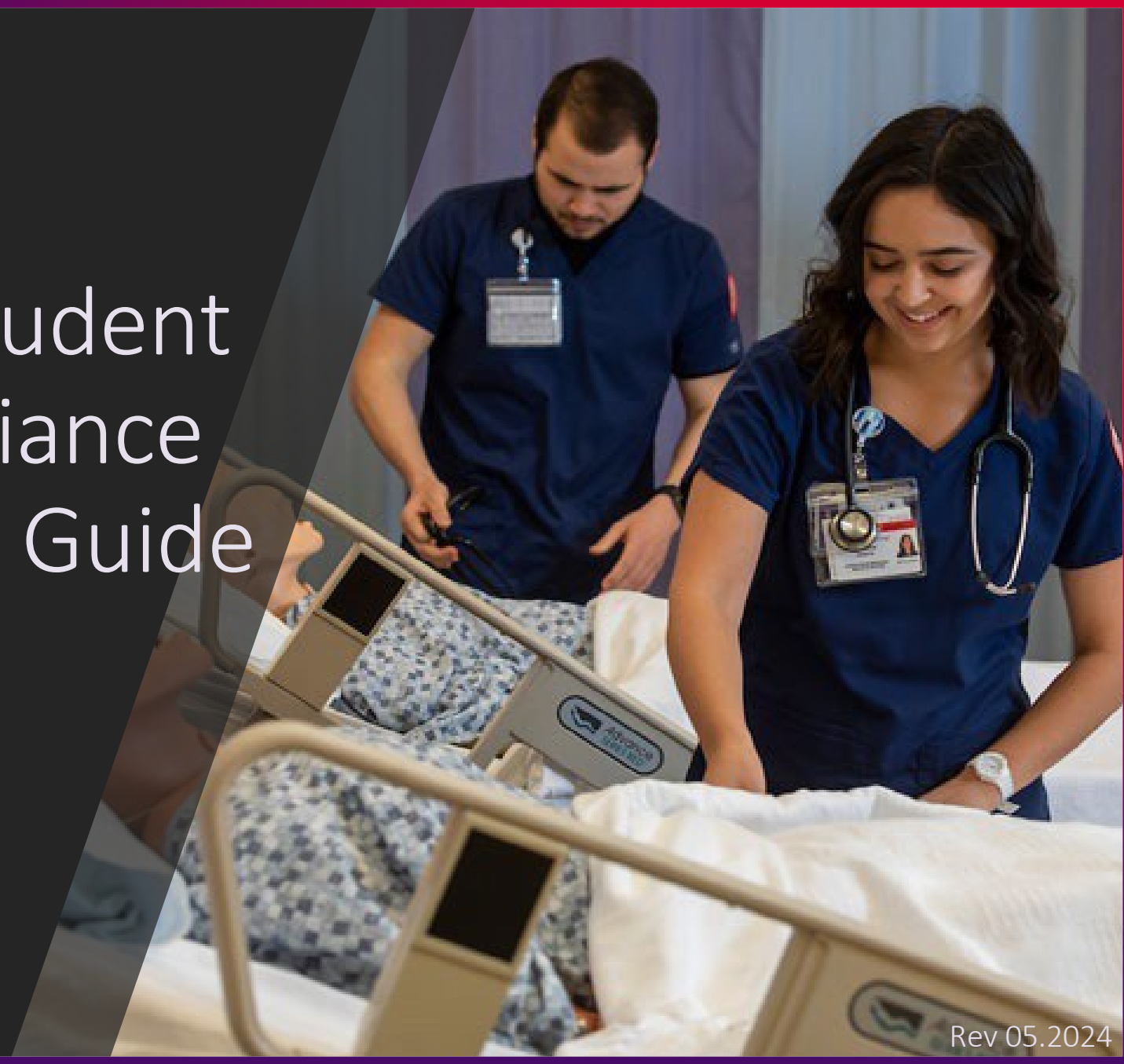


New Student Compliance Success Guide

Linfield University
School of Nursing

Rev 05.2024



HEY, YOU'RE IN!

Congratulations on your admission to Linfield University School of Nursing!
We can't wait to meet you!

Your next steps prior to attending Orientation Day for your program are to complete your compliance requirements in Complio. You must meet your compliance requirements by your assigned deadline. **Failure to be compliant by your assigned deadline may result in the forfeiture of your seat in the cohort.**

Refer to this guide when completing your compliance requirements. Please email schoolofnursing@linfield.edu if you have any additional questions.

WHY IS COMPLIANCE IMPORTANT?

Linfield University School of Nursing students will participate in clinical rotations and simulation environments during their tenure in the program. This exposes students to communicable diseases at a higher rate than non-health profession students. Prior to beginning their program, students must provide proof of documentation that they are immune or protected from certain diseases to allow the student to work on patients.

Additionally, compliance standards are required as a working, practicing registered nurse (RN). Meeting and maintaining program compliance requirements is great practice for your future professional career.

Compliance requirements are set by the Oregon State Board of Nursing as well as the Oregon Health Authority and apply to all accredited nursing programs within the state. There are no exceptions!

READY TO GET STARTED?

Compliance is recorded and tracked using a subscription service, Complio. Creating an account is free! However, you will need to purchase 2 separate packages—the Immunization Tracker subscription (\$35) and the Drug Screen and Background Check package (\$85). *The drug screen and background check package will not be available for purchase until 90 days prior to the start of your program.* Keep an eye out for the code to order this service via text when the time comes.

You will also need to track down your childhood immunizations. You can either reach out to your primary care physician, or you may request your full immunization record from your home state's IIS Immunization Record.

Please keep in mind that fulfilling some of these categories will require you to set an appointment ahead of time. Due to the nature of availability of appointments, we strongly suggest that you get started on this today!

Complio by American DataBank

Subscriptions:

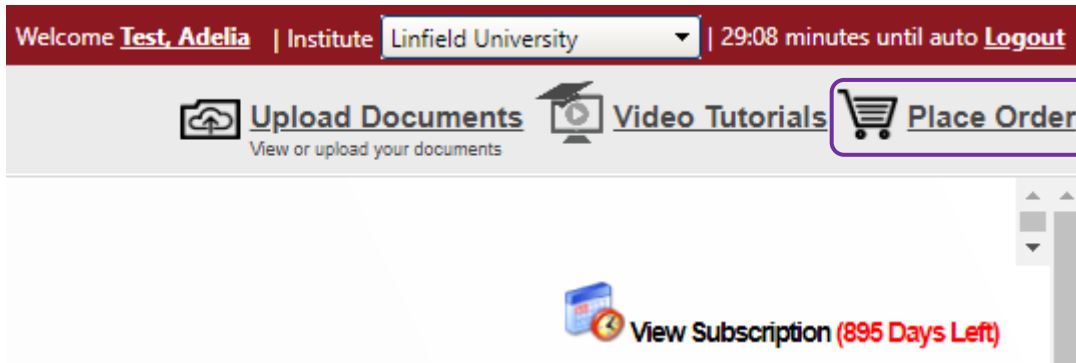
- Immunization Tracker (\$35)
- Background Check and Drug Screen (\$85)

To create an account:

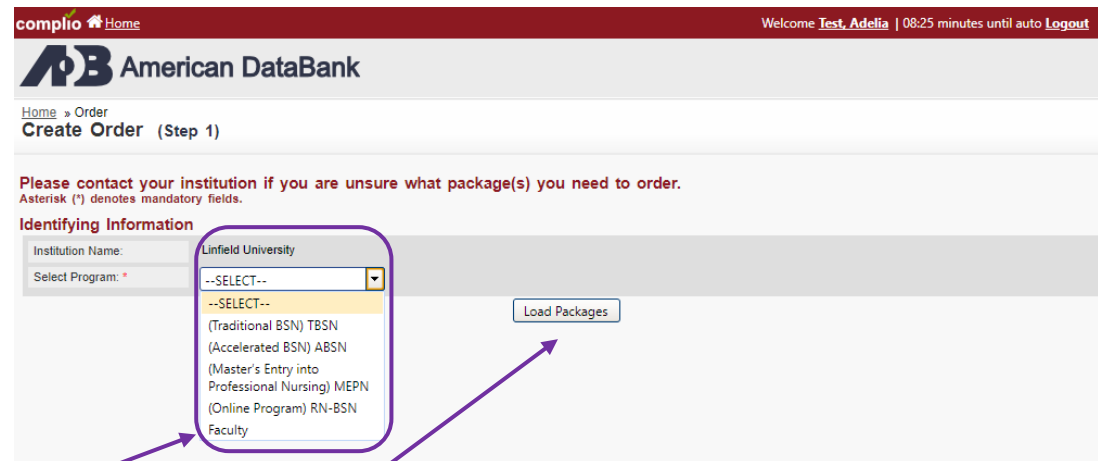
- Go to linfield.complio.com
- Click “Create an account”



Create Your Order



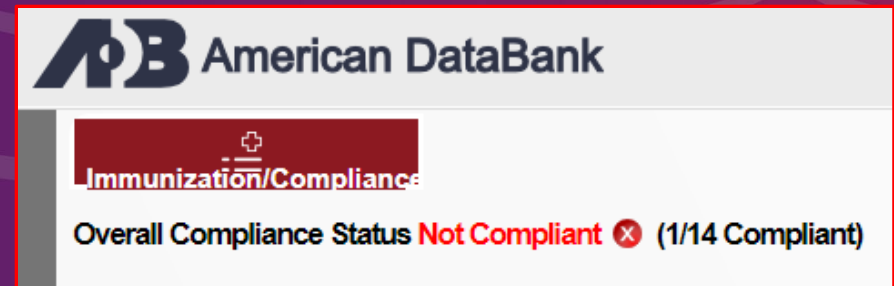
Once your account has been opened, click the “Place Order” cart icon in the top right-hand corner.



