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:

_____
_____
_____

List all surgical operations you have had with the date:

_____
_____
_____

List all current health conditions you have:

_____
_____
_____

List any previous significant health problems you have had:

_____
_____
_____

_____
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://cscc.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	**Tb#2** At **least 7 days after the first Tb test**:
Date given:_____	Date given:_____
Date read:_____	Date read: _____
Result:_____mm	Result:_____mm
Read by:_____	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.cscc.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 and must be current.

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 20 years or older

Signature: _____

Printed Name and Title: _____

Organization: _____

Phone: _____   Date: _____

Revised 03/04/2024

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 **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).***

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**
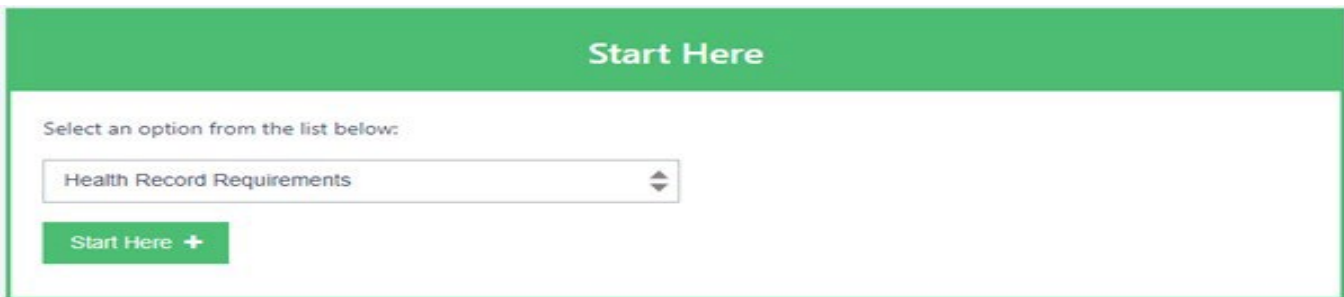
<u>INSTRUCTIONS FOR SUBMITTING YOUR HEALTH RECORD IN IMMUWARE</u>

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.

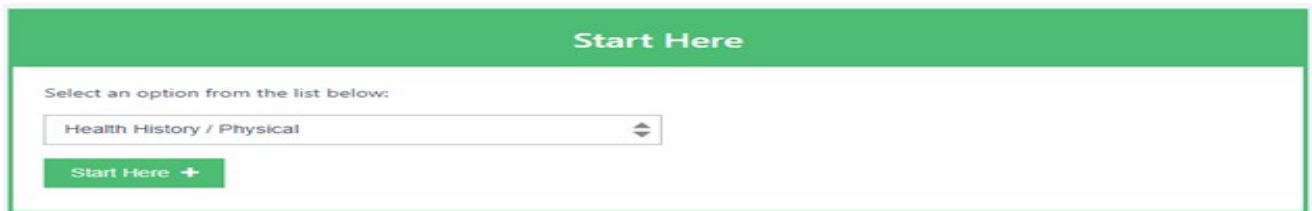   You may log on through the link in your Welcome email.
   Please make sure to use your CSCC username and Password to login to Immuware.
   You must wait 24 hours after requesting access to Immuware to be able to log in.

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