

Student Name _____ Student ID# _____

**SOUTHERN UNION STATE COMMUNITY COLLEGE
REQUIREMENTS FOR STUDENT HEALTH RECORDS**

Before registering in any MAT practicum/clinical course, you must submit proof of the following items. NO exceptions can or will be made regarding submission of documentation by a medical professional. Turn in your health information to the Health Records Clerk in the Health Sciences Building on the Opelika Campus **prior to registration. Attach this form to the front of your health records.**

ITEM	DOCUMENTATION REQUIRED	<input checked="" type="checkbox"/>	SUSCC only
CPR	Documentation of current CPR certification (copy of front & back of card) by the American Heart Association, at the Health Care Provider level. CPR certification must be maintained throughout practicum/clinical courses. CPR is offered by SUSCC. Schedules and fees available on web or in Health Sciences Department.		
Criminal Background Check	You will receive an email from ESS and payment of \$24 is required. NO ONE WILL REGISTER FOR A PRACTICUM/CLINICAL COURSE WITHOUT A CLEARED BACKGROUND CHECK.		
Essential Functions	The Essential Functions form must be signed by student and physician, physician’s assistant, or nurse practitioner.		
Flu vaccine	Documentation of “seasonal flu” vaccine including injection site and signature of person administering the vaccine. A waiver is available for those unable to receive this vaccine (you must provide medical documentation if unable to receive). *Students admitted for summer or fall semester should not receive the flu vaccine until August/September when the vaccine is released for the up-coming year.		
Health Insurance	You must provide a copy of your health insurance card. If you do not have insurance you may obtain info regarding insurance offered to SUSCC students at www.studentplanscenter.com or call 1-877-272-4532.		
Health Questionnaire (Physical Examination)	<i>Health Questionnaire</i> form must be completed and signed by a physician, physician’s assistant, or a nurse practitioner after admission to program but prior to starting practicum/clinical courses.		
Hepatitis B	Documentation of first of series of 3 immunizations is required before registering for practicum/clinical course. Proof of 2 nd & 3 rd vaccines must be submitted when due. Waiver is available for those unable to receive the vaccine (see Health Sciences Department for waiver). Attach documentation.		
Measles* (Rubeola)	Documentation of <u>two</u> doses of live measles virus vaccine (part of MMR) on or after first birthday. If unable to provide medical documentation, you must have lab data indicating adequate immunity (positive titer). Attach medical documentation of vaccination or lab data. If lab data indicates that you are not immune, you must be immunized.		
Mumps*	Documentation of two immunizations with live mumps vaccine (part of MMR or MR vaccine) on or after first birthday. If no medical documentation of immunization is available, you must have lab data indicating adequate immunity (positive titer). Attach medical documentation of vaccination or lab data. If lab data indicates that you are not immune, you must be immunized.		
Rubella*	Documentation of two Rubella immunizations (part of MMR or MR vaccines) on or after first birthday. If unable to provide medical documentation of immunization, you must have lab data indicating adequate immunity (positive titer). Attach documentation of vaccination or lab data. If lab data indicates that you are not immune, you must be immunized.		
PPD or Tuberculosis (Tb skin test)	Initial Tb skin test with lab results is required and must be repeated on an annual basis. This test must be current during the <u>entire semester for which you are registering</u> . If you have ever tested positive for Tb, you must submit documentation of a current negative chest x-ray. Chest x-rays are current for 2 years from date of test. MUST ATTACH COPY OF RESULTS.		
Tdap	Documentation of a one-time adult dose (18 years of age or older) of Tdap (tetanus, diphtheria, pertussis). You must also provide proof of Td (tetanus, diphtheria) booster if more than 10 years since Tdap. Attach medical documentation.		
Varicella (Chicken Pox)	Documentation of immunization or titer results indicating adequate immunity. Attach medical documentation of vaccination or titer results. If titer indicates that you are not immune, you must be immunized.		
* Please note: If you require the MMR immunization, you should not be pregnant nor should you become pregnant for three months after receiving the vaccine.			
IMPORTANT: You must attach copies of RESULTS of titers/tests and dates of immunizations. COPIES WILL NOT BE MADE FOR YOU. COPY MACHINES AVAILABLE IN SUSCC LRC/LIBRARY AND STUDENT UNION BUILDING. STUDENT IS RESPONSIBLE FOR KEEPING COPIES OF ALL RECORDS.			

Approved by SUSCC Health Records Official: _____ Date: _____