- Select your program.
- Click the “Load Packages” button.
- Select your User Group.

IMMUNIZATION REQUIREMENTS

- Providing proof of immunization is required by all incoming students—NO EXCEPTIONS!!
- Clinical sites reserve the right to deny nursing students whose records are out of date or insufficient from participating in rotation. This *will* affect your success in your program.
- Students actively participating in a nursing program must meet and maintain compliance *at all times* during their time in their nursing program.

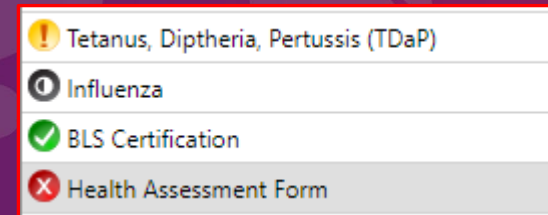


American DataBank

Immunization/Compliance

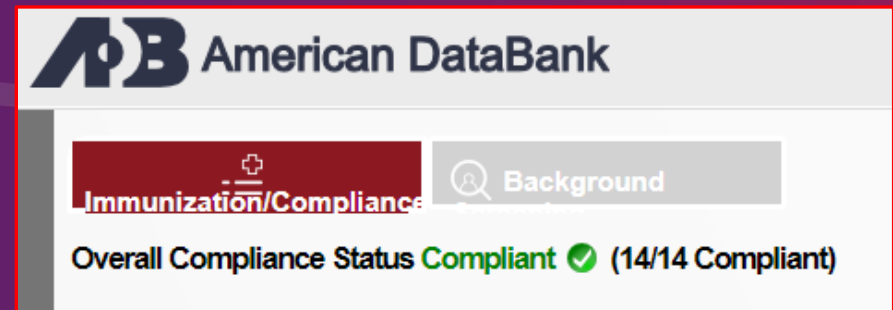
Overall Compliance Status **Not Compliant** ❌ (1/14 Compliant)

This screenshot shows the American DataBank interface. At the top is the logo and name 'American DataBank'. Below it, a red bar contains a white cross icon and the text 'Immunization/Compliance'. Underneath, the overall compliance status is displayed as 'Not Compliant' in red text with a red 'X' icon, followed by '(1/14 Compliant)' in black text.



- ❗ Tetanus, Diptheria, Pertussis (TDaP)
- ⓘ Influenza
- ✅ BLS Certification
- ❌ Health Assessment Form

This list shows four items with status indicators: a yellow warning icon for 'Tetanus, Diptheria, Pertussis (TDaP)', an information icon for 'Influenza', a green checkmark for 'BLS Certification', and a red 'X' icon for 'Health Assessment Form'.



American DataBank

Immunization/Compliance Background

Overall Compliance Status **Compliant** ✅ (14/14 Compliant)

This screenshot shows the American DataBank interface. At the top is the logo and name 'American DataBank'. Below it, a red bar contains a white cross icon and the text 'Immunization/Compliance'. To the right of this bar is a grey button with a magnifying glass icon and the text 'Background'. Underneath, the overall compliance status is displayed as 'Compliant' in green text with a green checkmark icon, followed by '(14/14 Compliant)' in black text.

COMPLIANCE CATEGORIES

1. MMR (Measles, Mumps, and Rubella)
2. Varicella (Chickenpox)
- 3. Hepatitis B**
- 4. Tuberculosis (TB)**
5. TDaP (Tetanus, Diphtheria, Pertussis)
6. Influenza (between October through April)
- 7. BLS Certification**
- 8. Health Assessment Form**
9. Essential Functions Form
10. Health Insurance
11. COVID-19
12. Confidentiality and Release for Simulation
13. Background Check
- 14. Drug Screening**

Categories listed in **red** are considered higher priority for you to complete, as you will need to plan ahead to schedule appointment times or training courses.

CATEGORY BREAKDOWN

MMR

(Measles, Mumps, & Rubella)

- Submit proof of A or B:
 - A) TWO (2) doses of the MMR vaccine

OR

 - B) Positive result titers** for Measles, Mumps, and Rubella

**Typically, you will titer for Measles, Mumps, and Rubella separately. Upload each form of documentation and assign it to the appropriate category entry. In the case that you receive one MMR titer, you may provide the same documentation for all THREE (3) of these entries.

- **NOTE:** If any titer returns a negative result, submit proof of ONE (1) post-titer MMR Booster dated after the non-immune titer.

VARICELLA

(Chickenpox)

- Submit proof of A or B:
 - A) TWO (2) doses of the Varicella vaccine

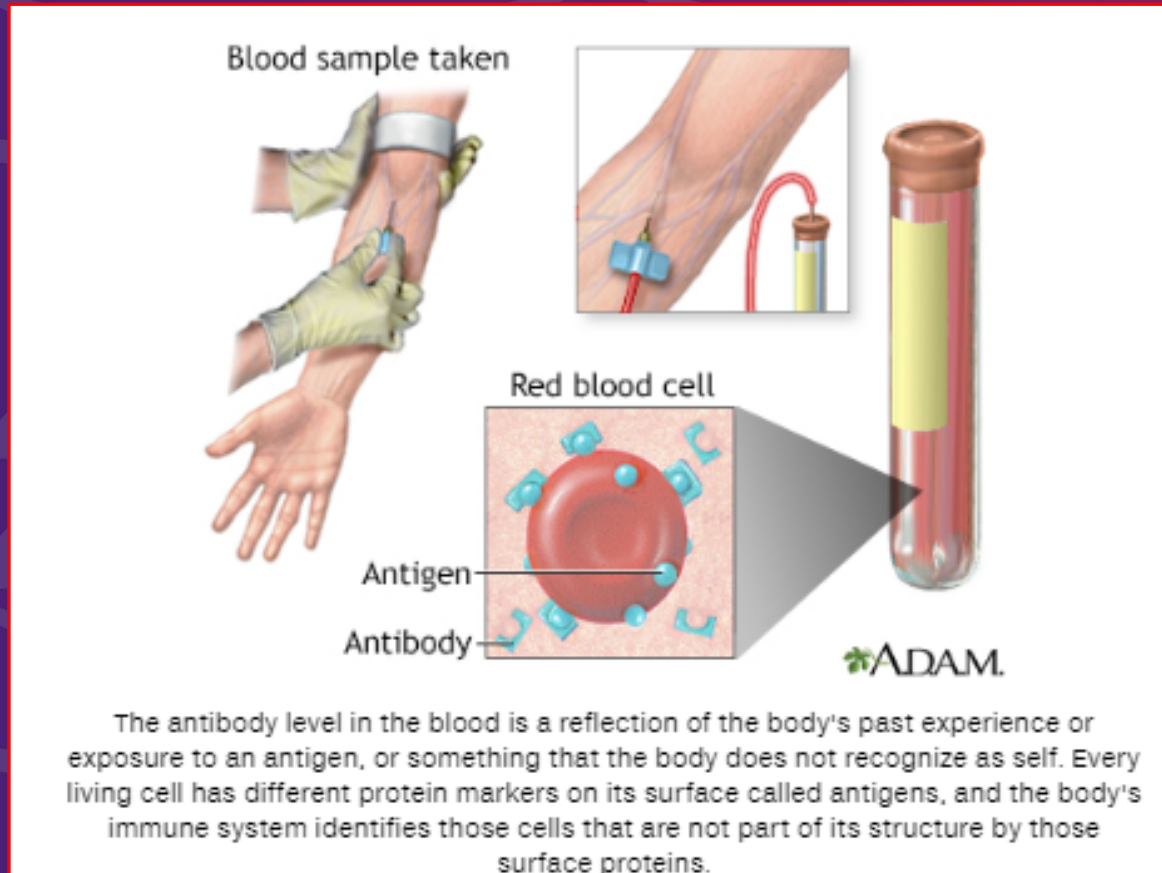
OR

 - B) Positive result titer for Varicella

- **NOTE:** If your titer returns a negative result, submit proof of TWO (2) varicella vaccine doses.

WHAT IS A TITER?

A titer is a blood test used to determine the presence (qualitative) and amount (quantitative) of antibodies in the blood.



Positive Titer Result = Immune
Negative Titer Result = Not immune

HEPATITIS B

- Submit proof of A or B:

A) Proof of your initial Hepatitis B doses (received around the time of birth)

- Hepatitis B Dose 1
- Hepatitis B Dose 2
- Hepatitis B Dose 3

OR

B) Positive result ***HbsAB*** or ***anti-HBs*** titer

In the case of a negative or “not immune” titer result, you must request and receive a series of post-titer Hepatitis B booster shots. Please follow your physician's recommendations on how many booster doses you will need. Upload your proof of documentation as soon as you receive it. As a note, you will be given temporary compliance as you go through the initial and booster series. The timeframes for temporary compliance are below:

- Hepatitis B Dose 1 / Booster 1 / Heplisav Booster 1 = 45 days of temporary compliance
- Hepatitis B Dose 2 / Booster 2 = 6 months of temporary compliance



There are different Hep B Titers/tests. Be sure the test you order is a Hepatitis B Surface Antibody (anti-HBs or HbsAB)

TUBERCULOSIS (TB)

- Submit proof of A or B, dated within ONE (1) year of program start:
 - A) TWO (2) negative PPD skin test results where implant-and-read dates are within 7-21 days of each other.

