GRADUATES
ROCKFORD, IL

Please carefully review the instructions outlining the medical/health requirements, which must be completed and submitted into your Viewpoint Screening account at least two-weeks prior to your first day of class.

All health-related questions/concerns should be directed to:
Mita Santos at mitasantos@sacn.edu

1. All Medical/Health Forms must be completed and submitted into your Viewpoint Screening account. The forms below MUST BE completed by your health care provider.

   • The cost of the Viewpoint Screening package is $108.00, which includes Background Check, Drug Screening and Medical/Health record tracking. Once ordered you will be registered within 24 hours. This registration has instructions for students to complete the process. For questions, a live chat will be available to help you.

2. All new students are required to do a Background Check, Drug Screening and submit Medical/Health requirements which should be completed not more than six months before entering the college.

3. All students are expected to get the current flu/influenza vaccine as it becomes available each fall season. Influenza vaccine is not valid if given before June 30th of the coming academic year.

4. The COVID-19 vaccine and first booster dose are mandatory and should be uploaded to your Viewpoint Screening account.

04.03.2023
Saint Anthony College of Nursing- Rockford, IL
IMMUNIZATION RECORD

In accordance with Illinois Department of Public Health regulations, proof of immunity against preventable communicable disease is required prior to registration.

To be completed by your health care provider.

Name _______________________________ D.O.B. ___________ Phone ______________

Address ______________________________________________________________________
Street City State Zip

Term Attending – Fall or Spring - Year_________ Are you an OSF/SAMC employee? _______

RELEASE AUTHORIZATIONS

_____ I authorize and request my physician / provider, to release the following medical records to Saint Anthony College of Nursing.

_____ I authorize Saint Anthony College of Nursing to release this immunization record to the Illinois Department of Public Health or its designated representative for compliance audits and in the event of a health or safety emergency.

_____ I authorize Saint Anthony College of Nursing to release this immunization record to OSF Saint Anthony Medical Center Employee/Occupational Health Department for compliance audits, in the event of a health or safety emergency, and for maintenance of my medical information.

Student Signature________________________ Date:________________

RECORD MUST BE COMPLETED BY HEALTH CARE PROVIDER MONTH AND YEAR ARE REQUIRED

MEASLES (RUBEOLA)
Students must have received two doses of live measles vaccine, with the first dose administered not earlier than 12 months of age and the second dose no less than one month later, had physician verified disease by office record for measles, or laboratory evidence of immunity by a detectable antibody titer. Immunity to Rubeola must be documented prior to admission.

Dates immunized with live measles vaccine (Measles, M/R or MMR):

M  D  Y

Date disease confirmed by office record:

M  D  Y

Date and lab results of immunity evidenced by titer:

M  D  Y

Results________________

1

2

3
| **MUMPS** |  
|---|---|
| Students must have received two doses of live mumps vaccine, with the first dose administered not earlier than 12 months of age and the second dose no less than one month later, had physician verified disease by office record for mumps, or laboratory evidence of immunity by a detectable antibody titer. Immunity to mumps must be documented prior to admission. | Dates immunized with mumps vaccine (Mumps or MMR):  
1 _______ M D Y  
2 _______ M D Y  

Date disease confirmed by office record:  

Date and results of immunity as evidenced by titer:  
Type of test ____________  
1 _______ M D Y  
2 _______ M D Y  

Results ____________ |

| **RUBELLA (GERMAN MEASLES)** |  
|---|---|
| At least one live Rubella vaccine must be administered not earlier than 12 months of age, physician verified disease by office record for Rubella, or laboratory evidence of immunity by a detectable antibody titer. Immunity to Rubella must be documented prior to admission. | Date immunized with rubella vaccine (Rubella, MR or MMR):  
1 _______ M D Y  
2 _______ M D Y  

Date and results of immunity as evidenced by titer:  

Results ____________ |

| **Tdap** |  
|---|---|
| Tetanus Diphtheria Pertussis vaccine is required prior to entering clinical sites. | Must be updated every 10 years.  
1 _______ M D Y  

Tuberculosis |

| **TUBERCULOSIS** |  
|---|---|
| A two-step TB Mantoux skin test (PPD) is required. These tests must be given at least 7 days apart, and not more than 12 months apart. Each test must be read 48-72 hours after administration. TB testing needs to be completed within 6 months of the clinical rotation. Documentation of TB blood test results also acceptable. TB testing must be repeated if the student leaves the country between TB tests. | Dates and results of PPD two-step process this year / or TB blood test.  
1 _______ M D Y  

Results ____________  
2 _______ M D Y  

Results ____________  

Date and results of x-ray if PPD was positive:  

(Chest x-ray, TB questionnaire, clearance from the student’s local health department are required for a positive TB test. If the student took medication for the positive TB test, CXR in the last 12 months and TB questionnaire are required.) Must have annual update through graduation.  
1 _______ M D Y  

Results ____________  
2 _______ M D Y  

Results ____________  

X-ray results ____________ |
### HEPATITIS B
Hepatitis B vaccine is available at OSF Saint Anthony Center-Employee/Occupational Health Department.

