Dear Baptist College Student,

Welcome to the Baptist College of Health Sciences document tracking service (BC). BC 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 matriculate and/or participate in educational activities. It is important that you review this material carefully and submit all requirements to Sentry MD in order to be enrolled in an institution of higher learning in the State of Tennessee.

Upon receipt of your health forms, Sentry MD will be notifying BC of your compliance status. To verify receipt of your records or to ask any questions please email us at BC@SentryMD.com.

STEP 1: Purchase the Health Record Management Package
- Go to www.MyStudentCheck.com and select 'Baptist College of Health Sciences' from the 'School' dropdown menu.
- Select your program from the 'Program' dropdown menu. Click 'Submit' Complete all required fields as prompted and enter your payment information.
- The price is **$35**, please note that applicable tax rates will be applied for residents of Texas and New Mexico. For your records, you will be provided a receipt and confirmation page of your immunization/vaccination tracking service.
   - Please note this fee does **NOT** include cost of any vaccinations, PPD or titers you may need. You will need to pay for these separately at time of service.

STEP 2: Immunization and Health Document Requirements
1. Part I- Student Profile (Students will be emailed their login instructions to be able to view their account with all documents submitted upon compliance).
2. Part II- Health Requirements (one page to be completed by a health care provider). *There are specific instructions on this form for each immunization requirement.* Sentry MD will accept separate documentation of individual requirements provided that they are documented on a health care facility form with your name, date of birth and are signed/stamped by the health care provider.
3. Part III- Student Authorization Release- release statement to be signed by student.
4. Part III- Student Statement of Consent- consent statement to be signed by student.
5. Part IV- Sentry MD account access- instructions on how to login and view your status.

STEP 3: Submit Documents
- Submit all requirements to https://mysentrymd.com/sentrymd.html#/upload/47 or as a PDF attachment via email to BC@Sentrymd.com.

In addition to storing the required information, Sentry MD will keep BC informed throughout your term of study of your compliance status with the requirements. You will receive courtesy reminder emails one month prior to the expiration of any required documentation. Students are responsible for maintaining their compliance throughout the program and must submit any updates to the Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload/47 or by emailing as a PDF attachment to BC@SentryMD.com.

PART I- **STUDENT PROFILE:** *to be completed by the Student.*

Name: (Please Print)	Email Address:
_____ Last, First, MI	

Date of Birth: _____/_____/_____ MM DD YYYY	Cell Phone: (_ _ _) _ _ _-_ _ _ _

Date of Enrollment: _____/_____/_____ MM DD YYYY	Campus Housing Resident: ☐ Yes ☐ No (Commuter)

<table>
<tr><td colspan="2" align="center">Program: (<i>select your program</i>)</td></tr>
<tr>
<td>

Allied Health:
☐ Pre- Diagnostic Medical Sonography
☐ Diagnostic Medical Sonography
☐ Medical Imaging Science Completion
☐ Pre-Medical Laboratory Technician Completion
☐ Medical Laboratory Science
☐ Medical Laboratory Technician Completion
☐ Pre-Medical Radiography
☐ Medical Radiography
☐ Pre-Nuclear Medicine Technology
☐ Nuclear Medicine Technology
☐ Pre-Radiation Therapy
☐ Radiation Therapy Technology
☐ Pre-Respiratory Care
☐ Respiratory Care

</td>
<td>

General Education and Health Studies:
☐ Biomedical Sciences
☐ Health Administration
☐ Health Administration Completion
☐ Population Health
☐ Pre-Health Studies

Nursing:
☐ Doctorate of Nurse Practice
☐ Pre-Nursing
☐ Nursing
☐ Nursing Completion- RN-BSN

</td>
</tr>
</table>

PART II- **HEALTH REQUIREMENTS**: *to be completed by your health care provider.* The following information is to be completed by your health care provider, former pediatrician or health service center. **Supplemental documentation is accepted in replace of this form** if it is properly documented on the Provider's form. Immunizations requiring a series must be fully completed on schedule and must remain current throughout the student's enrollment at Baptist College.

Measles, Mumps and Rubella (MMR): Two Doses of MMR Vaccines **OR** Positive QUANTITATIVE IgG antibody titers are required for Mumps, Measles and Rubella (If you choose to submit a titer, the report from the lab must accompany this form).
*If a titer results in non-immunity an MMR booster vaccine dated after the titer must be submitted.

MMR 2 Vaccine Series:	MMR Titer Dates:
MMR Vaccine 1). __/__/____ MMR Vaccine 2). __/__/____ **OR**	**Measles Titer:** __/__/____ **Result:** ☐Immune ☐ Non-Immune **Mumps Titer:** __/__/____ **Result:** ☐Immune ☐ Non-Immune **Rubella Titer:** __/__/____ **Result:** ☐Immune ☐ Non-Immune ☐ **Attached Quantitative Lab Reports**

Varicella (Chicken Pox): Two Doses of Varicella Vaccines **OR** Positive QUANTITATIVE IgG antibody titer is required. History of illness is NOT accepted. (If you choose to submit a titer, the report from the lab must accompany this form).
*If a titer results in non-immunity a booster vaccine dated after the titer must be submitted.