OR

 - B) ONE (1) negative Initial QuantiFERON TB Test/T-spot

If your chosen test is positive, upload your negative results to Complio.
Your next steps are:

A) Upload a Negative Chest X-Ray

AND

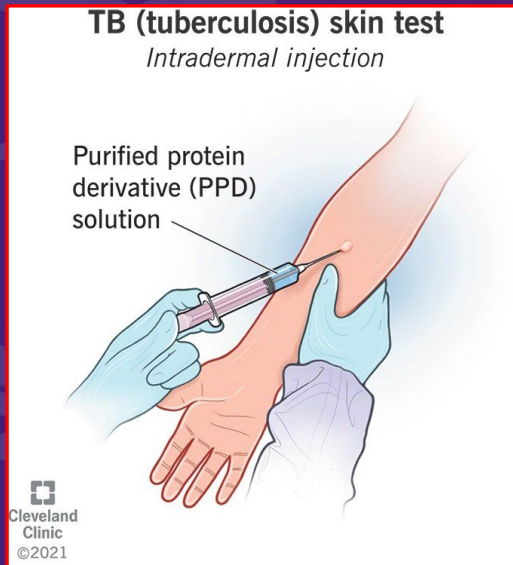
B) Submit the [TB Screening Form](#), verified and signed by your physician.



DIFFERENCE BETWEEN TB SKIN TEST AND T-SPOT

TB SKIN TEST (PPD)

Intradermal Injection



QuantIFERON GOLD

Blood Collection



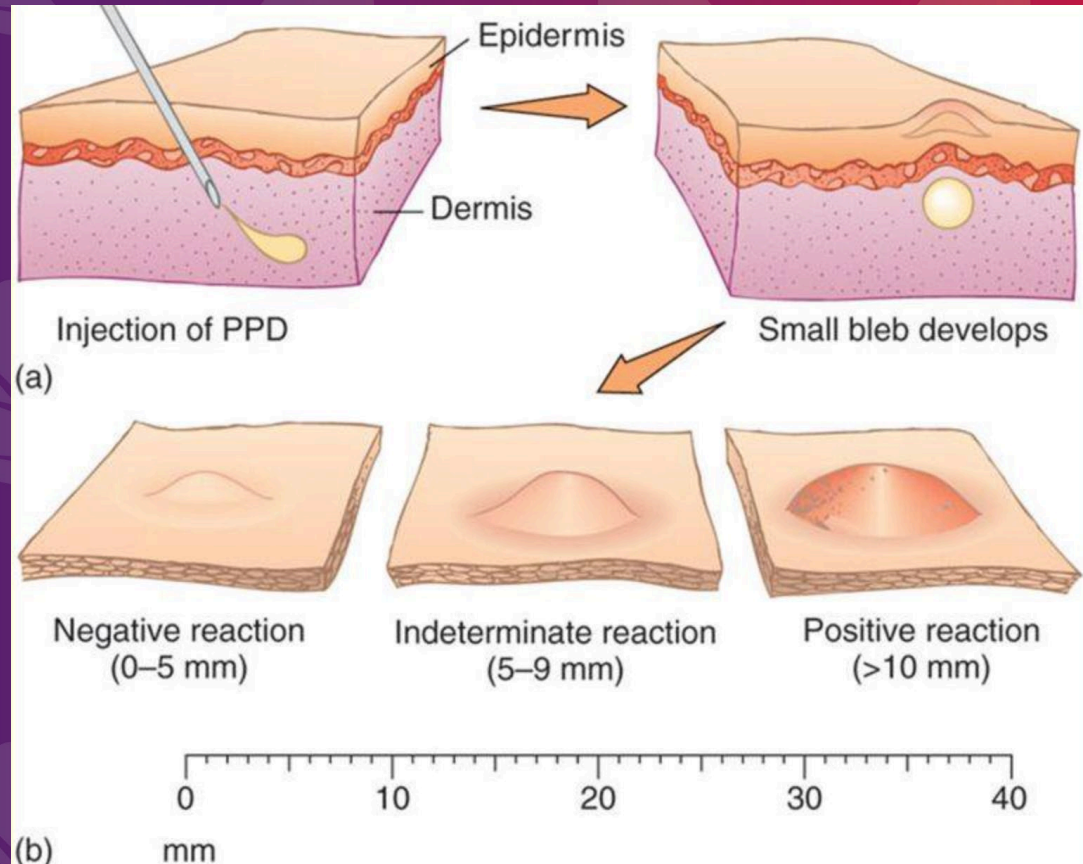
- 2 appointments required
- Can be done at your physician's office
- May be covered by insurance.

- Only 1 appointment needed
- Typically done in lab testing center
- Typically required to pay out of pocket

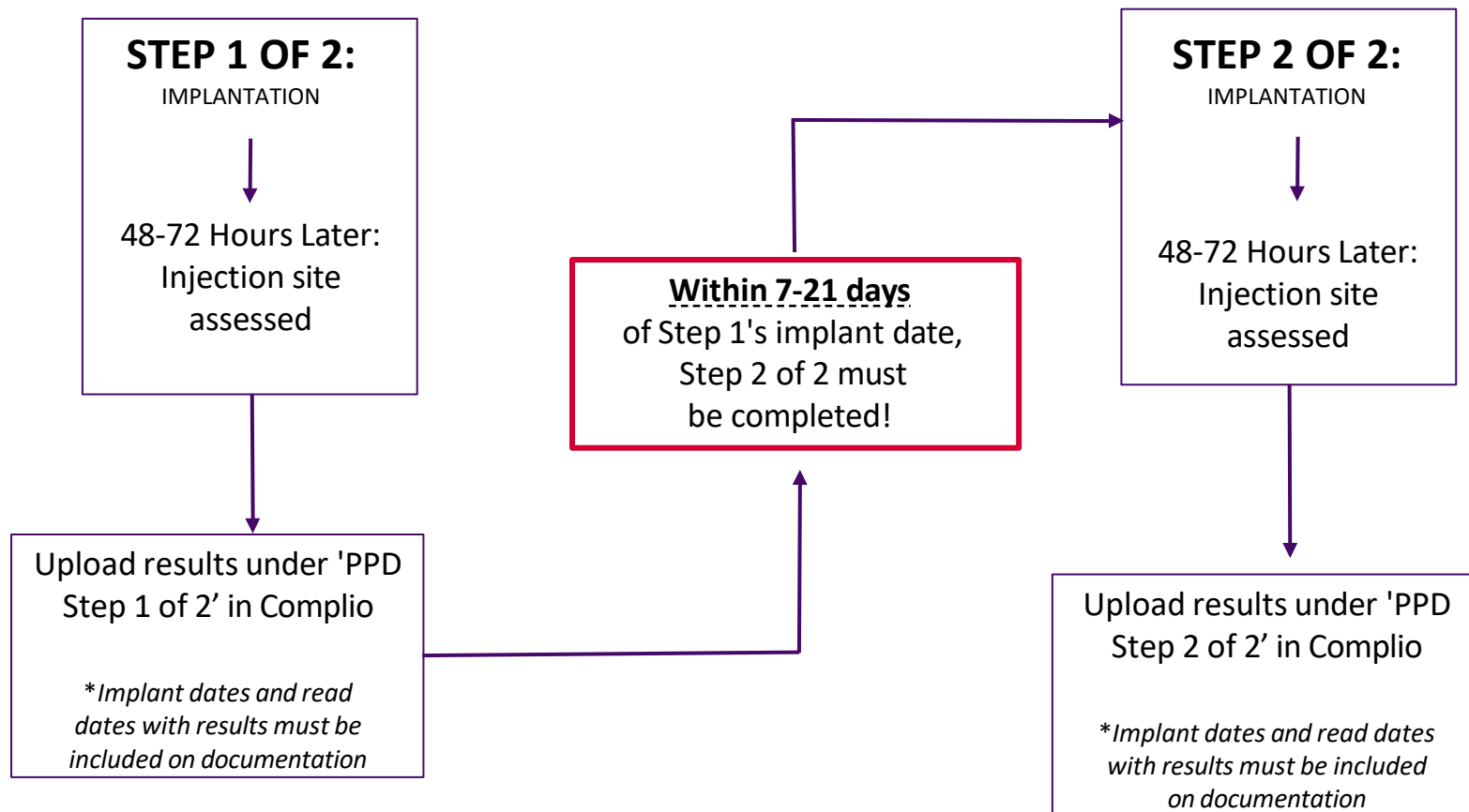
2-STEP PPD TESTING

Purified Protein Derivative aka Tuberculin Skin Test

- Absence of Tuberculin protein injected subdermally will result in a *negative* reaction.
- Meet this compliance category by uploading TWO (2) **negative** implant-and-read skin tests, where the appointment dates are within 7-21 days of each other.
- In the event of a positive PPD result, request and upload a chest X-ray with a completed TB Screening Form



2-STEP PPD PROCESS – 2 NEGATIVE PPD RESULTS



No exceptions can be made if timeframe between the two appointment steps are not completed within 7-21 days!

TETANUS, DIPHTHERIA, PERTUSSIS (TDaP)

- Submit proof of your initial TDaP dose to Complio, dated on or after your 11th birthday.

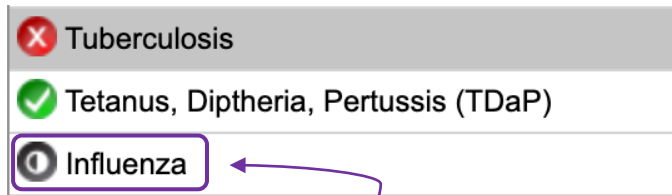
If 10 years have passed, or your childhood dose is more than 10 years old, you are required to submit a TD Booster. Get a booster dose and upload proof of your booster dose to Complio.



