



Division of Nursing & Health Sciences

### Health Care Records Checklist

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

All LCSC nursing and radiography students are required to provide official (health care provider) documentation to Student Health Services regarding currency of immunizations and CPR requirements. If documentation is not provided to Student Health Services by the specified dates, you will be considered out of compliance with this policy and unable to attend clinicals. It is recommended that all health requirements be completed via Student Health Services.

Student Health Services: Phone **208-792-2251** or Fax **208-792-2882**. *It is suggested that a fax be followed up with a phone call to Student Health Services.*

**Use this checklist to ensure your compliance with the LCSC health care requirements policy.**

\_\_\_\_\_ **Tetanus (Td or Tdap):** Provide a copy of the record of your last Tetanus. If you have not had a Tetanus booster in more than 10 years, you are required to have a Td booster. It is strongly recommended that you receive an adult Tdap for that booster.

\_\_\_\_\_ **MMR Vaccine (Measles, Mumps, Rubella):** Provide a copy of the official immunization record of your MMR vaccinations. You are required to have received two doses of MMR vaccine. If you have no record of having received two MMR vaccine you will need to:

Receive MMR series or booster

**OR** • Demonstrate immunity via titre or lab draw for a titre:

- \_\_\_\_\_ Rubella Titre
- \_\_\_\_\_ Rubeola Titre

\_\_\_\_\_ **Varicella (Chicken Pox):** evidence of immunity by submitting records of one of the following:

- Documentation of receiving two doses of varicella vaccine;
- Blood tests showing immunity to varicella or laboratory confirmation of prior disease;
- Receipt from a healthcare provider of (a) a diagnosis of chickenpox or herpes zoster (shingles); or (b) verification of a history of chickenpox or herpes zoster (shingles).

\_\_\_\_\_ **Current Tuberculin Skin Test:** Provide copy of results of PPD within the past 12 months. This should include: test date, reading date, signature or initials of person reading test, institution where test was given. A negative QuantiFERON TB Gold test (QFT-G) is also acceptable.

**OR** complete Tuberculin Skin Test if actual or suspected TB exposure since last PPD.

\_\_\_\_\_ **Hepatitis B Vaccine:** This is a series of 3 injections. Documentation of date of immunization is to be provided to Student Health Services as you receive each vaccine. BSN students should have received the **2<sup>nd</sup> dose** of vaccine **by June (fall admission) or January (spring admission)**; PN students **by January**; Rad Tech students **by August**.

\_\_\_\_\_ **Current American Heart Association Health Care Provider CPR Card or American Red Cross Professional Rescuers CPR Card:** content covers adult, infant, and child, 1-man, 2-man. Web-based certification without documentation of hands-on testing will **not** be accepted. **Update every 2 years.** *RN students may provide a copy of current ACLS (Advanced Cardiac Life Support) or BLS (Basic Life Support) certification or a letter from their agency verifying currency in ACLS, BLS or CPR.*

Send **DOCUMENTATION** of records to:  
Lewis-Clark State College, Student Health Services  
500 8<sup>th</sup> Avenue, Sam Glen Complex 42  
Lewiston, ID 83501