COLUMBUS STATE COMMUNITY COLLEGE

Medical Laboratory or Phlebotomy & EKG

HEALTH HISTORY

To be completed by the student:

PLEASE PRINT ALL INFOR	<u>MATION</u>		COUGAR I.D	
Name:	First		iddle	
		M	iddle	
Address: Street Date of Birth:		City Phone:	State	Zip
Date of Birth: Month/Day/Year Program of Study:			Home	Other
Semester to Begin Program:		E-	mail:	
Answer all questions. If the answer you have entered your program	er is "no, no m of study a	one, not applica	ble", write that as your a l know which requireme	nnswer. Make certain nts apply to you.
List all allergies and sensitivities you h	nave includi	ng medications	, food, & environmental:	
List all surgical operations you have h	ad with the	date:		
List all current health conditions you h	nave:			
List any previous significant health pr	oblems you	have had:		
Student Signature				Date

Covid Card verifying complete series or exemption request must be uploaded in Immuware

Cougar ID	

COLUMBUS STATE COMMUNITY COLLEGE HEALTH RECORD

Physical Examination: Must be performed by Physician, Nurse Practitioner or Physician's Assistant

Name:	1 7 7	,	D.O	В.	
Last	First	Middle	2.0.		
Allergies:					
Medications:					
Height:	Weight:	Pulse:	B/P:_		
EXAMINER:	Indicate your findings after examinati	on of each system			
	EENT:				
	CV:				
	RESP:				
	ENDOCRINE:				
	MUSC/SKEL:				
	Does student have any functional prevent him/her from working in Vision, such as reading gauges or the Hearing, such as in a classroom or Speech, such as in a classroom? Lifting up to 50 pounds?	nermometers?	Yes	No	
	Ambulation/Standing for several ho	urs?			
	Ability to handle stress? Sensorimotor (fine and gross)?				
	have any limitations or restrictions? If no	o, please document below "No restriction			
Exami	ner's Signature:				
Print 1	Examiner's Name:				
Addre	ss:				
	:				

COLUMBUS STATE COMMUNITY COLLEGE HEALTH RECORD

Tuberculosis Testing

Name:		
Tuberculosis Testing		
within the last year. Two or three days after physician's assistant. Tb tine tests are not ac	red. This involves two Tb Mantoux tests at least 7 days apart and reach Tb test is given it must be read by the physician, nurse, or exceptable per state regulations. Two Mantoux tests within the past If the student recently received an MMR or varicella vaccine, the least four to six weeks after the MMR.	
Tb#1 Date given: Date read: Result:mm	Tb#2 At least 7 days after the first Tb test: Date given: Date read: Result:mm	
Read by:	Read by:	
If this test or a previous test is positive: from within the past five years. If your pro-	Submit documentation of positive PPD and a negative chest x-revious chest x-ray or positive PPD has been more than a year agn found at https://www.cscc.edu/services/hr pdf/Annual.pdf	
Please note: QFT Gold or T Spot are acceptab	ole in place of a one or two step Tuberculosis skin test and must be cur	rent.
Facility Name:		
Address:		
Phone:	Date:	

COLUMBUS STATE COMMUNITY COLLEGE SUPPLEMENTARY IMMUNIZATION RECORD

NAME	D.O.B
PROGRAM	COUGAR ID#
TO BE COMPLETED BY THE	PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT
THE FOLLOWING IMMUNI	ZATIONS ARE REQUIRED:
and final immunization OR	tis B immunization: #1,#2, st have immunizations #1 and #2 completed before submitting health record completed on schedule.) atitis B surface antibody
2. MMR: Date of first immuniz	ationDate of second
OR *Date and results of Rub	peola IGG titer,*Mumps IGG titer,
*Date and results of Rub NOTE: If titer is negative	e, the student must receive the immunization series.
so you would have to re your program. 3. Chickenpox/Varicella: Dat Both immunizations records	PULOSIS TEST. The measles component invalidates the tuberculosis test, peat the tuberculosis testing which may delay your ability to register into e of first immunization
	E/ILLNESS IS NOT ACCEPTABLE DOCUMENTATION!
DO NOT RECEIVE THE TWO-STEP TUBERCU	E VARICELLA IMMUNIZATIONS WHILE YOU ARE COMPLETING THE LOSIS SKIN TEST.
4. Tdap/Td: (Tetanus/Diphther	ia/Pertussis) per CDC guidelines
5. Flu Vaccine:	(CURRENT SEASONAL FLU REQUIRED)
Must provide cu	rrent lab work for series 20 years or older
Signature:	·
Printed Name and Title:	
Organization:	
Phone:	Date:

INSTRUCTIONS FOR COMPLETION OF HEALTH RECORD

Please read and follow all instructions on the following pages, so we can process your records quickly and accurately. If you do not follow instructions or submit <u>complete information</u>, processing of your health record may be delayed, which will delay your ability to register into your clinical courses. *All information must be <u>complete</u> before uploading into Immuware (Instructions on following 2 pages)*.

