



Dear College of Nursing Student,

Ila Faye Miller School of Nursing uses SentryMD, a confidential student health record service, to store and maintain student health information and forms. New students and continuing students must always be current with the health record requirements. SentryMD will work with you to achieve and maintain compliance.

The attached forms describe the health and immunization requirements that are expected of you to participate in the Nursing BSN program. It is important that you review this material carefully, follow all instructions and obtain provider signatures and stamps where necessary.

Please submit completed forms, copies of certifications and insurance documents as **one PDF file** by uploading it on this link <https://upload.sentrymd.com/?pk=uiw>. Do not return these forms to the school. After submission of your initial forms you may submit additional documentation as one PDF separately.

Once your records are processed, SentryMD will be notifying you about your compliance status. You will also receive a welcome email from SentryMD, granting you access to your records on-line.

To verify receipt of your records or to ask any questions please email us at uiw@sentrymd.com. Failure to provide complete health and immunization documents may delay your entry or ability to participate in clinical programs required for your study.

The following is included in the attached health package:

1. Part I - Student Profile - SentryMD will create your profile for you once you submit all the forms and requirements below **as one PDF**.
2. Part II – Certifications (Needle Stick, CPR, First Aid, OSHA, HIPAA, PPE)
3. Part III - Immunizations to be completed by a health care provider. *There are specific instructions on this form for each immunization or required titer. **SentryMD will accept separate documentation of individual requirements provided that they are documented on a health care facilities form, dated and signed.***
4. Part IV - Release Statement granting SentryMD authorization to provide UIW information regarding your health records – this must be signed by you.

In addition to storing your student health information, SentryMD will keep your school up-to-date with your immunization status, including any updates throughout your term of study and you will receive reminder emails one month prior to a vaccine or certificate expiring. If you have any questions regarding this package, please email us at uiw@sentrymd.com.

Sincerely,
Customer Service

Part I – Student Profile - All Students must complete Part I of the health history and sign and date the release statement at the end of the document.

PART I-To be completed by the student Name: (Please Print) _____ Last, First, Middle	Student ID #: _____	Program: _____ Traditional BSN _____ Nursing MSN _____ Nursing MSN to DNP _____ Nursing BSN to DNP _____ Nursing RN to BSN
Address: _____ Street Apt. _____ City State Zip	Date of Birth ____ / ____ / ____ MM DD YYYY	First Semester of Entry: (enter the year) Summer _____ Fall _____ Spring _____
Please Print Email: _____		Cell Phone: _____

In order to promote and maintain a safe environment at the School of Nursing, the following information is required prior to enrollment in courses and programs. Please have the information in Part II verified by your primary care provider, former pediatrician or student health service. **KEEP A COPY FOR YOUR OWN RECORDS. DO NOT SEND RECORDS TO THE UNIVERSITY. RECORDS MUST BE UPLOADED TO SentryMD.**

Part II – Certifications and additional documents to submit according to the instructions in the cover letter:

1. **CPR - American Heart Association BLS for Healthcare Providers or American Red Cross CPR/AED for Professional Rescuers and Health Care Providers are the only CPR courses accepted.** Please attach a copy of your CPR certification and send with your other documents. You must keep your certification active during your entire term at the school.
2. **First Aid** – Please attach a copy of your certification. (Traditional BSN – First year only.)
3. **Needle Stick Insurance** - Please attach a copy of your evidence of insurance. This must be renewed annually by August 1st.
4. **HIPAA, OSHA and PPE** – First year students will take classes the first semester and certificates will be issued at their completion. These certifications require yearly renewals by August 1st of each year.

Part III - Immunization Records - Please have the following form completed, signed and stamped by your healthcare provider. SentryMD will also accept separate documents from your provider for any of the requirements on the form as long as they are signed and stamped.



Ila Faye Miller School of Nursing & Health Professions

STUDENT IMMUNIZATION RECORD

NAME (print or type): _____ Date of Birth: _____

UIW ID#: _____ Contact Phone #: _____

Program entering: Undergraduate Graduate

HEPATITIS B ONLY OR HEPATITIS A&B COMBO VACCINE

D A T E: 1.) _____ 2.) _____ 3.) _____

AND

Hepatitis B Antibody Titer: Date: _____ Immune: _____ Not Immune: _____ Value: _____

TUBERCULOSIS (TB Screen/PPD)

Date Placed: _____ Date Read: _____ Results: _____ mm _____ Positive _____ Negative

OR

QUANTIFERON TB GOLD or TSpot

Results: _____ Positive _____ Negative

If positive reading

CXR Results: _____ Date: _____

For office use only

Current TB screening or TB Physical exam:

Date: _____ Date: _____ Date: _____
Date: _____ Date: _____ Date: _____

VARICELLA (Chickenpox)

1ST Immunization date: _____ 2nd Immunization date: _____

OR

Varicella Titer Date: _____ Immune: _____ Not Immune: _____ Value: _____

MEASLES (RUBEOLA), MUMPS, and RUBELLA

1st Immunization Date: _____ 2nd Immunization Date: _____

OR

Measles Titer Date: _____ Immune: _____ Not Immune: _____ Value: _____
Mumps Titer Date: _____ Immune: _____ Not Immune: _____ Value: _____
Rubella Titer Date: _____ Immune: _____ Not Immune: _____ Value: _____

Tdap (Tetanus, Diphtheria, & Pertussis)

Booster Date: _____

FLU (During current flu season only)

Date: _____

For office use only

Seasonal flu vaccine

Date: _____ Date: _____ Date: _____
Date: _____ Date: _____ Date: _____

By signing below, I certify that the information above is true and correct:

PROVIDER NAME (print): _____ Title (RN, APRN, PA, MD, or DO): _____

Signature: _____ Date: _____

Daytime Phone: () _____

For office use only

Reviewer signature: _____ Date: _____

**Part IV - Students: Release Statement - be sure to sign the immunization release statement below:
I have reviewed my health records and immunization history for completeness and agree to release
the information I have provided to SentryMD, authorized members of Ila Faye Miller School of
Nursing staff and staff of cooperating agencies, as may be required.**

Print student name: _____ Date of Birth: _____

Student Signature: _____ Date: _____

Ila Faye Miller School of Nursing works with SentryMD, a confidential health information service. SentryMD maintains and processes all student health records and monitors compliance with Ila Faye Miller School of Nursing requirements. The information may be provided to authorized members of Ila Faye Miller School of Nursing staff and authorized staff of cooperating agencies as may be required.

**Students must upload the required immunization forms and certifications as a PDF document to
SentryMD's secure upload site at <https://upload.sentrymd.com/?pk=uiw>**

**Any questions please email SentryMD at uiw@sentrymd.com or visit our website at
www.sentrymd.com.**