pull
☐ Move quickly in response to an emergency
☐ Ability to reach, reaching and/or lifting Carrying and moving equipment

Neurological Requirements

Student must demonstrate fine motor abilities that are sufficient to provide safe and effective nursing care and a sense of touch that allows for accurate assessment and palpitation. **Please check the following that apply to the student:**

☐ History of syncope
☐ Dizziness
☐ Severe fatigue
☐ Frequent or Severe Headaches
☐ Trembling or Shaking
☐ Depression
☐ Under the care of a psychiatrist now or in the past
☐ Neurological disease (Please specify): _____
☐ Past History of Neurological medical condition (Please specify): _____
☐ Other: _____

Eye/Vision Requirements

Student must have vision that enables them to detect abnormalities on skin and body surfaces. **Please check the following that apply to the student:**

☐ Student's vision is within normal limits
☐ Student has corrected vision with glasses/contacts (Please specify):_____ ☐ Other:
_____

Ear/Hearing Requirements

Student must have a hearing ability that allows them to respond to physical and verbal cues. **Please check the following that apply to the student:**

☐ Student has hearing that is within normal limits.
☐ Student has corrected hearing with the use of hearing aids.
☐ Other: _____

Psycho-Social Requirements

Student must demonstrate communication, critical thinking, and interpersonal skills which are essential competencies for a nursing student. Each student must demonstrate the ability to interact with individuals, families, groups and communities from a variety of emotional, religious, sociocultural/ethnic and intellectual backgrounds. **Please check the following that apply to the student:**

☐ Work issues
☐ Family issues
☐ History of prescription/illegal drug abuse.
Explain: _____
☐ Patient Denies

Other Important Health Information

Please list any other conditions identified that would prevent this applicant from performing the duties of a nursing student.
☐ Student has no physical limitations, no limitations to lifting, moving or repositioning patients, no physical deformities to extremities, and no disease processes or prior injuries that would hinder normal patient care.

☐ Student displays the following limitations:

Primary Care Provider Signature AND Provider's stamp is required for this form to be accepted.

_____ _____
Provider's Signature *Date*

Phone Number: ( ) _____

PLACE PROVIDER'S STAMP HERE

PART V Student Consent Statement | *This must be completed by the Student.*

I have reviewed this immunization history for completeness and agree to release the information provided on the ABC University Immunization Transcript to authorized members of the ABC staff and staff of cooperating agencies, as may be required.

Student Signature	Date of Birth
Student Name (Print)	Date

STUDENT CHECKLIST |

- ☐ Student Information is complete (Part I)
- ☐ Submit copy of CPR card (Part II)
- ☐ Submit a copy of your ID (Part II)
- ☐ Submit a copy of your health insurance (Part II)
- ☐ Immunizations in Part III are complete with dates of vaccines/titers and results are signed, dated and stamped by your Health Care Provider (Part III)
- ☐ Physical Exam is complete; signed, dated and stamped by Health Care Provider (Part IV)
- ☐ 6. Authorization Consent form is signed by Student (Part V)
- ☐ Review account access listed below (Part VI)
  - ☐ Submit all requirements by **DUE DATE** to the Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload or email to **ABC@SentryMD.com**

PART VI ACCOUNT ACCESS |

Please note your account will only be available after you have registered and sent Part I of this packet into Sentry MD. Your account allows you to see your status and download/print documents that have been processed by Sentry MD. Please make sure to submit document requirements to the Upload link https://mysentrymd.com/sentrymd.html#/upload as you are not able to upload directly to your account, all documents are reviewed and processed prior to showing in your account *(Processing can take 24 to 48 business hours)*.

Link to Sentry MD system: https://mysentrymd.com/sentrymd.html#/home

1. Enter your User ID: (email address in all lowercase)
2. Click on Set Password
3. Enter your email address (your User ID will be the email address you registered with in all lowercase)
4. You will be sent a token to your email address
5. Enter Token from email onto site
6. Create a Password
7. Click link to go to login screen.

Once you are logged into your account, you will note on the landing page how easy it is to see if you are compliant or not with the requirements for your program. A blue checkmark next to each of the requirements means you are compliant. Requirements without the blue checkmark indicate you are missing documentation and these items need your attention.

In addition to viewing your status at any time, you can download and print your landing page checklist and any or all the documents you have submitted by clicking the Documents Button. Only documents that have completed processing will appear in your account, please note processing can take 48 business hours. We hope these tools help you stay on top of your status and keep you compliant with your program requirements.