Dear Kansas City University Student,

Welcome to the Kansas City University (KCU) document tracking service. KCU has contracted with Sentry MD, a confidential student health record service, to store and maintain their student health forms. Included in this packet are the health and immunization requirements that are required of you to matriculate and/or participate in educational activities. It is important that you review this material carefully as failure to provide complete health and immunization documents may delay your entry or ability to participate in clinical programs required for your study.

Step 1: Verify you have completed the Immunization tracking portion of your registration/payment.
- Go to www.mystudentcheck.com and type 'Kansas City University' in the 'School' dropdown menu and select your specified school and program.
- Select your program from the 'Program' dropdown menu. Click 'Submit.'
- Select the Immunization service and start application.
- Please enter all fields when prompted, and then complete your order.
- Once your have registered, your Sentry MD immunization account will activate after 24 hours.

Step 2: Begin gathering/completing the requirements in the following packet:
- Begin by reading each immunization, titer and additional document requirements listed on the following pages of this Health Requirement Packet **(Part I through Part V)**. It is important that you review this material carefully. All items are to be obtained and **uploaded to Sentry MD.**

Step 3: Submit all requirement prior by or before your specified due date. Make sure to allot for the 24 to 48 hours processing time.
- **Combine all documents into ONE PDF and submit to the secure portal at https://mysentrymd.com/sentrymd.html#/upload/15.**
- Office Lens is a free app for smart phones that allows you to take a picture of your document and it will convert to PDF for you. Alternatively, you can scan the documents and "save as" PDFs**.**

In addition to storing the required information, KCU will be able to monitor your compliance status and submissions throughout your term of study. You will receive courtesy reminder emails one month prior to the expiration of any required documentation; however, students are responsible for maintaining their compliance throughout the program and must submit any updates to the
Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload/15.

If you have any questions regarding this packet, please email us at KCU@SentryMD.com.

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

Kansas City University
Immunization & Health Document Requirements

KANSAS CITY UNIVERSITY

SENTRY MD

PART I- **STUDENT PROFILE:** *this page to be completed by the student* **returned to Sentry MD by:**
- **May 1st for COM programs**
- **July 1st for Bioscience programs**

Name (Please Print): _____ Last, First, MI	**Student ID (REQUIRED):** **S**_____
Email Address: _____	**Cell Phone: (_ _ _) _ _ _-_ _ _ _**

Date of Birth _____/_____/_____	**Program:**
	 __ (KCU-COM Joplin)
	 __ (KCU-COM Kansas City)
	 __ (KCU-Biosciences)
	     __KCU-COB 1 Year
	     __KCU-COB PsyD
	     __KCU-COB Research

PART II- **STUDENT AGREEMENT FORM:** *to be completed by student* **and sent to**
https://mysentrymd.com/sentrymd.html#/upload/15

STUDENT ACKNOWLEDGEMENTS AND
AUTHORIZATION FOR RELEASE OF RECORDS
Read and initial next to each statement, then sign and date at the bottom.

☐ *I acknowledge I have read, understand and agree to comply with all KCU immunization standards and policies.*

☐ *I acknowledge if serologic testing reflects a low or inadequate level of protection for any required vaccines, additional vaccine(s) and follow-up titer(s) are required to demonstrate my immunity.*

☐ *I acknowledge any vaccinations, tests and/or titers I receive **after** the date certified above, I must submit separate official documentation to Sentry MD and any costs incurred are my responsibility.*

☐ *I understand, acknowledge and accept if I am not current on my immunizations and/or do not provide all required documentation I will not be allowed to matriculate.*

☐ *I acknowledge I am required to maintain a current and thoroughly documented official record of immunizations at all times. Also, I accept if I cannot provide this information upon request in accordance with University guidelines, I will not be allowed to continue my education.*

☐ *I authorize Kansas City University to release my immunization records to any location for the purpose of securing, confirming or completing educational activities while enrolled at KCU.*

☐ *I have reviewed the health requirements for completeness and agree to release the information provided on the KCU Immunization Transcript to authorized members of the Sentry MD staff and staff of cooperating agencies, as may be required.*

_____ Student/Applicant Signature	_____ **PRINTED NAME**	_____ Date Acknowledged

***PART III*- HEALTH REQUIREMENTS**: All requirements below are mandatory and must be documented on the clinic, lab or healthcare provider's form. Please submit the documentation for each requirement detailed below to the secure upload portal at https://mysentrymd.com/sentrymd.html#/upload/15.

