





Required Health Documentation Checklist
Health Sciences Programs

PRINTED STUDENT NAME: _____ **STUDENT ID:** _____

HEALTH DOCUMENTATION DEADLINE: _____

The documentation reflected below is **REQUIRED** for clinical participation in any CVCC Health Sciences program. Individuals failing to submit the required documentation will not be able to participate in clinicals and may not receiving a passing course grade.

Documentation must be submitted and accepted via ACEMAPP prior to clinical participation.

ITEM	DOCUMENTATION REQUIRED
<p align="center">BLS</p>	<ul style="list-style-type: none"> Documentation of BLS Provider in basic cardiopulmonary resuscitation (CPR) by the American Heart Association OR Documentation of BLS Provider in basic cardiopulmonary resuscitation (CPR) by the American Red Cross. <p><i>CPR is current for two years from the date of issue and must remain current throughout the program.</i></p> <p><i>Documentation examples:</i></p> <div style="display: flex; justify-content: space-around;">   </div>
<p align="center">Background Check</p>	<ul style="list-style-type: none"> Complete and clear status on criminal background check through school and clinical site designated vendor. Background checks completed to fulfill requirements for work or other schools' programs will not be used to meet this requirement. <i>Background check must be accomplished upon program entrance then every 18 months until program completion.</i> Individuals who non-progress and/or are not enrolled in Health Sciences coursework for more than two consecutive semesters will be required to submit a new background check when reinstated.

<p>COVID</p>	<ul style="list-style-type: none"> • Documentation of complete COVID vaccination series OR • Exemption which must be submitted by each student directly to the appropriate representative at the clinical site. <i>Must be updated annually.</i> Some CVCC clinical sites will not accept exemptions. <p>Individuals without an approved exemption will not be able to complete clinicals at sites requiring vaccination series or approved exemption and should consider themselves advised that alternative clinical placement, while sought, may not be procured which would result in an “incomplete” course grade.</p>
<p>Essential Functions</p>	<ul style="list-style-type: none"> • Essential Functions form must be signed by a physician, physician’s assistant, or a nurse practitioner. <p>In the event of serious illness, pregnancy, or child birth, a new Essential Functions form must be submitted. The Essential Functions form is valid for the duration of the program unless program admission is inactive greater than two semesters.</p>
<p>Physical</p>	<ul style="list-style-type: none"> • Must be completed on the CVCC Health Sciences physical form, to include signature by a physician, physician’s assistant, or a nurse practitioner. <p>Physicals completed to fulfill requirements for work or other schools’ programs will not be used to meet this requirement. The CVCC Health Sciences physical form is valid for the duration of the program unless program admission is inactive greater than two semesters.</p>
<p>Driver’s License or Valid Photo ID</p>	<ul style="list-style-type: none"> • Clear image of valid driver’s license OR • Clear image of valid state ID OR • Clear image of valid CVCC student ID
<p>Drug Screen</p>	<ul style="list-style-type: none"> • Complete and clear status on 11-panel drug screen through school and clinical site designated vendor. • Drug screens completed to fulfill requirements for work or other schools’ programs will not be used to meet this requirement. <p><i>Drug screen must be accomplished upon program entrance then every 18 months until program completion.</i> Individuals who non-progress and/or are not enrolled in Health Sciences coursework for more than two consecutive semesters will be required to submit a new background check when reinstated.</p>

