

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 you 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 requirements prior to 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 them to the secure portal at <https://mysentrymd.com/sentrymd.html#/upload/15>.**
- Office Lens is a free app for smartphones that allows you to take a picture of your document and it will convert it to PDF for you. Alternatively, you can scan the documents and "save them 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, email studentcheck@precheck.com.

PART I- STUDENT PROFILE: *this page to be completed by the student returned to Sentry MD by:*

- **May 1st for COM programs**

Name (Please Print): <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> Last, First, MI	Student ID (REQUIRED): S <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>
Email Address: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>	Cell Phone: (_ _) _ _ - _ _ _
Date of Birth ____ / ____ / ____	Program: ____ (KCU-COM Joplin) ____ (KCU-COM Kansas City)

PART II- STUDENT AGREEMENT FORM: *to be completed by student and sent to*

<https://mysentrymd.com/sentrymd.html#/upload/15>

<p>STUDENT ACKNOWLEDGEMENTS AND AUTHORIZATION FOR RELEASE OF RECORDS</p> <p><i>Read and initial next to each statement, then sign and date at the bottom.</i></p> <div style="margin-top: 10px;"> <input type="checkbox"/> <i>I acknowledge I have read, understand and agree to comply with all KCU immunization standards and policies.</i> <input type="checkbox"/> <i>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> <input type="checkbox"/> <i>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> <input type="checkbox"/> <i>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> <input type="checkbox"/> <i>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> <input type="checkbox"/> <i>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> <input type="checkbox"/> <i>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.</i> </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 30%;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Student/Applicant Signature </div> <div style="width: 30%; text-align: center;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> PRINTED NAME </div> <div style="width: 30%; text-align: right;"> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date Acknowledged </div> </div>
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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):	<ul style="list-style-type: none"> 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 fulfill the requirement. If 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):	<ul style="list-style-type: none"> Positive QUANTITATIVE IgG antibody titer is required to fulfill the varicella requirement. If 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 two-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:	<ul style="list-style-type: none"> Three dose HepB vaccine series (administered at 0, 30 days and 5 months) AND Positive QUANTITATIVE IgG antibody titer is required to fulfill the HepB requirement. If 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):	<ul style="list-style-type: none"> Flu vaccine is required seasonally (typically in October each year).
Tetanus-Diphtheria, Pertussis (Tdap):	<ul style="list-style-type: none"> Tdap vaccine within the 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):	<ul style="list-style-type: none"> If fully vaccinated after age 16, no additional vaccination is required. Fully vaccinated consists of: <ul style="list-style-type: none"> One dose of a MenACWY vaccine prior to age 16 and one dose on or after 16 years of age. Two doses of a Serogroup B vaccine series.
Poliomyelitis (Polio):	<ul style="list-style-type: none"> Three dose vaccine series of IPV or OPV OR one booster date is accepted if dated after 1988 are required to fulfill the polio requirement.
Tuberculosis Skin Test (PPD/Mantoux):	<ul style="list-style-type: none"> One TB skin or blood test (QuantIFERON or T-Spot) within the past 12 months with a 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:	<ul style="list-style-type: none"> Initial series of a COVID-19 vaccine approved for use in the U.S. or accepted by the CDC. Remaining up to date with available booster doses per CDC guidelines is highly recommended.
3rd and 4th year students:	<p>The below are only required once you enter your 3rd year:</p> <ul style="list-style-type: none"> TB Requirement: In your 3rd and 4th years, an annual TB blood test (T-spot or QuantiFERON) or TB two-step is required. The Department of Clinical Education will reach out in the Spring with a specific due date. Do NOT update until notified. <ul style="list-style-type: none"> If your TB skin test was positive: <ul style="list-style-type: none"> Complete a TB blood test (QuantIFERON or T-Spot), if the blood test is also positive, consult with a physician to determine a treatment plan and provide a letter from the physician, verifying the treatment plan. In addition to the physician's treatment plan an annual chest X-ray is required. N95 mask fit: Submit a copy of your verification showing you have completed your N95 face fit test upon completion. You will complete this through KCU and upload your verification once complete.

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 with 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 ONLY After your initial TB for annual updates 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 48 hours and less than 72 hours 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.**

- ☐ **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!