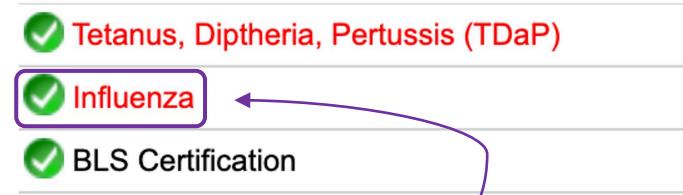
*TDaP and DTaP are **not** the same!
TDap is the **ONLY** acceptable vaccine for this category, **no exceptions.***

INFLUENZA

- This category **does not** require proof of documentation between April 1st to October 31st. If your compliance deadline falls outside of this window, you will not need to meet this requirement upon your deadline to be eligible to attend Orientation Day.
 - From October 31st to March 31st, documentation of the influenza vaccine is required for you to be able to participate in Clinical and SIM! **You must upload proof of a new flu shot every year.**



Your Complio from April – October



Your Complio From November to March

- During the window where you must be compliant for this category, submit proof of A or B, no earlier than August 1st to apply to the upcoming Flu Season:
 - A) Flu Vaccination


OR

 - B) [Flu Declination Form](#)
 - This is for those who are medically ineligible to receive the vaccine, and must be accompanied by a provider's signature.


BLS CERTIFICATION

- Your Basic Life Support (BLS) certificate **MUST** be issued by the American Heart Association. This is the *only certificate that will be accepted by Complio*.
- Renewed every 2 years
- You will need to maintain this certification throughout your future career as a nurse.

BASIC LIFE SUPPORT

BLS Provider 

Your Name
has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 5/7/2023	Renew By 05/2025
Training Center Name Cascade Healthcare Services LLC dba Cascade Training Center	Instructor Name Melissa Steinman
Training Center ID WA15590	Instructor ID 09160501244
Training Center City, State Seattle, WA	eCard Code 235416401353
Training Center Phone Number (206) 213-3116	QR Code 

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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BLS TRAINING CENTERS

Your Basic Life Support (BLS) training **MUST** be done by a training center that follows the guidelines set by the American Heart Association.

Cascade Training Center has partnered with Linfield University to offer trainings to incoming nursing students at a discounted rate. View and sign up for courses [here](#).

- At checkout hit the 'Click here if you DON'T have a Voucher!' button—student discount will be applied. ***The discount only works through using the link above.***
- We recommend that you choose to pick up your textbook at the site to avoid paying extraneous shipping fees.



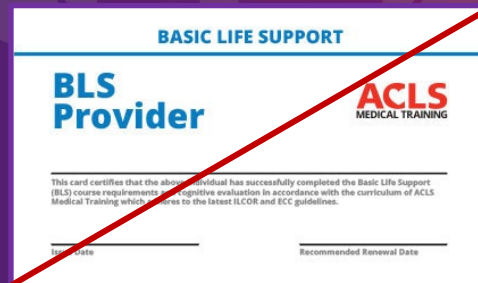
A CPR card alone is not sufficient to meet this category. BLS training covers CPR plus additional life support methods that Nursing students must be proficient in. NO EXCEPTIONS!

The screenshot shows the registration page for Cascade Training Center at Linfield University. At the top, there are logos for Linfield University and Cascade Training Center. Below the logos, there is a section titled 'Please Verify your Personal Info' with a sub-section 'Verify Your Information' containing input fields for Name, Address, Phone, and Email, and an 'Edit Personal Info' button. The next section is 'Voucher/Payment', which contains a button labeled 'Click here if you DON'T have a voucher!' circled in red. A red arrow points from this button to a larger, zoomed-in version of the same button at the bottom right of the screenshot.

UNQUALIFIED BLS CERTIFICATES

The School of Nursing does not recommend that you take just *any* BLS certification course you find in a web search. Look specifically for courses that say their training follows the guidelines of the American Heart Association. Failure to take a training course that meets the guidelines of the American Heart Association *will* result in denial of compliance for this category, which may add to your financial burden.

Below are examples of BLS Certificates that will not be approved by Complio:



American Red Cross certificates are NOT accepted by Complio!!



HEALTH ASSESSMENT FORM

- Download the [Health Assessment Form](#). Fill out the front page prior to your appointment.
- Make an appointment with your primary care physician or Urgent Care facility. Review the front page and complete the back page with your care provider.
- Upload images of both the front and back pages of the document to Complio.



McMinnville transfer students to the nursing program can schedule appointments at [the Student Health, Wellness and Counseling Center](#) for their immunizations and other requirements such as the Health Assessment.



VERIFY THIS FORM IS COMPLETELY FILLED OUT BEFORE LEAVING YOUR APPOINTMENT!



LINFIELD SCHOOL OF NURSING: HEALTH ASSESSMENT STUDENT FORM
To be completed by student

Name _____ Date of Birth _____

Former Illnesses
No Yes If Yes, please explain: _____

Former Injuries
No Yes If Yes, please explain: _____

Former Hospitalizations
No Yes If Yes, please explain: _____

Comments if applicable: _____

Anemia	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Arthritis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Back Injuries	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Birth Defect	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Bladder Infections	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Bowel Problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Cancer	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Hearing Problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Heart Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
High B/P	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
High Cholesterol or Lipids	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Infectious Mono	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Kidney Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Liver Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Rheumatic Fever	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Seizures	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Thyroid Disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Ulcer	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____
Visual Problems	No <input type="checkbox"/>	Yes <input type="checkbox"/>	_____

Current medications: _____

Allergies including medications and other substances: _____

Present or chronic medical conditions: _____

Student Signature _____ Date _____

1 March 2020

LINFIELD SCHOOL OF NURSING: HEALTH ASSESSMENT PROVIDER FORM
To be completed by provider

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____

Blood Pressure _____ Resp. _____

Vision (Snellen) _____ / _____ R/L Corrected _____ / _____ R/L

Near Vision _____

Hearing _____ R _____ L _____

Check if normal:
 General Appearance
 Head and Scalp
 Face and Skin
 E.E.N.T.
 Neck
 Heart
 Lungs
 Chest
 Abdomen
 Back and Spine
 Extremities
 Lymphatics
 Neurological
 Genitourinary

Comments if applicable: _____

Is the person seen in general health, adequate to allow participation in a nursing education program?
 Yes No

Comments/concerns if applicable: _____

Physician or Nurse Practitioner _____
 Practice or Facility _____
 Address _____

Signature _____
 Date _____

THIS INFORMATION IS CONFIDENTIAL

2 March 2020

Sections most commonly missing information!!



This is the **ONLY** acceptable document for this category; **NO EXCEPTIONS!**



Linfield
University

ESSENTIAL FUNCTIONS FORM

- Click the “+ Enter Requirements” option in your Complio account, under Essential Functions Form.

Essential Functions Form

Add New Requirement

Essential Functions Form: You must click on the link to the right of “Electronic Signature” below. You will read the document and then sign your name for the Essential Functions Form.

Select a requirement: Essential Functions Form [Apply For Exception](#)

Fill the form below for Essential Functions Form

Document: -- SELECT -- Date:

Electronic Signature: **EssentialFunctionsForm_12202019RR.pdf**

Upload Additional Documents: Drop files to attach, or Browse

Note:

View: Fit 50% 100% 200%

You are in hand scroll mode. [Click here to disable hand scroll mode.](#)

Essential Function	Description	Examples
History	Auditory, visual and tactile ability	Monitor and assess health status (e.g., assess other changes in the room like heart, lung and breath sounds).
Communications	Verbal, nonverbal, reading, writing	Interact effectively with individuals, families, groups and health care team members from a variety of social, emotional, cultural and intellectual backgrounds; effectively use verbal and non-verbal communication; use receptive and expressive language to establish rapport; effectively use appropriate communication technology; be concise and professional; understand and use correct professional terminology when communicating with other health care professionals; document nursing care clearly, with papers accurately and with clarity.
Motor	Physical ability, coordination, stamina	Perform cardiopulmonary resuscitation (CPR), manual and lift patients; move from room to room and movement in small spaces; provide routine and emergency nursing care.
Cognitive	Critical thinking ability	Monitor and calculate drug dosages and solutions; comprehend assessment, review, analyze, prioritize and evaluate information; recognize those with clinical practice; effectively problem solve; use good clinical judgment based on critical, analytical and creative thinking, as well as intuitive processes; recognize personal learning needs from the clinical setting.
Behavioral/Social/Emotional	Emotional stability, capacity for self-reflection and change	Function effectively under stress; adhere to change performance and assessment in clinical situations; be flexible; use effective organizational and time management skills; respect all staff and students; discuss personal appropriateness in evaluation; be assertive; demonstrate professional responsibility and accountability in nursing practice.

Signature: _____ Date: 5/17/2024

Name (print please): _____

Please read this document, sign and submit through the clinical compliance system.

1 of 1

Sign Here [Clear Signature](#)

Save Close

- Click the link next to “Electronic Signature”.
- A new window will open up with the Essential Functions required of the students during this program. Read the document and sign in the green box below. Hit “Save” when you are done.



It is **your** responsibility to inform your Integrated Experiential Learning (IEL) Coordinator of any essential functions that may be impacted as you progress through the semester.

HEALTH INSURANCE

- Submit proof of A or B:

A) Personal Health Insurance card. If your name is not on the card, please attach supplemental documentation proving that you are covered under this plan.

OR

B) Opting to be covered by Linfield University.

- Select "I have opted into having Linfield health insurance" next to the requirements.
- Enter the date manually or by choosing the date in the calendar.
- Confirm your selection by choosing "Yes" in the Answer dropdown menu.
- Click Submit.

Health Insurance + [Enter Requirements](#) Incomplete

Add New Requirement

Health Insurance: You must submit proof of your Health Insurance coverage.

