



Health Requirements
MCC Medical
Assisting Program



Dear Mohave Community College Student,

Welcome to the Sentry MD document tracking service. Mohave Community College (MCC) has contracted with Sentry MD and our partners at PreCheck to store and maintain your student health requirements set by Mohave college. We are a confidential health record service. Students are required to provide proof of the listed health requirements in this packet to participate in the Mohave Medical Assisting program. In this packet are the instructions on how to successfully complete the immunization and health requirements, please read carefully. Failure to provide complete health immunization documents may delay your entry or ability to participate in your program.

Step 1: Verify you have registered for the Mohave Community College Student Check Package:

- To activate your account, you must register for the student check package, if you have not yet completed your registration, please follow the bullets below:
 - Go to www.mystudentcheck.com and type 'Mohave College' in the program field
 - Select your program from the 'Program' drop down menu. Select Background Check, Drug Screen, and Immunization Tracking then click 'Start Application'.
 - Please enter all fields when prompted, and then complete your order. You will be emailed a receipt to the email address you provide.

Step 2: Gather Required Health Documents

- Begin by reading each immunization, titer, and additional document requirement listed on the following pages of this Health Requirement Packet ([Part I through VI](#)). It is important that you review this material carefully. All items are to be obtained and submitted to Sentry MD.

Step 3: Log in to your Sentry MD account to upload your documents and view your compliance status.

- Log in to Sentry MD at <https://mysentrymd.com/#/home>.
- Details on how to log in and navigate your account are under Part I on the following page.

If you have any questions regarding immunization requirements or the contents of this packet, please email us at Mohave@SentryMD.com.

For questions regarding Background Checks and Drug Testing, please contact studentcheck@precheck.com.

All requirements must be submitted to Sentry MD by:

October 31st

PART I SENTRY MD ACCOUNT | *Log in to your Sentry MD account.*

Link to Sentry MD Account: <https://mysentrymd.com/#/home>

1. Enter your User ID: the email address you registered with.
2. Click on “Create password”
3. You will be sent a token to your email address
4. Enter Token from email onto site
5. Create a Password
6. Click the link to go to the login screen

Once you are logged in, you will land on the Electronic Release form. You will need to authorize this statement electronically to move forward into your account. Once authorized you will have access to your account tabs.

- **Profile-** The Profile Tab displays all requirements and their compliance status. A blue checkmark next to each of the requirements means you are compliant. Requirements with the red exclamation mark indicate you are missing documentation, and these items need your attention.
 - You can download the compliance summary, by clicking the Download PDF link.
 - To view your school’s requirements, click the Health Requirements link.
- **Documents-** The Document Tab displays all documents you have submitted to the system, you can view, print, or download these by clicking the grey icons. To download all documents in your file at once, click the Download Combined Document link.
 - To upload documents to your account, click the grey button, Choose File and select the document from your phone or computer to load. Check the box for the requirements your document contains then click Upload file. You will see the document at the top of the list as pending. You will receive a confirmation notice once the document has completed processing, please note processing can take 48 business hours.
- **Activity-** The Activity Tab displays all recent activity of your account. Including any electronic notices, you were sent, login dates, and compliance status changes.

We hope these tools help you stay on top of your status and keep you compliant with your program requirements.

PART II: ADDITIONAL DOCUMENTS TO BE SUBMITTED

- **BLS for Health Care Provider CPR:** Submit a copy of your CPR card.
 - ★ Only the Basic Life Support or (BLS) for Healthcare Provider course through the American Heart Association.
- **Insurance Card:** Submit a copy of your card
- **Receipt of Student Resources**
- **Physical Exam Form**

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October 31st

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PART III HEALTH REQUIREMENTS | *This must be completed by your health care provider **OR** submit original documentation for each requirement on your Doctor, clinic or hospitals forms. All immunizations must be current and completed by 10/31. Upload through your account once completed at <https://mysentrymd.com/#/home>.*