<p>Health Insurance</p>	<ul style="list-style-type: none"> • Proof of current health insurance: <ul style="list-style-type: none"> ○ Letters from Tricare or insurance provider <i>with the student's name listed</i> OR • Picture of front and back of insurance card Students who do not have health insurance may contact the Health Sciences Secretary/Coordinator at 334-291-4925. • <i>Must be updated annually.</i>
<p>Hepatitis B Revised 11/18/2021</p>	<ul style="list-style-type: none"> • Documentation of ≥ 3 doses of the Hepatitis B vaccine series AND documentation of positive titer results (lab work) indicating immunity. • Individuals whose titer results (lab work) indicate they are not immune must submit: <ul style="list-style-type: none"> ○ Proof of first vaccination dose, administered after date of titer results, and signed Hep B Waiver must be submitted. Hep B waiver must be updated annually* AND ○ Once received, proof of second dose, received one month after first dose AND ○ Once received, proof of third dose, received six months after second dose. • Individuals with documentation that they do not respond to Hepatitis B vaccination must submit: <ul style="list-style-type: none"> ○ Documentation reflecting non-responder AND ○ Hep B waiver to meet requirement.
<p>Influenza</p>	<ul style="list-style-type: none"> • Documentation of seasonal flu immunization for current flu season OR • Waivers are available for those who require religious or medical exemption; however, a mask will be required to be worn in clinical setting throughout flu season. <p><i>Must be updated annually.</i></p>
<p>Measles, Mumps, & Rubella (MMR) Revised 11/18/2021</p>	<ul style="list-style-type: none"> • Individuals > 21 years of age: <ul style="list-style-type: none"> ○ Positive titer results (lab work) indicating immunity must be submitted. • Individuals ≤ 21 years of age: <ul style="list-style-type: none"> ○ Positive titer results (lab work) OR ○ Two doses of live measles virus vaccine (part of MMR vaccine) on or after first birthday AND ○ Two doses of live mumps virus vaccine (part of MMR or MR vaccine) on or after first birthday AND ○ Two doses of live rubella virus vaccine (part of MMR or MR vaccine) on or after first birthday. • Individuals > 21 years of age whose titer results (lab work) indicate they are not immune or a non-responder must submit: <ul style="list-style-type: none"> ○ Letter from physician, on physician letterhead, stating why additional vaccination or booster should not/cannot be received AND

	<ul style="list-style-type: none"> ○ Two doses of live measles virus vaccine (part of MMR vaccine) on or after first birthday AND ○ Two doses of live mumps virus vaccine (part of MMR or MR vaccine) on or after first birthday AND ○ Two doses of live rubella virus vaccine (part of MMR or MR vaccine) on or after first birthday.
<p>TB Revised 11/18/2021</p>	<ul style="list-style-type: none"> ● Documentation of negative two-step PPD (Tb skin test) with lab results <ul style="list-style-type: none"> ○ Step 1 within last 12 months ○ Step 2 within the last 90 days from INITIAL clinical rotation start date OR ● Negative T. Spot or QuantiFERON TB Gold blood test results within the last 12 months OR ● Individuals with a history of a positive TB test, latent TB infection or TB disease must submit: <ul style="list-style-type: none"> ○ Documentation of a current negative chest x-ray from within last 12 months AND ○ Documentation of medical evaluation that individual has been treated for TB disease IF the individual has had TB disease.
<p>Tetanus, Diphtheria, and Pertussis (TDAP)</p>	<ul style="list-style-type: none"> ● Documentation of TDAP (Tetanus, Diphtheria, AND Pertussis) immunization within last 10 years. <p>Vaccinations for only Tetanus or only TD are not acceptable.</p>
<p>Varicella (Chicken Pox) Revised 11/18/2021</p>	<ul style="list-style-type: none"> ● Documentation of positive titer results (lab work) indicating immunity OR ● Individuals whose titer results (lab work) indicate they are not immune: <ul style="list-style-type: none"> ○ Proof of two doses of varicella vaccination
<p>Clinical Site Regulatory Forms</p>	<p>MAT and Nursing students only. Regulatory forms for clinical sites must be electronically signed and submitted, annually, in ACEMAPP. The forms are electronic and will appear when students signs into ACEMAPP. Forms may include, but are not limited to:</p> <ul style="list-style-type: none"> ● Columbus Regional Confidentiality Form ● Columbus Regional Health Requirements Checklist ● Columbus Regional Statement of Responsibility ● St. Francis Confidentiality Agreement <p>It is the student’s responsibility to log into ACEMAPP regularly to ensure that forms are up to date.</p>

Clinical Site Modules and Assessments	<p>MAT and Nursing students only. Modules and assessments for clinical sites must be electronically submitted, annually, in ACEMAPP. The forms are electronic and will appear when students signs into ACEMAPP. Modules and assessments may include, but are not limited to:</p> <ul style="list-style-type: none"> • Columbus Regional- Controlled Substance Management • Columbus Regional Nursing Orientation <p>It is the student’s responsibility to log into ACEMAPP regularly to ensure that modules and assessments are up to date.</p>
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Required Health Documentation FAQs

How & where do I submit my health documentation?

- **Nursing students** are required to submit health documentation by established deadline, communicated in acceptance letter or information e-mail.
 - Health Sciences Secretary/Coordinator will create student ACEMAPP account.
 - Student will receive an e-mail containing log in information from ACEMAPP.
 - Student will create profile and upload health documents in ACEMAPP.
 - Documents will appear as "PENDING" until approved by the Health Sciences Secretary/Coordinator.