You can provide your personal health insurance if you have opted out of having insurance through Linfield.

If you have opted into having insurance through Linfield you will be granted temporary compliance while waiting for your supporting documentation at the start of your semester. Once received, you must upload proof of that insurance. [To see what is required on your documentation, please click here.](#)

Select a requirement: I have opted into having Linfield health in [Apply For Exception](#)

Complete the below fields for: I have opted into having Linfield health insurance

Date: Select a date Answer: --SELECT--

Note:

Submit Cancel



Once your payment for student health insurance has processed (charged in your tuition), please upload proof of your documentation to Complio.

STUDENT HEALTH INSURANCE

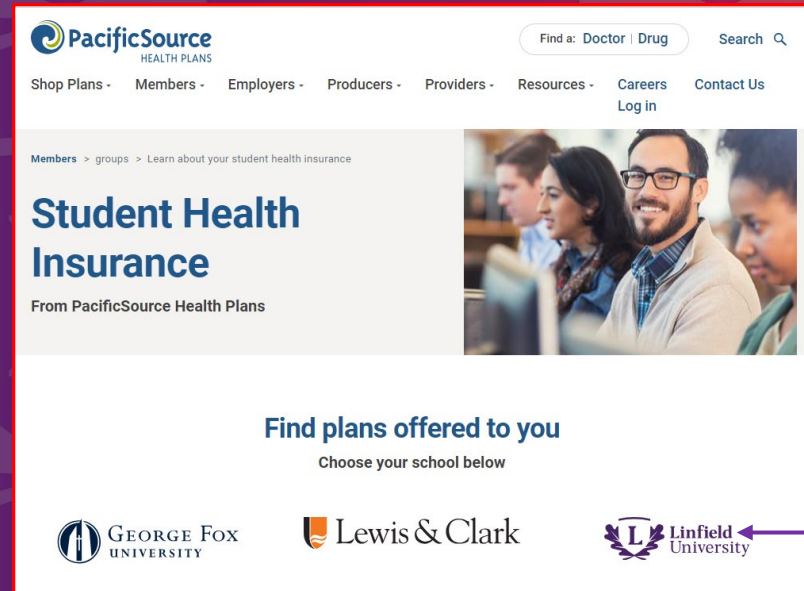
Linfield student health insurance is available for **ALL** School of Nursing students! PacificSource is the student health insurance provider. The enrollment process is different depending on what program you will be joining:

TBSN & ABSN students

are *automatically enrolled* in Linfield University's health insurance coverage.

If you are providing your own health insurance to Complio, you will also need to ***opt out*** of Linfield health insurance in the etrieve app (you will need to have your linfield.edu email set up).

- For more information, visit the [Undergrad Student Health Insurance page](#).



The screenshot shows the PacificSource Health Plans website. At the top, there is a search bar with the text "Find a: Doctor | Drug" and a search icon. Below the search bar is a navigation menu with links for "Shop Plans", "Members", "Employers", "Producers", "Providers", "Resources", "Careers", and "Contact Us". A "Log in" link is also present. The main content area features a header with "Members > groups > Learn about your student health insurance" and a large image of three students. Below the image, the text reads "Student Health Insurance" and "From PacificSource Health Plans". A section titled "Find plans offered to you" includes a prompt "Choose your school below" and three logos: George Fox University, Lewis & Clark, and Linfield University. A blue arrow points from the Linfield University logo to the right.

MEPN students are required to *manually enroll* into Linfield University's health insurance. You may do so [here](#). Click on the Linfield University logo to get started.

COVID-19

- Submit proof of A, B, or C:
 - A. TWO (2) monovalent doses of the Pfizer or Moderna vaccine
 - B. ONE (1) monovalent dose of the Johnson & Johnson vaccine
- OR**
- C. ONE (1) bivalent dose** of the Pfizer or Moderna vaccine

**A Covid-19 "bivalent" dose did not become available until September 2022. The documentation you upload must indicate a "bivalent" strain and should be uploaded to the bivalent category. If you are unsure if you have received the bivalent vaccine, please contact your healthcare provider.



If you have not received a bivalent dose, Linfield University SON recommends you do so, although this is optional.



CONFIDENTIALITY AND RELEASE FORM FOR SIMULATION

- Click the “+ Enter Requirements” option in your Complio account, under Confidentiality and Release for Simulation.

Confidentiality and Release for Simulation

Apply For Exception

Electronic Signature: ConfidentialityAndReleaseFormForSimulation (1).pdf

Drop files to attach, or Browse

Submit Cancel

Linfield University

Experiential Learning Center
Confidentiality and Release Form for Simulation

1. CONFIDENTIALITY OF INFORMATION

During your participation in courses that use simulation experiences, you will likely be an observer of the performance of other individuals in managing healthcare events. As a participant in these activities in whatever role, you are asked to maintain and hold confidential all information regarding the performance of specific individuals and the details of specific scenarios.

By signing below, you acknowledge to having read and understood the statement and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals.

2. RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

During simulation experiences, recordings may be made. These recordings can be accessed by students and instructors for debriefing and student reflection. I authorize instructors and administrators of the Experiential Learning Center to publicly show still photographs (slides or prints) and/or videotapes depicting me during this course. I understand that, unless otherwise approved by me, I will not be specifically identified, and that the photographs will be shown only for educational, research, or research administration purposes. No commercial use of the photographs (slides or prints) and/or videotapes will be made without my written permission. At the end of the course or semester when access is no longer required, recordings will be deleted from the ELC audio-visual system.

1 of 1

Sign Here

Clear Signature

Save Close

- Click the link next to “Electronic Signature”.
- The policy will open in a new window. Read the document and sign in the green box below. Hit “Save” when you are done.

BACKGROUND CHECK & DRUG SCREENING ORDER

Your drug screen and background check must be completed within 3 months of your program start date, per OHA policy. Once you receive the appropriate password & instructions from Admissions, you may order your Background Check & Drug Screening package.

BACKGROUND CHECK

Criminal history on a background check:

- May be cause to deny or revoke admission to Linfield University School of Nursing
- May impede on a student's progression in the program
- May affect what clinical rotation site options will be available to the student
- May be cause for a student to be disallowed from sitting the NCLEX or denied licensure

DRUG SCREENING

- Sample collection must be completed at a pre-authorized collection site provided by Complio. **NO EXCEPTIONS**
- From the time you purchase this package order, you have **30 business days** to complete the collection. **Please be mindful of when you carry out the purchase of this package.**



Once your Background Check and Drug Screening are completed, Complio will automatically upload the results to your account.



BACKGROUND CHECK & DRUG SCREENING

Your drug screen and background check must be completed within 3 months of your program start date, per OHA policy.

- Keep an eye out for a text message or email from Admissions with your code to order this package. You will also receive a message in your portal.
- Once you receive your password & instructions, you may begin your “Background Check & Drug Screening Bundle” order. Select the appropriate option and enter the password to purchase the package.
- Your Background Check will automatically be pulled and uploaded to your Complio account. There is no additional action required on your part.

ADB American DataBank

Home > Order
Create Order (Step 1)

Please contact your institution if you are unsure what package(s) you need to order.
Asterisk (*) denotes mandatory fields.

Identifying Information

Institution Name: Linfield University
Select Program: (Traditional BSN) TBSN

Screening

Background Check and Drug Screening Package (\$85.00) Passcode *Additional fees may apply. [View Package Details](#)

Drug Screening a la Carte - Order Only if Instructed (\$40.00) *Additional fees may apply. [View Package Details](#)

Estimated Order Total
Estimated Order Total: \$85.00

[Previous](#) [Next](#)

During this checkout process, you will be choosing your lab location at which you will be doing your drug screening at. **Drug screenings are by appointment only**, so please choose a location that you can easily get to.

Electronic Drug Screening Registration - Select a Drug Screening Location

10-Panel Urine

Zip: 97230 Distance: 10 [Search](#)

- + LABCORP
10373 NE HANCOCK STREET SUITE 122
PORTLAND, OR 97220
2.70 miles
10-Panel Urine [Select](#)
- + LABCORP
2903 NE ANDRESEN ROAD
VANCOUVER, WA 98661
9.38 miles
10-Panel Urine [Select](#)
- + QUEST
2351 NW WESTOVER RD SUITE R250
PORTLAND, OR 97210
9.61 miles
10-Panel Urine [Select](#)

[Cancel](#)



Incoming HI & AK students may require additional paperwork. Please email ds@americandatabank.com to verify and receive your additional paperwork.

DRUG SCREENING

DRUG SCREENING SAMPLE COLLECTION IS DONE BY APPOINTMENT ONLY!

- Selecting your pre-authorized collection location at the time of purchase **does not** schedule your sample collection appointment. You will need to physically call your testing site to set up an appointment.
- *Walk-ins are no longer available at most testing sites.*

If the collection site you chose at the time of order is no longer a viable option (i.e., availabilities, distance of travel, etc.), you may transfer your paperwork to an alternate location. Email ds@americandatabank.com to inform them of your location change. ***Please keep in mind that you may be subject to additional fees when transferring locations.***

Flagged Result Drug Screens: Drug screens that return a flagged result may be cause for you to lose your seat in your program.

- A “Negative Dilute” result indicates that your sample was too diluted at the time of collection. This result is still considered a flagged drug screen, which will result in you needing to purchase and redo an additional drug screening.
- A “Positive” flagged result may be cause for you to lose your seat in your program. Next steps will be communicated to you in the case you return a “Positive” result flag.
- You will receive an email from American Data Bank if your drug screening is flagged.



Avoid drinking excessive amounts of liquids (12+ oz) 3-4 hours before specimen collection!