Last Name: _____		First Name: _____		Date of Birth: _____	
Influenza Vaccine: Required Seasonally by 10/31 each year. Declination form available on request.					
Influenza Vaccine Date: ____ / ____ / ____ Proof of Vaccination is required by 10/31 annually.					
TB: Proof of Negative Tuberculosis within 1 year. Initial Two Step PPD Tuberculosis Skin Test – Annual Single PPD required. <ul style="list-style-type: none"> 1st skin test placed and read 48/72 hours later if negative 2nd skin test placed 7 to 21 days after the 1st read date. If skin test is positive Chest X-ray and annual evaluation for Positive PPD. or QuantiFERON Gold or Chest Xray with annual evaluation for TB symptoms.					
PPD 1 Plant Date: ____ / ____ / ____ PPD 1 Read Date: ____ / ____ / ____ Site: <input type="checkbox"/> Left <input type="checkbox"/> Right Result: ____mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos PPD 2 Plant Date: ____ / ____ / ____ PPD 2 Read Date: ____ / ____ / ____ Site: <input type="checkbox"/> Left <input type="checkbox"/> Right Result: ____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos		QuantiFERON Gold (Copy of Test Result required) Date: ____ / ____ / ____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Chest X-Ray Date: ____ / ____ / ____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Tetanus Diphtheria, Pertussis (Tdap): Tdap required within 10 years. TD booster accepted if Tdap is on file.					
Tdap Vaccine Date ____ / ____ / ____ TD ____ / ____ / ____ Proof of Vaccination Required					
Hepatitis B: Serologic proof of immunity by Surface HBsAB titer for Hepatitis B. <u>Quantitative</u> lab report including values and reference range required. If titer is non-reactive (Negative or Equivocal) Hep B booster required with 2 dose Heplisav-B or 3 dose series on file or Non-Immunity form is required.					
Hepatitis B surface (HBsAB) Titer Date: ____ / ____ / ____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive					
Measle (Rubeola), Mumps, and Rubella (MMR): Serologic proof of immunity by Surface Antibody IgG titers for Measles (Rubeola), Mumps, and Rubella. <u>Quantitative</u> lab report including values and reference range required. If titer is non-reactive (Negative or Equivocal) MMR booster required with 2 dose history on file or Non-Immunity form is required.					
Measles Titer Date ____ / ____ / ____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Mumps Titer Date ____ / ____ / ____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Rubella Titer Date ____ / ____ / ____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Varicella: Serologic proof of immunity by Surface Antibody IgG titer. <u>Quantitative</u> lab report including values and reference range required. If titer is non-reactive (Negative or Equivocal) Varicella booster required with 2 dose history on file or Non-Immunity form is required. HOD not accepted.					
Varicella Titer Date: ____ / ____ / ____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive					
COVID 19: Required. Medical or religious exemption may be allowed with proper documentation.					
COVID 19 Manufacturer _____ 1st Dose ____ / ____ / ____ 2nd Dose ____ / ____ / ____ Proof of Vaccination Required					
Primary Provider AND Provider's stamp is required on this form to be accepted. <i>Provider's signature</i> _____ Date: ____ / ____ / ____ Name (Printed) _____ Telephone Number (____) ____ - ____				Place HCP Stamp Here	

PART IV STUDENT PHYSICAL FORM

Section 1 (to be completed by student.)

Name (print): _____ Date of Birth ___/___/___

Allergies: _____

Medications currently taking: _____

Section 2 (to be completed by Healthcare Provider)

Height: _____ Weight _____ Pulse _____ BP ____/____

Medical	Normal	Abnormal Findings
Appearance	<input type="checkbox"/>	
Eyes/Ears/Throat/Nose	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	
Lymph Nodes	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	
Murmurs	<input type="checkbox"/>	
Pulses	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	
Musculoskeletal	Normal	Abnormal Findings
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder/Arm	<input type="checkbox"/>	
Elbow/Forearm	<input type="checkbox"/>	
Wrist/Hands/Finger	<input type="checkbox"/>	
Hip/Thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg/Ankle	<input type="checkbox"/>	
Foot/Toes	<input type="checkbox"/>	

Notes: _____

Cleared Without Restrictions

Not Cleared for Reason _____

Recommendations _____

	Healthcare Provider's Stamp Here
Healthcare Providers Name and Title (Please Print)	
Healthcare Providers Signature	Date



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PART V RECEIPT OF STUDENT RESOURCES

MCC provides several resources that guide expectations from our students. Please read and initial each line below acknowledging that you have reviewed and understand the resource and expectations for you.

- _____ 1. MCC Student Handbook (available at <https://catalog.mohave.edu>)
- _____ 2. MCC Code of Conduct (available at <https://catalog.mohave.edu>)
- _____ 3. MCC Catalog Program of Study for the program in which you were accepted (available at <https://catalog.mohave.edu>)
**Note, your catalog year will be for the term you START the program, not the term in which you applied.*
- _____ 4. I will meet each semester with my Academic Advisor to verify my academic plan, make sure I am on track for graduation, and aware of the resources and support provided by the college.

Student Name (Printed): _____ MCC ID: _____

Signature: _____ Date: ____/____/____

PART VI ADDITIONAL HELPFUL

INFORMATION Proof of Immunization

What is proof of immunization?

- Vaccine Documentation is required to have the following information:
 - Date administered
 - Vaccine Manufacturer
 - Vaccine Lot number and expiration date
 - Site of Injection
 - Name and Title of the person who administered the vaccine
 - Name and Address of the facility where the vaccine was administered

Tuberculosis (TB) tests

What is a 2 step TB test?

- A 2-step TB test is two (2) different TB (PPD) tests with results for both tests.

What if I currently receive an annual TB test?

- You do not need to get a 2-step. You will provide instead two (2) annual TB (PPD) tests with copy of the latest TB test and results. After a year from the date the 2nd TB (PPD) was read, you will need to get an annual TB test. You are only required to get a 1 step TB (PPD) test.

What if I received a chest x-ray TB test?