Varicella 2 Vaccine Series:	Varicella Titer Date:
Varicella Vaccine 1). __/__/____ Varicella Vaccine 2). __/__/____ **OR**	__/__/____ **Result:** ☐Immune ☐ Non-Immune ☐ **Attached Quantitative Lab Reports**

Hepatitis B: 3 Vaccine series and Positive QUANTITATIVE IgG antibody titer is required. **A Copy of the Quantitative titer report from the lab must accompany this form.**
*If a titer results in non-immunity an additional three vaccine series dated after the titer and a repeat titer 6 weeks after the 3rd dose is required.

HepB 3 Vaccine Series:	HepB Titer Date:
1). __/__/____ 2). __/__/____ 3). __/__/____ **AND**	__/__/____ **Result:** ☐Immune ☐ Non-Immune ☐ **Attached Quantitative Lab Reports**

Tetanus Diphtheria, Pertussis (Tdap): Tdap vaccine within the past ten years is required. TD booster NOT accepted.

Tdap Vaccine Date: __/__/____ Lot #____ Exp_____

Meningococcal (Meningitis): Required if you are a residence hall student under age 22, and this is your first trimester living on campus. Minimum requirement is one vaccination less than 5 years prior to move-in date. **You are required to provide documentation of a Meningococcal vaccine before you will be issued a key to move into campus housing if you are under 22.**

Meningococcal Vaccine Date: __/___/___

Influenza Vaccine (Flu): Flu vaccine required ONLY for clinical students or student workers, you will be notified when the flu vaccine is due per your program each season.

Influenza Vaccine Date: __/___/___

Tuberculosis Skin Test (PPD/Mantoux): Must provide A PPD skin test completed within 12 months and with a negative result and induration. **Annual update required.**
*If TB is positive or if only a positive skin test is submitted, a QuantiFERON TB Gold Blood draw (annually) or Chest X-ray (every 2 years) is required.

TB Skin Test:	TB Blood Test:	Chest X-Ray:
TB Plant Date: __/___/___ **TB Read Date:** __/___/___ **OR** _____mm ☐ Neg ☐ Pos	**QuantiFERON TB Gold Date:** ___/___/___ ☐ Neg ☐ Pos ☐ **Attached Lab Report**	**X-Ray Date:** __/___/___ ☐ Neg ☐ Pos ☐ **Attached Lab Report**

Exemption: Students at Baptist College of Health Sciences may request an exemption from immunizations. A physician or other health care provider may exempt a student from a vaccination due to the risk of harm, or the student or guardian may request to be exempted if completing immunizations conflicts with the individual's religious tenets or practices. Please email BC@SentryMD.com to request an exemption form.
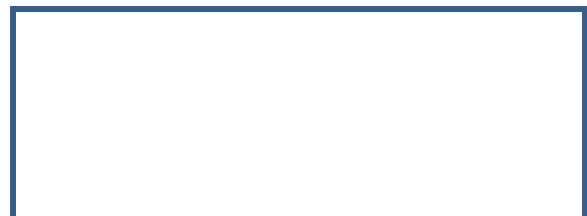
Primary Care Provider Signature AND Provider's stamp is required for immunizations on this form to be accepted.

PLACE PROVIDER'S STAMP HERE

_____

Provider's Signature   *Date*

Provider Name (printed): _____

Phone Number: (____) _____

***PART* III- STUDENT AGREEMENT FORMS:** *to be completed by Student*.

Student Authorization of Release

I have reviewed this immunization history for completeness and agree to release the information provided on the Baptist College Immunization Transcript to authorized members of the BC staff and staff of cooperating agencies, as may be required. This includes records required at the time of my enrollment, including immunization records, titer records, TB skin testing results, flu immunization verification, Health Department records and/or QuantiFERON Test results, and any additional immunizations, tests, or titers received while enrolled, as well as the results of any drug and alcohol testing.

I understand I may revoke this authorization at any time with a written request to Sentry MD Services, the request must include the signature of the student or the student's legal representative, and must be notarized. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred. Sentry MD is hereby released from all legal liability that may arise from the release of information requested. Any information disclosed through this release may be subject to re-disclosure by the receiving party, and no longer protected under applicable federal law.

_____

Student's Name (Please print)

_____   _____

Student's Signature   Date

Student Statement of Consent

I certify that the information given in these forms is correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for dismissal from Baptist College. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them.

_____

Student's Name (Please print)

_____   _____

Student's Signature   Date

Student Checklist

- ☐ Register and payment are completed through Student Check
- ☐ Part I - Student Information is complete.
- ☐ Part II- Health Requirements in Part II are complete with dates of vaccines/titers and results are signed, dated and stamped by your Health Care Provider with copies of titer reports attached.
- ☐ Part III- Student has signed both consent statements.
- ☐ Submit all requirements to https://mysentrymd.com/sentrymd.html#/upload/47 or as a PDF attachment via email to BC@Sentrymd.com.
- ☐ Part IV Account Access- Review the below information on how to access your Sentry MD account.

All the above documents are to be submitted to Sentry MD by 11/17/18. DO NOT submit these forms to Baptist College**.** Return your completed forms by uploading them to the Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload/47 or emailing as a PDF attachment to BC@SentryMD.com. **Please email any questions you may have to BC@SentryMD.com**

PART **IV- ACCOUNT ACCESS**

Please note your account will only be available after you have registered on student check 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/47 to BC@SentryMD.com 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 hours)*.

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

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