DRUG SCREEN—FLAGGED RESULTS

Flagged results *may* be cause for you to lose your seat in your program.

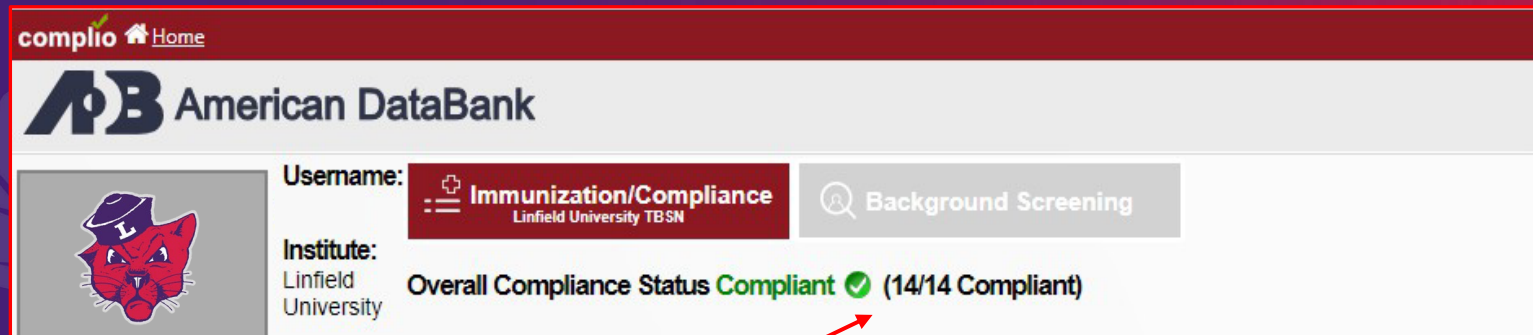
MARIJUANA USAGE: While Oregon and other neighboring states have legalized the recreational usage of this drug, Linfield University is a *federally funded institution*. Linfield University must meet the *federal guidelines* in all educational aspects. **Students joining a Linfield Nursing program MUST return a *negative* result for Marijuana.**

- A “Positive” flagged drug screening result showing up for Marijuana **will** result in a required meeting with the Dean of the School of Nursing.
- An additional drug screen will need to be purchased through Complio and you will need to redo your sample collection.

PRESCRIPTIONS: Prescribed drugs like amphetamines *will* show up as a positive result. In the case that your test returns a positive result for your prescription drugs, please email schoolofnursing@linfield.edu with proof of your prescription drugs.

REACH COMPLIANCE BY YOUR GIVEN ADMISSIONS DEADLINE!

Meeting compliance requirements is *imperative* to ensure that you are eligible to participate in your clinical or simulation courses. Failure to reach compliance by your given admissions deadline will result in the cancellation of your admission.



complio Home

AB American DataBank

Username: **Immunization/Compliance** Background Screening
Linfield University TBSN

Institute: **Overall Compliance Status Compliant** (14/14 Compliant)
Linfield University

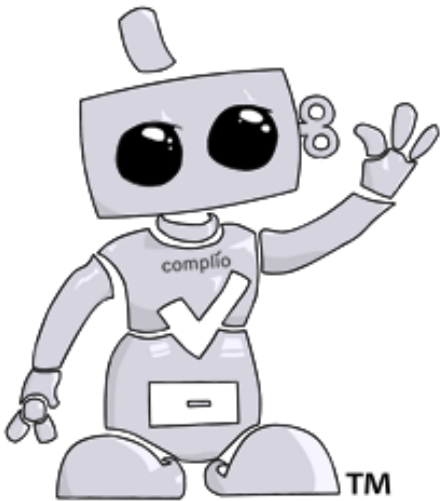


If your Complio account looks like this by your given deadline, you are ready to attend Orientation Day!

Failure to maintain your “Compliant” status as an ongoing Nursing student will impact your ability to attend clinical.

- Missed clinical experiences due to non-compliance are counted as an absence. Absences can lead to failure of a clinical course.

COMPLIO TIPS



Complio Tips

KEY:



Compliant



Pending Review



Incomplete



- Watch for emails from non-reply@americandatabank.com
- Give Complio 3-5 business days to review submitted items
- Plan ahead to make sure you will meet all requirements by your deadline

UPLOADING DOCUMENTS TO COMPLIO

Uploading your documents correctly will expedite your submissions being approved. Examples of acceptable documents that you may upload to Complio include:

- Lab reports
- Clinical records
- Employee records
- School records
- State alert system reports
- Immunization cards
- Provider letters

For more information, you can watch [this video](#) on how to properly upload your proof of documentation to Complio.



Complio takes 3-5 business days to review and approve submitted items, as submissions are reviewed by technicians. Plan accordingly to meet necessary deadlines!





NAME YOUR DOCUMENTS AND ADD DESCRIPTIONS!



Organizing your documents will make the process to compliance easier!

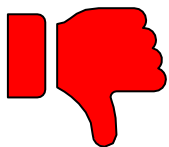
File Name	File Type	Size (KB)	Description
Linfield 20190308 EssentialFunctions_SignRR	pdf File	40.00	
HealthAssessmentForm Linfield college 2	pdf File	215.00	Health Assessment Form 2
HealthAssessmentForm Linfield college 3	pdf File	253.00	Health Assesment Form3
HealthAssessmentForm Linfield college 1	pdf File	325.00	Health Assesment Form1
Essential-Functions-Form Linfield college	pdf File	471.00	Essestial - Functions Form
Insurance card	pdf File	155.00	INSURANCE CARD
drug test result	pdf File	344.00	DRUG TEST RESULT
backrgroun check	pdf File	433.00	backrgroun check
CPRcard	pdf File	89.00	CPR CARD 2019
Results_9017111315222200 (8)	pdf File	47.00	RESULTS HEALTH
Hepatitis B result1	pdf File	120.00	HEPATITIS B RESULT1
hepatitis B result2	pdf File	173.00	HEPATITIS B RESULT2
Immunizations 06	pdf File	194.00	IMUNIZATIONS 2018
Influenza and imminizations	pdf File	150.00	IMUNIZATIONS AND INFLUENZA
Urine drug check	pdf File	284.00	URIN DRUG CHECK
Varicella- zoster1	pdf File	511.00	VARICELLA ZOSTER 1



Organized Example



Unorganized Example



File Name	File Type	Size (KB)	Description
F405F825-4642-4198-AAAD-84F5C1C4B95D	pdf File	194.00	
IMG_8296	pdf File	92.00	
IMG_8295	pdf File	112.00	
IMG_8294	pdf File	89.00	
CD2F6910-025D-4718-9E12-DCA82BA8B118	pdf File	122.00	
0440C8E4-2442-4834-9921-1DF514C418CF	pdf File	126.00	
8C543EDB-7C25-41E1-BA65-DD8A14FB0E8B	pdf File	141.00	
F354FB04-888C-4A7C-80FE-6C32B1974B64	pdf File	109.00	
56010A7B-CA57-4192-A005-AA92F4E3F82C	pdf File	110.00	
430A7C87-68EC-4368-A771-905933AB7126	pdf File	76.00	Hep B



ENTER EACH DOSE DATE FOR MULTI-DOSE CATEGORIES!



- Categories that may require you to submit proof of multiple doses include:
 - MMR
 - Varicella
 - Hepatitis B
 - TDaP
 - COVID-19



To fulfill these categories, you must go back into the drop-down menu and submit proof for ***each*** specific requirement. **NO EXCEPTIONS**

MMR

+ Enter Requirements

Incomplete

Add New Requirement

MMR: You must submit A or B:

- A) 2 doses of the MMR vaccine
- B) Positive Titers for Measles, Mumps, and Rubella

Please note - if you submit a non-immune titer for Measles, Mumps, or Rubella, you must submit one (1) Post-Titer MMR Boosters dated AFTER your non-immune titer.

Select a requirement:

- SELECT--
- MMR Dose 1
- MMR Dose 2
- Measles Titer
- Mumps Titer
- Rubella Titer
- Post-Titer MMR Booster 1



ENTER IN THE CORRECT DATE!



MMR + Enter Requirements Incomplete

Add New Requirement

MMR: You must submit A or B:
A) 2 doses of the MMR vaccine
B) Positive Titers for Measles, Mumps, and Rubella
Please note - if you submit a non-immune titer for Measles, Mumps, or Rubella, you must submit one (1) Post-Titer MMR Boosters dated AFTER your non-immune titer.

Select a requirement: MMR Dose 1

Document: -- SELECT -- Date: Select a date

Expiration Date:

Upload Additional Documents:
Drop files to attach, or [Browse](#)

Note:

Submit Cancel



This date is for when you received the vaccine, not the current date you are uploading your documentation.



SCHEDULE YOUR DOCTOR'S APPOINTMENTS ASAP!

APPOINTMENT CHECKLIST:

Obtain your childhood Immunization Record

- If have moved or do not have a primary care physician, you may request your records from your [State IIS site](#).

Complete both sides of the Health Assessment Form

- Your physician must fill out ***all sections of the form, front and back.***

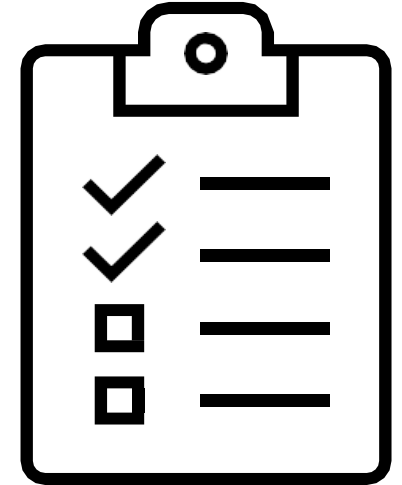
Check when you received your TDaP Vaccine

- If your most recent dosage is over 10 years old, you will need to receive a TD Booster.