- You will need to provide verification of the x-ray within a year stating negative results. After a year from the date of the x-ray you will need to complete an Annual Evaluation of positive PPD. You do not need to get another x-ray or TB test.

What if I received a titer blood draw named QuantiFERON Gold for a TB test?

- This type of test will take the place of a 2-step TB test. You will be required to get either a QuantiFERON Gold or a 1-step TB (PPD) test annually.

Titer Blood Draw for: Mumps, Rubella, Rubeola (MMR), Varicella and Hep B.

What is a titer blood draw?

- Titer blood draw is completed to see if you are immune or not immune to MMR, Varicella, and Hep B.

How do I know if I am not immune?

- If you are not immune the titer result will state one of the following:

1. Non-Immune

F	Hep B Surface Ab, Qual	Non Reactive
		Non Reactive: Inconsistent with immunity, less than 10 mIU/mL

2. Non- Reactive

Varicella zoster Antibody, IgG
Varicella zoster Index
Varicella zoster Antibody, IgG

0.6 L
Negative *

3. Negative

What do I do if I am not immune?

- You will complete the non-immune form for the non-immune titer result (or) receive an immunization booster for the non-immune titer.

What if I have immunizations for MMR, Varicella, and Hep B? Will this be acceptable?

- Titer blood draw is required by our clinical partners. The only immunization we will accept is a current immunization after a non-immune titer.

Health Insurance

What if I don't have health insurance?

- Health Insurance is required by all our clinical partners. If you are unable to get health insurance, you have the option of contracting a private insurance company based out of Mohave County and you only have to pay while you are in school. You will want to reach out to Kendi Schembri, via email Kendi@frontier.com or 928-453-7571.

American Heart Association Basic Life Support CPR Card.

Is there a specific type of CPR certification/card required?

- Yes, you are required to have an American Heart Association - Basic Life Support (BLS) for healthcare providers.



Do I need to take a class to obtain a CPR card?

- Yes, if it is available, you can take a course at one of the following MCC campus locations:
 - Bullhead City
 - Lake Havasu City
 - Kingman

What if MCC doesn't have a CPR class available?

- There is one (1) person who provides personal instruction CPR class by appointment and usually in your home. The CPR Lady: Maureen Welch, www.SpecialtyLifeSupport.com, 928-315-1843 (office) or 928-208-8054 (cell).

COVID-19

Will I be required to get the COVID-19 Vaccine?

- Mohave Community College does not require students to be vaccinated, however some of our programs may work with Practicum/ Clinical sites that do. COVID requirements are determined by individual facilities and can change at any time. With federal regulations through Center for Medicare and Medicaid (CMS) and Occupational Health & Safety Administration (OHSA), most of our partner clinical facilities currently require the COVID vaccine.
- If requirements change mid-program, students will be expected to comply with new requirements in order to continue to attend Practicum.

What if I have a medical or religious exemption for the COVID-19 Vaccine?

- We realize this is a sensitive issue for many and we are pleased to let you know the Practicum/ Clinical sites with which we work have agreed to accept student exemptions approved by the college. This means students wanting to seek a vaccine exemption must read and fill out this form: <https://sso.mohave.edu/forms/covid19/exemption/>. If you have questions, please contact your program director.

What is the weekly COVID-19 testing requirement?

- Some facilities require that all students show proof of negative COVID-19 before they can enter the facility for their Practicum Clinical shift. This is determined by each facility, and requirements may include (but are not limited to):
 - 1-2 negative COVID test(s) performed within 7 days prior to *each* Practicum Clinical shift.
 - If 2 tests are required, they must be taken on different days, both within the 7-day period prior to the deadline to turn results in.
 - Some facilities require negative result(s) be submitted to MCC by Noon the Friday before a scheduled Practicum Clinical shift. Other facilities request that students bring copies of the results with them to each Practicum Clinical shift.
- COVID-19 testing is done at student's own expense and time. The college does not provide testing, however, there are locations that provide free testing.
 - *Negative results* have to be in by specified deadline. Make sure to plan to take your covid test(s) with enough time to get results before the deadline. Proof of testing without results are not accepted.



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STUDENT CHECKLIST: Please allow yourself plenty of time for your requirements to be reviewed in case you need additional, vaccines, tests, or certifications. **Once received, your documents can take 24 to 48 business hours to be processed.**

- The student has logged into the Sentry MD account ([Part I](#))
- Submit documentation of current BLS certification, Insurance Card ([Part II](#))
- Health Requirements in Part III are complete with dates of vaccines/titers and results are signed, dated, and stamped by your Health Care Provider. ([Part III](#))
- Physical Exam Form is complete, dated, signed/stamped by your Health Care Provider. ([Part IV](#))
- Receipt of Student Resources is initialed, signed, and dated. ([Part V](#))
- Please review the helpful information ([Part VI](#))
- Return your completed forms by uploading them as **one** PDF file by uploading them into your account at <https://mysentrymd.com/#/home>.

Please email any questions you may have to Mohave@SentryMD.com

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