

# Health Record Fact Sheet

---

Listed below are some of the requirements you may need for most health programs at CSCC. *Not all items listed are needed for every class or program.* Please visit [www.csc.c.edu/healthrecords](http://www.csc.c.edu/healthrecords) to review the requirements for your program of study. Please get started on your health record as soon as possible; as it could take up to 30 days to complete. All documentation must be from a medical facility in the United States.

## 1.) HEALTH HISTORY-Pages 1

- Required demographic and medical information needed to be filled out by each student. Please be sure to address Latex Allergy question at the top of page two. Update as needed when medical or demographic information changes.

## 2.) PHYSICAL EXAM-Page 2

- Exam to be completed by Physician, Nurse Practitioner or Physician Assistant. Must be completed on Columbus State form and submitted within 1 year of exam. Physical must be renewed every three years.

## 3.) TUBERCULOSIS SCREENING-Page 3

- Documentation of a negative Two-Step TB Skin test. TB skin test must be at least 7 days apart and both within the last year. Blood tests: QFT Gold or T Spot are acceptable in place of a One or Two-Step TB; must be within the last year. After an initial 2- step TB skin test, **a 1-Step TB will be required annually.**
- If TB Skin Test is positive, it is required to submit physician documentation of the positive test and a negative chest x-ray. Annual health evaluation form also due for chest x-rays older than 1 year.

## 4.) MMR

Proof of immunity to Rubella, Rubeola, and Mumps by one of the following:

- Documentation of two MMR vaccines with the first at 12 months or older **or**
- Current (drawn within the past year) documentation of positive rubeola, rubella, and mumps titers. \*

## 5.) HEPATITIS B

Proof of immunity to Hepatitis B by one of the following:

- Series of three injections at recommended intervals. Student must have had 2 of the 3 injections (1 month apart) on or before registration of the student's admittance into the program, with the **third injection completed on schedule.** (HEPLISAV-B 2 dose option, 1 month apart; requires both doses to register) **or**
- Current (drawn within the past year) documentation of a positive Hepatitis B surface antibody. \*

## 6.) VARICELLA (Chicken Pox)

Proof of immunity to Varicella by one of the following:

- Immunization with varicella vaccine. (Full immunization requires a series of two injections both due at admittance to the program) **or**
- Current (drawn within the past year) documentation of a positive antibody Varicella titer. \*

## 7.) TDAP/Td

- Proof of current Tdap (Tetanus /Diphtheria/Pertussis) immunization; per CDC guidelines for Tdap/Td.

## 8.) FLU VACCINE

Students (in selected programs) must receive **annual flu vaccines.**

\* Requires current lab results drawn within the past year if series are over 20 years old.