Schedule Hepatitis B Surface Antibody (HbsAB) Titer

- If you do not have proof of your childhood Hepatitis B doses, you may need to schedule and upload your booster series of doses.

Schedule your first of 2 Tuberculosis PPD Skin Test or a QuantiFERON GOLD TB Test



WHEN IN DOUBT, COMMUNICATE!

- For questions regarding your portal or other admissions-related issues, email Beth Woodward at bwoodwar@linfield.edu.
- To request additional assistance with meeting your compliance categories, email schoolofnursing@linfield.edu.
- To request additional assistance with your Complio account, please email complio@americandatabank.com. You may also call (800) 200-0853.
- For all issues regarding your drug screening (location change, additional paperwork, etc.,) email ds@americandatabank.com.
- We can't help you unless you let us know there's an issue!
- Check your email regularly! You may receive rejection notice emails from AmericanDataBank as well as supplemental emails from the schoolofnursing email.


DOCUMENTATION EXAMPLES



- Full image of document
- Granted by the American Heart Association
- Issue Date and Expiration Date are clear


BASIC LIFE SUPPORT

BLS Provider

 **American Heart Association®**

Jennifer Lawrence

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date 11/10/2018	Recommended Renewal Date 11/2020
Training Center Name Inland Northwest Health Services	Instructor Name Michael Brynjestad
Training Center ID WA04012	Instructor ID 11110059908
Training Center Address 601 W 1st Ave Spokane WA 99201-3825 USA	eCard Code 185508110755
Training Center Phone Number (509) 242-4264	QR Code 

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
© 2016 American Heart Association. All rights reserved. 15-3001 3/16



- Full image of document
- Patient name and DOB are legible
- Test Name and Results are clear
- Clinic Name and Information provided with dates of sample collection and results read

Knowles, Beyonce | 09/04/1981 | MRN: 123456 | PCP: Suzanne L. Migchelbrink, MD

QUANTIFERON - TB - Details

Component Results

Component	Your Value	Standard Range
QUANTIFERON	Your Value Negative	<i>Standard Range Negative</i>
<p>This is a qualitative test. The IU/mL value should not be used to monitor disease progression or response to therapy. Data on the use of this test for children younger than 5 years of age is limited and Tuberculin Skin Test (TST) is the preferred test. Diagnosing or excluding tuberculosis disease, and assessing the probability of Latent tuberculosis infection, requires a combination of epidemiological, historical, medical, and diagnostic findings that should be taken into account when interpreting QuantiFERON-TB results. See general guidance on the diagnosis and treatment of TB disease and Latent tuberculosis infections (www.cdc.gov).</p>		
QFT G INTERPRETATION	Your Value See Comment	
<p>Mycobacterium tuberculosis infection unlikely but cannot be excluded, especially when illness is consistent with TB disease and likelihood of progression to TB disease is increased.</p>		
TB 1 Antigen Minus NIL	Your Value <0.13 IU/mL	<i>Standard Range 0.00 - 0.34 IU/mL</i>
TB 2 Antigen Minus NIL	Your Value <0.13 IU/mL	<i>Standard Range 0.00 - 0.34 IU/mL</i>

General Information

Ordered by PROVIDENCE NEWBERG MED CENTER

Collected on 10/07/2019 3:17 PM (Blood)

Resulted on 10/09/2019 1:45 PM

Result Status: Final result



There needs to be month and day dated for vaccination or inoculation. Only having the year recorded is insufficient.

You will need to either contact your primary care physician for a new printout of your immunization records, or you may have to request a full IIS from your state.

HEALTH EVALUATION FORM

Immunization Record
Name: Timberlake, Justin, Randall DOB: 01/31/1981

A. ~~MMR #1 after first birthday~~
~~MMR #2 after 1986~~ Date: 7/13/88
Date: 5/12/92

OR MEASLES (Rubella) - NOTE: TWO DOSES OF MEASLES VACCINE ARE REQUIRED. (If born before 1957, considered immune)

1. Dose 1 - Immunized with live measles vaccine after 1st Birthday Date: 7/13/88
2. Dose 2 - Immunized after 1980 Date: 5/12/92
OR
3. Antibody titer proving immunity. **PROVIDE COPY OF REPORT**

B. MUMPS - REQUIRED (If born before 1957, considered immune)

1. Immunized with vaccine after 1st birthday OR Date: 7/13/88
2. Had disease, confirmed by office record OR Date: _____
3. Antibody titer proving immunity. **PROVIDE COPY OF REPORT**

C. RUBELLA

1. Immunized with vaccine after 1st birthday OR Date: 7/13/88
2. Antibody titer proving immunity. **PROVIDE COPY OF REPORT**

D. TETANUS-DIPHTHERIA

1. Tetanus-diphtheria booster **WITHIN THE LAST 10 YEARS - REQUIRED** Date: 3/10/05

E. POLIO - MINIMUM OF 3 DOSES IN ANY COMBINATION - REQUIRED

#1	#2	#3	#4
<u>5-27-97</u>	<u>7-21-97</u>	<u>7-08-97</u>	<u>11-21-98</u>
Date:	Date:	Date:	Date:

F. MENINGOCOCCAL VACCINE - REQUIRED - for all incoming students
Review the enclosed information about risks and effectiveness

Immunized with vaccine. Date: 08/03/05
OR
2. Waiver form signed AND attached. *Mary Williams LMB (ukrops #487)*

G. HEPATITIS B - REQUIRED - for all incoming students
Review the enclosed information about risks and effectiveness

1. Dose 1 Date: 1/27/99
2. Dose 2 Date: 3/9/99
3. Dose 3 Date: 5-26-99
OR
4. Waiver form signed AND attached
OR
5. Antibody titer proving immunity. **PROVIDE COPY OF REPORT**

H. VARICELLA VACCINE (Recommended if no history of disease)

Has had disease OR
2. Dates of vaccine Date: _____ 1992
Date: _____
Date: _____

Colleague: Thank you for taking time to assist us with this important task. We know that vaccine preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect all students and their contacts BY NOT immunization data from your office records or from records presented for your review which include missing or incomplete, updating immunizations helps to ensure that the student is protected, and enable William and Mary.

Pediatric & Adolescent Medicine, L.L.P.
3603 Grove Avenue
Richmond, VA 23221
(804)358-2361

8/4/05
DATE THIS FORM WAS COMPLETED

AN OFFICE STAMP MUST BE USED TO VALIDATE THIS FORM

Jeffrey S. Hanzel MD
PRACTITIONER NAME/TITLE (M.D., N.P., R.N., P.A.)

[Signature]
SIGNATURE

Student Health Center
College of William and Mary P. O. Box 8795 Williamsburg, VA 23187-8795 757-221-4386 E-mail: sth@wm.edu



This image is not legible.

You will need to retake and reupload a picture of the same documentation and reassign it to the necessary category.

AFTER VISIT SUMMARY KAISER PERMANENTE

MR. [REDACTED] DOB: 1/1/1966
1500 14TH ST S STE 1000 SE
PORTLAND, OR 97202

Instructions

- Lab(s) ordered today**
CLINICAL SUPERSEDOR FOR TUBERCULOSIS
Expected 5/1/2018
Expires 8/1/2018
- HEPATITIS B VIRUS SURFACE ANTIBODY**
Expected 5/1/2018
Expires 8/1/2018
- HEPATITIS B IMMUNOGLOBULIN G**
Expected 5/1/2018
Expires 8/1/2018
- MUMPS VIRUS IMMUNOGLOBULIN G**
Expected 5/1/2018
Expires 8/1/2018
- RUBELLA IMMUNOGLOBULIN G**
Expected 5/1/2018
Expires 8/1/2018
- VARICELLA ZOSTER VIRUS IMMUNOGLOBULIN G**
Expected 5/1/2018
Expires 8/1/2018

Today's Visit

You saw Patient D. [REDACTED], MD on Thursday May 3, 2018. The following issues were discussed: ROUTINE ADULT HEALTH CHECK UP EXAM, ANNUAL STONE TESTING FOR ANTI-BODY RESPONSE, SCREENING FOR PULMONARY TUBERCULOSIS (TB OF THE LUNGS) and VACCINATION.

Blood Pressure: 124/62
BMI: 25.26
Weight: 178 lbs 9.6 oz (81 kg)
Height: 5' 10.5" (1.791 m)
Temperature (Oral): 98.1 °F (36.7 °C)
Pulse: 68
Respiration: 14
Oxygen Saturation: 98%

What's Next
You currently have no upcoming appointments scheduled.

Medications
A convenient way for getting your prescriptions filled
Skip the line and get it quick.
If you don't need to start your medication today, you can save time and money by using our convenient Mail Order pharmacy.