<table>
<thead>
<tr>
<th>Dates of completed vaccine series:</th>
<th>1 _______ M D Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 _______ M D Y</td>
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<tr>
<td></td>
<td>3 _______ M D Y</td>
</tr>
</tbody>
</table>

Date of titer: _______ M D Y

Results: __________

### VARICELLA (CHICKENPOX)
1. Written documentation of 2 doses of varicella vaccine one month apart.
2. Laboratory evidence of immunity or confirmed disease by detectable lab titers.
3. Physician/Provider verified disease by office record.
4. Physician/Provider verified diagnosis of herpes zoster (Shingles.)

<table>
<thead>
<tr>
<th>Dates of completed vaccine series:</th>
<th>1 _______ M D Y</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 _______ M D Y</td>
</tr>
<tr>
<td></td>
<td>3 _______ M D Y</td>
</tr>
</tbody>
</table>

**OR**

Date and result of immunity as evidenced by titer

Date Chicken Pox disease verified via documentation from provider: _______ M D Y

Date Herpes Zoster disease verified via documentation from provider: _______ M D Y

Results: __________

### Meningitis Vaccine
Written documentation of the Meningitis Vaccine for students under 22 years of age.

Date of completed vaccine needs booster if 1st dose received prior to age 16.

_________ M D Y

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### HEALTH CARE PROVIDER

Name __________________________ Phone __________________________
Address __________________________________________________________
Signature __________________________________________ Date ____________

### Additional Health Care Provider (if needed)

Name __________________________ Phone __________________________
Address __________________________________________________________
Signature __________________________________________ Date ____________
After you review your package and the disclaimer/refund policy, click the button to acknowledge and hit NEXT.
Once your order is complete, you will be taken to a screen like the one shown to the right.

Your username will be the email you used to set up your account. Change password here, and it will log you in to the Viewpoint System.

**Next Steps**

- **HEALTH PORTAL**: Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
- **DRUG TEST**: You will receive an email from Viewpoint Screening in 1-2 days with your registration information and your testing location.
TO LOG IN

Go to www.viewpointscreening.com

Right Hand Corner: LOG IN

Click here if you forget your username or password to request to have it emailed to you.

View your HEALTH PORTAL REQUIREMENTS

Now you are logged into your Viewpoint Screening Account. This is your Dashboard. Click "Health Portal" to VIEW requirements.

How to See Requirements & Upload Documents

TO VIEW YOUR GUIDELINES (what to do) for a particular requirement, click on that item's "Requirement Description."

Tips

- READ the full guideline to make sure you provide the right documentation.
- Viewpoint Screening does not create your requirements. The school communicates requirements to us. Our role is to verify documentation.
- Make sure your name is visible on the document (before and AFTER upload).
documents are reviewed in 24 hours, or in 1 business day if submitted on weekends.
Once reviewed, every document is either APPROVED (and marked green), or NOT APPROVED (and marked red), with a date stamp of review.

Once the document has been successfully uploaded, a new button will appear in the Row of the item with the DATE UPLOADED.

Is my document approved or not approved?

Documents are reviewed in 24 hours, or in 1 business day if submitted on weekends. Once reviewed, every document is either APPROVED (and marked green), or NOT APPROVED (and marked red), with a date stamp of review.

If a document is NOT APPROVED, you will receive an email notifying you with the reason for the rejection. This information can also be located at the bottom of your Health Portal listings under "HEALTH PORTAL MESSAGES."

How can I see what I uploaded?

You will receive a general reminder email once weekly until you have reached full compliance for all of your documents.

Is my document approved or not approved?

How can I see what I uploaded?

Always CHECK what you uploaded.
✓ Is it the right doc?
✓ Is my name visible?

You can reach support through email at: studentsupport@viewpointscreening.com
Instant Chat - bottom right hand corner at ViewpointScreening.com
Monday - Friday 9 am - 5pm EST.