- **Medical Assisting students** will be required to submit health documentation by the last day of class, of their first semester of Medical Assisting coursework:
 - Health Sciences Secretary/Coordinator will create student ACEMAPP account.
 - Student will receive an e-mail containing log in information from ACEMAPP.
 - Student will create profile and upload health documents in ACEMAPP.
 - Documents will appear as "PENDING" until approved by the Health Sciences Secretary/Coordinator.

- **Nursing Aide (CNA/NAS100) students** are required to submit a hard copy of their health documentation to the Health Sciences Secretary/Coordinator by established deadline. Student must keep a copy of submitted documents for their own records.

Where can I locate information on ACEMAPP about clinical site requirements?

- *This is does not apply to CNA students, as they are not required to use ACEMAPP.*
- Piedmont: <https://acemapp.org/e-content/piedmont-healthcare-01/content/8936>
- St. Francis: <https://acemapp.org/e-content/st-francis-emory-healthcare>

Required Health Documentation FAQs (continued)

Where may I obtain my Health Documents?

- **Health Sciences Physical:** The Health Sciences Physical Form may be completed by a physician, a nurse practitioner or a physician's assistant at any one of the following:
 - Physician's office.
 - An occupational medicine clinic.
 - An acute care clinic which provides physicals.
 - A Health Department which provides physicals.
- **Immunization or Shot Records:** Immunization or shot records may be obtained at any one of the following:
 - Physician's office.
 - Health Department.
 - High School Health Office
- **Titers:** If titers are required for proof of immunity, this lab work may be obtained at any one of the following:
 - Physician's office.
 - Health Department.
 - An acute care or occupational medicine clinic which provides lab work.
- **TB:** A TB skin test (PPD) may be obtained at any one of the following:
 - Physician's office.
 - Health Department.
 - An acute care or occupational medicine clinic which administers PPD.
- **Chest X-Ray:** If a student has a history of tuberculosis or a positive PPD and needs to obtain a chest x-ray, they may obtain a chest x-ray at any one of the following:
 - Physician's office, if they provide x-rays.
 - The hospital or an imaging service, with a doctor's order.
- **Background Check:** Background check will be completed by school and clinical site designated vendor once student pays and provides required information. Health Sciences Secretary/Coordinator will provide information pertaining to background check.
- **Drug Screen:** Drug screen will be completed at the site selected by each student when submitting Background check and drug screen order to school and clinical site designated vendor.
- **BLS (Basic Life Support) Certification:** Locations for students to obtain American Heart Association OR American Red Cross BLS Provider certification include, but are not limited to, the following:
 - Local American Heart Association or American Red Cross Office
 - Local hospital providing community education for BLS provider
 - CVCC enrollment in EMS100

Who are some recommended providers?

- **STAT Medical**
2 Bradley Park Court
Columbus, GA 31904
706-685-6074
- **Auburn Urgent Care**
2638 Enterprise Drive
Opelika, AL 36801
334-749-9191
- **Russell Co. Health Department**
1850 Crawford Road
Phenix City, AL 36869
334-297-0251
- **Lee Co. Health Department**
1801 Corporate Drive
Opelika, AL 36801
334-745-5765
- **Columbus Department of Public Health**
2100 Comer Avenue
Columbus, GA 31901
706-321-6300



Acknowledgement of Required Health Documentation Checklist

Students enrolled in health sciences coursework at Chattahoochee Valley Community College will be required to submit the health documents listed in the ***Required Health Documentation Checklist***. A physical copy of these items must be submitted to the Health Sciences Secretary/Coordinator by the established deadline. Individuals enrolled in Medical Assisting or Nursing coursework will also be required to submit documentation electronically, via ACEMAPP.

Students who fail to submit all documentation by the established deadline will not be approved to complete clinical rotations, which may result in failing course grade. **Please submit this form to the Health Sciences Secretary/Coordinator with appropriate signatures by the deadline listed below:**

- **NAS100- This form must be submitted by the second week of class.**
- **Medical Assisting- This form must be submitted with other required acceptance documents.**
- **Nursing- This form must be submitted with other required acceptance documents.**

By submitting a signed copy of this form, I am stating that I have received the Required Health Documentation Checklist, **revised 11/19/2021**, and understand that all health documentation must be submitted by the established deadline. The established deadline for all health documentation is

_____.

Student Printed Name

Student Signature

Date

Parent/Guardian Signature
(*Required for students under 18 years*)

Date