Requirement Type	Requirement Details
Measles, Mumps and Rubella (MMR):	• Two dose MMR vaccine series (administered at 0 then 30 days and after 12 months of age) **AND** Positive QUANTITATIVE IgG antibody titers are required for Mumps, Measles and Rubella to fulfil the requirement. • If a titer results in non-immunity, an MMR booster vaccine and a repeat titer 6 weeks after the booster dose must be completed. • ***Titer reports must be quantitative and include the numerical result and or numerical reference range.***
Varicella (Chicken Pox):	• Positive QUANTITATIVE IgG antibody titer is required to fulfil the varicella requirement. • If a titer results in non-immunity, a two dose vaccine series administered 30 days apart and a repeat titer 6 weeks after the 2ⁿᵈ dose must be completed. • (Optional) If you received the 2 dose Varicella vaccine series, please include this in your submission, it is not mandatory. • ***Titer report must be quantitative and include the numerical result and or numerical reference range.***
Hepatitis B:	• Three dose HepB vaccine series (administered at 0, 30 days and 5 months) **AND** Positive QUANTITATIVE IgG antibody titer is required to fulfil the HepB requirement. • If a titer results in non-immunity, a three dose vaccine series (administered at 0, 30 days and 5 months) or Heplisav-B two dose series (administered at 0 then 30 days), must be completed and then a follow up titer to be drawn a minimum of 4 weeks from the final vaccine in the series. • ***Titer report must be quantitative and include the numerical result and or numerical reference range.***
Influenza (Flu):	• Flu vaccine required seasonally (typically in October each year).
Tetanus Diphtheria, Pertussis (Tdap):	• Tdap vaccine within past ten years is required to fulfill the requirement. • TD booster is not accepted. • Tdap vaccine must always be within 10 years of the current date.
Meningococcal (Meningitis):	• Meningitis vaccine within past five years is required to fulfil the requirement. • Meningitis vaccine must always be within 5 years of the current date. • Adults over 23 are recommended to receive Menactra or Menveo vaccines, if under 23 the Serogroup B is recommended.
Poliomyelitis (Polio):	• Three dose vaccine series of IPV or OPV OR one booster date is accepted if dated after 1988 is required to fulfill the polio requirement.
Tuberculosis Skin Test (PPD/Mantoux):	• One TB skin or blood test (QuantiFERON or T-Spot) within the past 12 months with negative result is required. • Annual update required for 2ⁿᵈ year. In your 3ʳᵈ and 4ᵗʰ year, a TB two-step or Blood test is required. • If TB is positive, a TB blood test is required (QuantiFERON or T-Spot). • If your blood test also results in a positive result, documentation of your INH Therapy start date must be provided for verification and review.
COVID-19 Vaccines:	• Two Pfizer vaccine doses OR two Moderna vaccine doses OR one Johnson and Johnson vaccine is required to fulfill the COVID-19 vaccine requirement. • If you have a medical or religious exemption, contact KCU@SentryMD.com to request the medical declination form.
3ʳᵈ and 4ᵗʰ year students:	These below are only required once you enter your 3ʳᵈ year: • **TB Positive:** If your TB blood test was positive, an annual chest X-ray is required in your 3ʳᵈ and 4ᵗʰ year. • **N95 mask fit (OPTIONAL):** Submit a copy of your verification showing you have completed your N95 face fit test. This is optional if you have completed the fit test.

PART IV- **ACCOUNT ACCESS**

Please note your account will only be available 24 hours after you have registered on Student Check. Your account allows you to see your status and download/print documents that have been processed by Sentry MD. Please make sure to submit document requirements to the Upload link at https://mysentrymd.com/sentrymd.html#/upload/15 as you are not able to upload directly to your account, all documents are reviewed and processed prior to showing in your account *(Processing can take 24 to 48 hours)*.

Link to Sentry MD system: https://mysentrymd.com/#/home

1. Enter your User ID: (email address in all lowercase)
2. Click on 'create password'.
3. Enter your email address (your User ID will be the email address you registered with in all lowercase)
4. You will be sent a token to your email address.
5. Enter Token from email onto site.
6. Create a password.
7. Click link to go to login screen.

Once you are logged into your account, you will note on the landing page how easy it is to see your compliance status. A blue checkmark next to each of the requirements means you are compliant. Requirements without the red exclamation indicate you are missing documentation these items need your attention.

In addition to viewing your status at any time, you can download and print your landing page checklist and any or all the documents you have submitted by clicking the 'Documents Tab'. Only documents that have completed processing will appear in your account, please note processing can take 48 business hours. We hope these tools help you stay on top of your status and keep you compliant with your program requirements.

PART V- **TB VERIFICATION FORM:** *This is required <u>ONLY FOR ANNUAL UPDATES</u> through your term of study to make sure you have all necessary items to update your TB each year.*

TUBERCULOSIS TESTING
ANNUAL UPDATE FORM

All students matriculating into KCU-COM or participating in clinical experiences are required to provide **annual** documentation proving they are free of active TB. This may be demonstrated by providing any of the following: Negative PPD skin test, negative IGRA lab result such as T-SPOT or QuantiFERON - TB GOLD, or physician documented completion of INH therapy.

Student Name: _____

Last   *First*   *M.I.*

Date of Birth: _____ **Phone:** _____

TB TEST TYPE, LOT & EXPIRATION: _____

LOCATION PLACED: ☐ Left arm   ☐ Right arm

_____

DATE & TIME PPD PLACED: _____ **PLACED BY:** _____

INDURATION: _____ mm

RESULT: ☐ Positive ☐ Negative

DATE & TIME PPD READ: _____ **READ BY: _____

**TB Skin Test must be read a minimum of <u>*48 hours*</u> and less than <u>*72 hours*</u> after placement

PART VI- **STUDENT CHECKLIST:** All the requirements are to be submitted to Sentry MD by **May 1ˢᵗ if you are entering the COM programs, or July 1ˢᵗ if you are entering the Bioscience programs.**

- ☐ Part I - Student Information is complete.
- ☐ Part II- Student has signed the authorization of consent.
- ☐ Part III- Health Requirements in Part III are all documented and gathered from the clinic or provider where they were completed at and each titer report is quantitative for HepB, MMR and Varicella.
- ☐ Part IV- Account Access- review to access your online account with Sentry MD.
- ☐ Part V- TB Verification form for annual renewal (Your TB test is required annually, please make sure to keep Part V and submit each year for your updated TB test).
- ☐ Submit packet or any updates to Secure Student Uploader at https://mysentrymd.com/sentrymd.html#/upload/15.

Please email any questions you may have about this health packet to KCU@SentryMD.com!