

# COLUMBUS STATE COMMUNITY COLLEGE

## *Dental Hygiene*

### HEALTH HISTORY

To be completed by the student:

**PLEASE PRINT ALL INFORMATION**

**COUGAR I.D.** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Month/Day/Year Home Other

Program of Study: \_\_\_\_\_

Semester to Begin Program: \_\_\_\_\_ E-mail: \_\_\_\_\_

Answer all questions. If the answer is “no, none, not applicable”, write that as your answer. Make certain you have entered your program of study above so we will know which requirements apply to you.

List all allergies and sensitivities you have including medications, food, & environmental:

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List all surgical operations you have had with the date:

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List all current health conditions you have:

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List any previous significant health problems you have had:

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

\_\_\_\_\_  
Date

Cougar ID \_\_\_\_\_

**COLUMBUS STATE COMMUNITY COLLEGE  
HEALTH RECORD**

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

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

Medications: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ B/P: \_\_\_\_\_

EXAMINER: Indicate your findings after examination of each system

EENT: \_\_\_\_\_

NEURO: \_\_\_\_\_

CV: \_\_\_\_\_

RESP: \_\_\_\_\_

ENDOCRINE: \_\_\_\_\_

MUSC/SKEL: \_\_\_\_\_

- ☐ If this student has any reaction to latex, please complete the Examiner's portion of the "Latex Reactions Form" that the student will supply to you. <http://csc.c.edu/Students/FormsPDF/health/LatexReactionForm.pdf>
- ☐ If this student is subject to any health emergency, please provide special emergency instructions below.
- ☐ If there is additional significant information about this student which would relate to his or her safety for patients or for self in a clinical or laboratory situation, please provide information below.

Does student have any functional limitations or restrictions that would prevent him/her from working in a patient care area?	Yes	No
Vision, such as reading gauges or thermometers?		
Hearing, such as in a classroom or when using a stethoscope?		
Speech, such as in a classroom?		
Lifting up to 50 pounds?		
Ambulation/Standing for several hours?		
Ability to handle stress?		
Sensorimotor (fine and gross)?		

Does the student have any limitations or restrictions? If no, please document below "No restrictions/No limitations". If yes, please provide specific facts regarding student's requirements. \_\_\_\_\_

\_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Print Examiner's Name: \_\_\_\_\_

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

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

# COLUMBUS STATE COMMUNITY COLLEGE HEALTH RECORD

## Tuberculosis Testing

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

### Tuberculosis Testing

**Two-Step Mantoux** (intradermal) is required. This involves two Tb Mantoux tests at least 7 days apart and within the last year. Two or three days after each Tb test is given it must be read by the physician, nurse, or physician's assistant. Tb tine tests are not acceptable per state regulations. Two Mantoux tests within the past year can be substituted per state regulations. If the student recently received an MMR or varicella vaccine, the tuberculosis test must be postponed until at least four to six weeks after the MMR.

**Tb#1**

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

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

Result: \_\_\_\_\_ mm

Read by: \_\_\_\_\_

**Tb#2 At least 7 days after the first Tb test:**

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

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

Result: \_\_\_\_\_ mm

Read by: \_\_\_\_\_

**If this test or a previous test is positive:** Submit documentation of positive PPD and a negative chest x-ray report from within the past five years. If your previous chest x-ray or positive PPD has been more than a year ago, please complete an Annual Health Evaluation form found at [https://www.csc.edu/services/hr\\_pdf/Annual.pdf](https://www.csc.edu/services/hr_pdf/Annual.pdf)

**Please note: QFT Gold or T Spot are acceptable in place of a one or two step Tuberculosis skin test. QFT Gold or T Spot must be current and include lab print out.**

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 IMMUNIZATIONS ARE REQUIRED:**

1. **Hepatitis B:** Dates of Hepatitis B immunization: #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_ (Must have immunizations #1 and #2 completed before submitting health record and final immunization completed on schedule.)

**OR**

\*Date and results of hepatitis B **surface antibody** \_\_\_\_\_

NOTE: If the surface antibody is negative, the student must receive the immunization series.

2. **MMR:** Date of first immunization \_\_\_\_\_ Date of second \_\_\_\_\_

**OR**

\*Date and results of Rubeola IGG titer \_\_\_\_\_, \*Mumps IGG titer \_\_\_\_\_,

\*Date and results of Rubella IGG titer \_\_\_\_\_.

NOTE: If titer is negative, the student must receive the immunization series.

**DO NOT RECEIVE MMR IMMUNIZATION WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS TEST.** The measles component invalidates the tuberculosis test, so you would have to repeat the tuberculosis testing which may delay your ability to register into your program.

3. **Chickenpox/Varicella:** Date of first immunization \_\_\_\_\_ Date of second \_\_\_\_\_  
Both immunizations required before submitting health record.

**OR**

\*Date and results of varicella **IGG** titer \_\_\_\_\_

NOTE: If titer is negative, the student must receive the immunization series.