If you are providing photos, please ensure the photos are light and clear and display all 4 corners; no other objects are to be present in your photo other than your documents.

The health history and physical must be on CSCC forms. If you have had a physical examination within the past year, it must be transcribed on CSCC Physical form by the physician, physician assistant, or nurse practitioner.

It is your responsibility, not your physician's, to ensure all health requirements have been completed and documentation of all items uploaded into Immuware.

Records will not be reviewed until all health requirements for your program have been uploaded. Records are processed in the order they are received. Completed health records received by the deadline are processed by the first day of registration. Completed health records received after the deadline may take up to 10 business days to process. QUESTIONS?? Call 614-287-2450

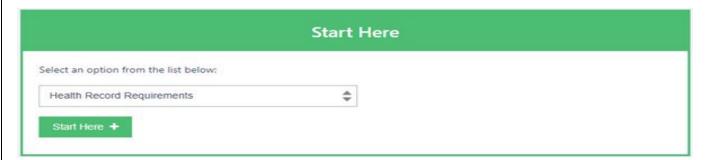
INSTRUCTIONS FOR SUBMITTING YOUR HEALTH RECORD IN IMMUWARE

1. Request access to Immuware by scanning the QR code below or use the following link https://web.cscc.edu/forms/immuware.php



- 2. A confirmation email regarding your request will be sent to your CSCC student email account
- 3. You will receive a **Welcome Email** from Immuware when your access to Immuware is ready. Please allow up to 24 hours to receive this email from the time you submit your request
- 4. Login to Immuware: https://cscc.immuware.com
 The link in the Welcome Email will be the same
- 5. You will use your CSCC login and password to login to Immuware

You will see all the Health Record Requirements under your name, please click the "Start Here" button, select Status Details, choose Student Requirements then select your program of Study (*)



- 6. Read through all instructions in Immuware to ensure you are submitting your documents properly; please ensure you are submitting your documents right side up
- 7. Please ensure your documents are fully complete before you upload each page and ensure you enter all dates correctly
- 8. You must sign and save the acknowledgement and save All Submissions Complete and Ready for Review as the last step under Health Record Requirements to be placed into Queue for processing
 - * DO NOT SELECT THE RN PROGRAM UNLESS YOU HAVE RECEIVED AN OFFICIAL LETTER OF ACCEPTANCE FROM THE NURSING PROGRAM COORDINATOR

Immuware FAQs

1. I can't log into Immuware.

You may log on through the link in your Welcome email.

Please make sure to use your CSCC username and Password to login to Immuware.

You must wait 24 hours after requesting access to Immuware to be able to log in.

2. How do I upload documents?

Under Start Here, select a requirement from drop-down menu, click the green "start here" button.



- Fill in all information that has a red asterisk * (please note: the occurrence will automatically generate, do not change this date) Ensure you are inputting the dates of all immunizations, testing, physical, and health history where applicable.
- Attach your files under "Select files" and make sure it is in the correct format (.jpg, .jpeg, .pdf, .png, or .gif) and click save. You will not be allowed to continue or save this entry unless your attached document is saved in one of these formats (.jpg, .jpeg, .pdf, .png, or .gif).
- When you are finished uploading all documents under your requirements, click the Record Next Step, and save the ready for review status, then click "Back to Personnel Details", continue this process until you are finished uploading all your documentation under each requirement.
- The last step is to ensure you have selected Health Record Requirements listed under "START HERE", click start here; under status details ensure you have reviewed the student requirements, signed and saved your acknowledgement, select record next step and save "All submissions complete and ready for review".

3. It won't let me upload documents.

You must wait up to 24 hours after requesting access to Immuware before you can upload documents.

4. I uploaded the wrong document; how do I upload the correct one?

You may select ready for review and upload correct documents at that time.

5. Did I upload and everything correctly?

Please ensure each document is uploaded right side up, all 4 corners are in view with minimal background, documents are light enough to view, and documents is uploaded as (.jpg, .jpeg, .pdf, .png, or .gif) We will review your documents within 10 business days, if there are any issues that need addressed, we will attempt to reach out to you via phone and list follow up instructions in Immuware; listed under each requirement that needs attention.

6. I've uploaded all my documents and need to know the next steps.

The last step is to ensure you have selected Health Record Requirements listed under "START HERE", click the Start Here button, under status details ensure you have reviewed the student requirements, signed and saved your acknowledgement, select record next step and save "All submissions complete and ready for review". It may take up to 10 business days for your documents to be reviewed. You will receive an email once your health record has been processed.

^{*}If you are still experiencing login issues, please email April Pace at apace3@cscc.edu

ImmuWare Help Videos



Link: https://www.cscc.edu/services/health-records/health-records-videos.shtml