**HISTORY OF DISEASE/ILLNESS IS NOT ACCEPTABLE DOCUMENTATION!**

**DO NOT RECEIVE THE VARICELLA IMMUNIZATIONS WHILE YOU ARE COMPLETING THE TWO-STEP TUBERCULOSIS SKIN TEST.**

4. **Tdap/Td:** (Tetanus/Diphtheria/Pertussis) per CDC guidelines \_\_\_\_\_

5. **Flu Vaccine:** \_\_\_\_\_ (CURRENT SEASONAL FLU REQUIRED)

**\*\*\*Must provide current lab work for series 30 years or older\*\*\***

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

Printed Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

## **INSTRUCTIONS FOR COMPLETION OF HEALTH RECORD**

1. 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 complete information, processing of your health record may be delayed, which will delay your ability to register into your clinical courses. All information must be complete before uploading into Immuware (Instructions on following 2 pages).
2. 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.
3. 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.
4. It is your responsibility, not your physician's, to ensure all health requirements have been completed and documentation of all items uploaded into Immuware.
5. 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. s
6. **All documents must be complete and uploaded to Immuware before saving All submissions complete and ready for review. QUESTIONS?? Call 614-287-2450**

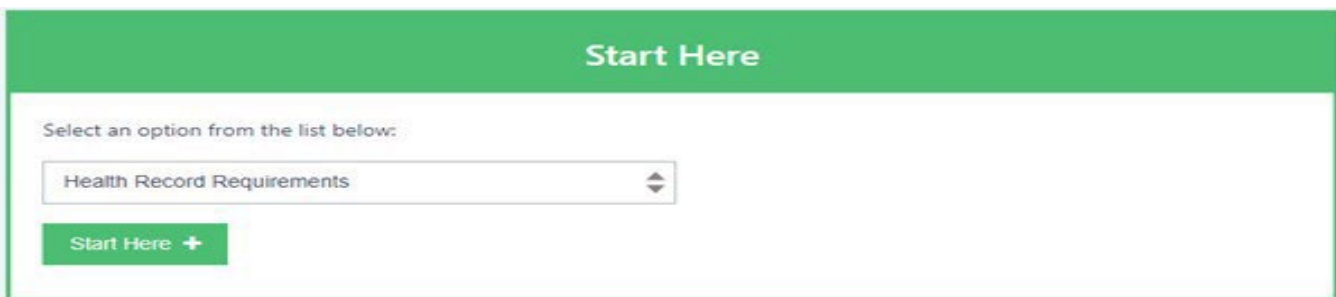
# INSTRUCTIONS FOR SUBMITTING HEALTH RECORDS AND UPDATES IN IMMUWARE

1. Already have an Immuware account? Please login to Immuware: <https://cscs.immuware.com> to view your requirements and/or updates
2. Don't have an account yet? Please request access to Immuware by scanning the QR code below or use the following link <https://web.cscs.edu/forms/immuware.php>



3. A confirmation email regarding your request will be sent to your CSCC student email account
4. 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
5. Login to Immuware: <https://cscs.immuware.com>  
The link in the Welcome Email will be the same
6. 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 (\*)

A screenshot of the Immuware 'Start Here' interface. It features a green header with the text 'Start Here'. Below the header, there is a white box containing the text 'Select an option from the list below:'. Underneath this text is a dropdown menu with 'Health Record Requirements' selected. At the bottom of the white box is a green button with the text 'Start Here' and a plus sign.

7. Read through all instructions in Immuware to ensure you are submitting your documents properly; please ensure you are submitting your documents right side up
8. Please ensure your documents are fully complete before you upload each page and ensure you enter all dates correctly
9. You must sign, save the acknowledgement, and save All Submissions Complete under Submit your Health Record as the last step 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

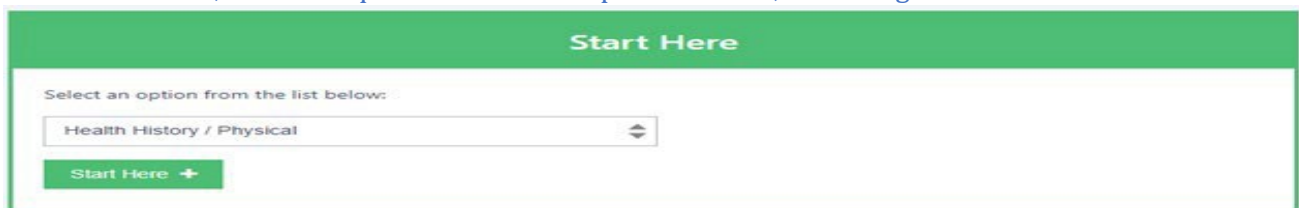
### 1. I can't log into Immuware.

You may log on through the link in your Welcome email. You will use single sign on the Immuware login screen, when prompted use your CSCC username and Password to login. You must wait 24 hours after requesting access to Immuware to be able to log in.

\*If you are experiencing login issues, please attempt to use a different browser. Still having issues email April Pace at [apace3@csc.edu](mailto:apace3@csc.edu)

### 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 **Submit your Health Record 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 my documents correctly?

Please ensure each document is uploaded right side up, displays all 4 corners with minimal background, is legible and uploaded as (.jpg, .jpeg, .pdf, .png, or .gif)

ALL documents must include your first and last name, name of vaccine or test, date of vaccine or test, test result if applicable, **facility information, and credentials.**

We will review your documents within 10 business days, if there are any issues that need addressed, we will list follow up instructions in Immuware. Click the word **Follow Up** to view notes in Immuware.

### 6. I've uploaded all my documents; how do I submit my record?

The last step is to select **Submit your Health Record** 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".

Please click **SAVE** under "All submissions complete and ready for review to be placed into queue (in line) for processing. It may take 5- 10 business days for your documents to be reviewed. You will receive an email to your student email once you have successfully placed your record in queue. You will receive an email once your health record has been processed.

# Health Record Fact Sheet

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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.cscce.edu/healthrecords](http://www.cscce.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 30 years old.