Done Today
VACCINE TETANUS, DYPHTHERIA

Member Photo ID#N 008706 301 Printed at 5/3/18 2:11 PM Page 1 of 3

**Immunization Record
Kaiser Permanente**

500 NE Multnomah Suite 100
Portland, OR 97232

Name: Joe Jonas
Address: 1234 Hollywood RD
Portland, OR 97210
HRN: 23909182
DOB: 08/15/1989
Phone: 555-555-5555
SEX: Male

Immunization History

DPT, DTaP, DT, Td

- 1. 7/16/1992 DTP vaccine
- 2. 10/15/1992 DTP vaccine
- 3. 12/10/1992 DTP vaccine
- 4. 8/9/1994 DTP vaccine
- 5. 7/24/1997 DTAP
- 6. 2/19/09 TDAP (ADACEL)

Polio

- 1. 7/16/1992 OPV VACCINE
- 2. 10/15/1992 OPV VACCINE
- 3. 8/9/1994 OPV VACCINE
- 4. 7/24/1997 OPV VACCINE

Hib

- 1. 7/16/1992 HIB
- 2. 10/15/1992 HIB
- 3. 12/10/1992 HIB

Pneumococcal

MMR

- 1. 8/9/1994 MMR
- 2. 8/2/04 MMR

Varicella/Zoster

- 1. 8/2/04 VAR

Hepatitis A

- 1. 5/4/04 HAV
- 2. 2/19/09 HAV

Hepatitis B

- 1. 10/15/1992 HBV
- 2. 12/10/1992 HBV
- 3. 7/24/1997 HBV
- 4. 11/30/17 HBV (ADULT)
- 5. 1/8/18 HBV (ADULT)

HPV

- 1. 8/2/17 HPV9
- 2. 10/3/17 HPV9

Meningococcal

- 1. 7/17/15 MEN CONJ

Influenza

- 1. 11/28/16 INFS PF 4YRS+ (F)
- 2. 10/3/17 INFS PF 4YRS+ (FL)

Rotavirus

Other

PPD Skin

- 1. 10/20/08 TB-PPD
- 2. 10/27/08 TB-PPD
- 3. 4/17/12 TB-PPD
- 4. 6/7/13 TB-PPD
- 5. 7/13/15 TB-PPD
- 6. 9/29/15 TB-PPD
- 7. 10/3/17 TB-PPD
- 8. 10/18/17 TB-PPD

MT. SCOTT MEDICAL OFFICE
9800 S.E. Sunnyside Rd.
Clackamas, Oregon 97015
INJECTION ROOM

JAN 08 2018

Medical History that affects immunity

VAR (Varicella, chickenpox)

HX OF VARICELLA [Z86.19]

10/20/2008 pt
rpts hx of
immunizations
- no



- Full image of document
- Patient name and DOB are legible
- History of vaccination is clear and legible
- Clinic Name and Information stamp shows where student received shots

Test Results

ZOOM+care

Test: Varicella-Zoster V Ab, IgG
Ordered By: Wajma Niazi, PA-C
Ordered: 07/27/2019 Reported: 07/28/2019

Patient: Drew Berrymore
Record ID: IF983763
DOB: 08/21/1983

Contact us:

tel: 1-844 ZOOM-777
fax: 1-866 859-8195
www.zoomcare.com
health@zoomcare.com

Your Results

Test	Flag	Result	Reference Range	Units
Varicella Zoster IgG		2071	Immune >165	index

Negative <135 Equivocal 135 - 165 Positive >165 A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.

Remarks

Labcorp Accession #: 20812911250 Testing performed at: [SE] LabCorp Seattle, 550 17th Avenue Ste 300, Seattle, WA, 98122-5789, Phone: 206-861-7000, Laboratory Director: Daniel L. Toweill, MD



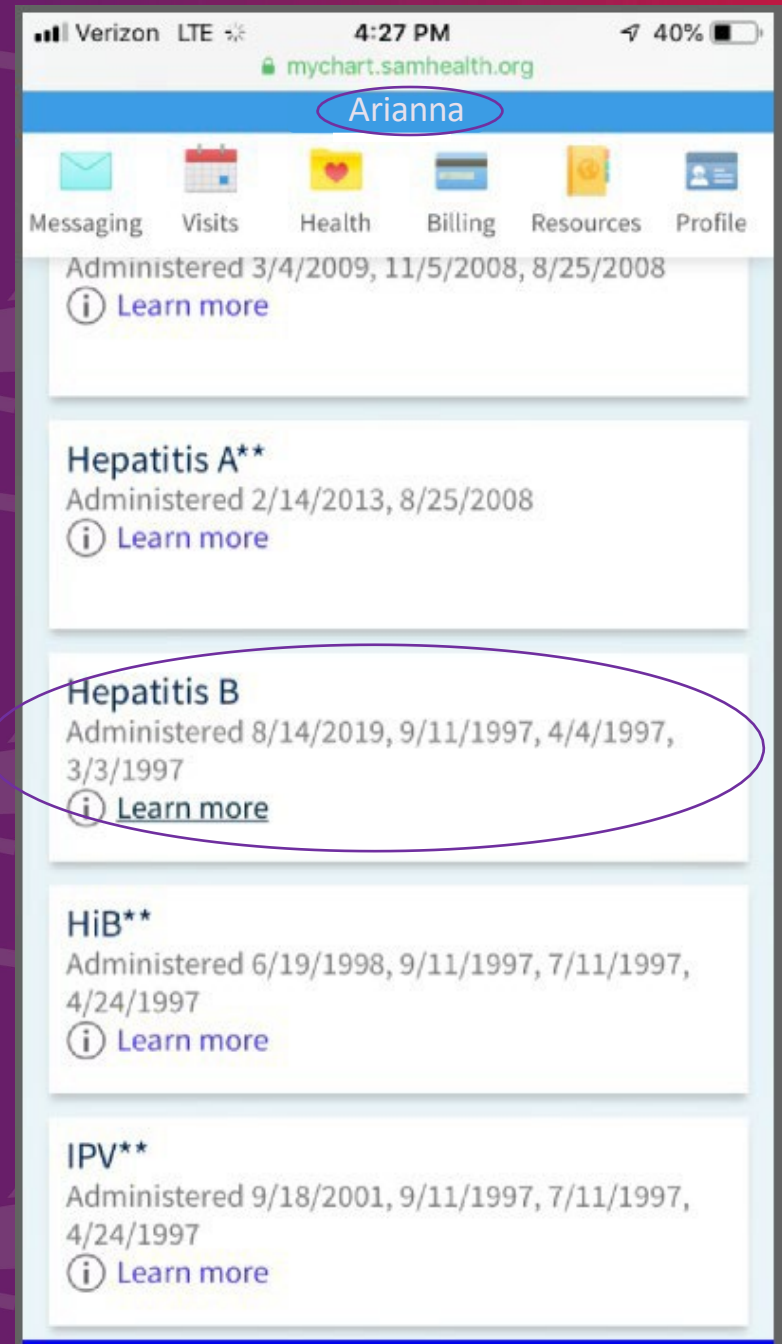
- Patient name and DOB are legible
- Test Name and Results are clear
- Clinic Name and Information provided with dates of sample collection and results read



Screenshots of your medical records, like this MyChart patient page are accepted. However, they must still meet the upload requirements determined by Complio.

This submission is missing the student's full patient name and DOB. It is also missing the clinic and location information where these shots were administered.

You will need to request a printout from your clinic and upload the documentation that meets all upload requirements.



Name: Pedro Pascal | DOB: 8/23/1978 | MRN: 123456 | PCP: Theodor Seuss Geisel, MD

TB TEST, CELL IMMUN MEASURE - Details

Comments from the Doctor's Office

Quantiferon gold done and is negative for TB

Component Results

Component	Your Value	Standard Range	Flag
Reference Lab Component	See Reference Lab Report		
QuantIFERON Incubation	Incubation performed.		
QuantIFERON Criteria	Comment		
	QuantIFERON-TB Gold Plus is a qualitative indirect test for M tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. The QuantIFERON-TB Gold Plus result is determined by subtracting the Nil value from either TB antigen (Ag) value. The Mitogen tube serves as a control for the test.		
QuantIFERON TB Ag Value	0.00 IU/mL	IU/mL	
QuantIFERON TB2 Ag Value	0.00 IU/mL	IU/mL	
QuantIFERON Nil Value	0.00 IU/mL	IU/mL	
QuantIFERON Mitogen Value	>10.00 IU/mL	IU/mL	
QFTBGP	Negative	Negative	
	No response to M tuberculosis antigens detected. Infection with M tuberculosis is unlikely, but high risk individuals should be considered for additional testing (ATS/IDSA/CDC Clinical Practice Guidelines, 2017). The reference range is an Antigen minus Nil result of <0.35 IU/mL. Chemiluminescence immunoassay methodology		



This image is missing information on when this student received this test.

You will need to request a new result printout from your clinic and upload the document that meets all upload requirements.

MMR (Measles, Mumps, Rubella)	09/17/03
MMR (Measles, Mumps, Rubella)	08/24/00

Cropped documents do not include the full upload requirements. This document is missing the student's full patient name and DOB. It is also missing the information of the clinic that administered these vaccinations.



You will need to retake a picture of the document and refrain from cropping the image upon upload. Complio technicians are real human beings, and they will review your image and match your information up with whichever category you are assigning this documentation to.

CLINICAL PREPARATION

HEALTH PASSPORT

Username: Immunization/Compliance
Linfield University BSN

Institute: Linfield University

Overall Compliance Status: Compliant (14/14 Compliant)

Applicant Name:

Compliance Category/Item (Expand / Collapse) Requirement Explanation

Keep your Health Passport Updated

1. Log into American Databank [Complio](#)
2. Click on Report
3. Export your summary
4. Open your download and trim to fit behind your ID badge

Category	Category Status	Non-Compliance Date	Requirement	Date	Results	Expiration Date	Compliance Status			
MMR	Approved	✓	MMR Dose 1	08/13/2001			Meets			
			MMR Dose 2	08/12/2004			Meets			
			Measles Titer				Incomplete			
			Mumps Titer				Incomplete			
			Rubella Titer				Incomplete			
Varicella	Approved	✓	Post-Titer MMR Booster 1			Incomplete				
Varicella	Approved	✓	Varicella Dose 1	08/13/2001			Meets			
			Varicella Dose 2	07/21/2008			Meets			
			Varicella Titer				Incomplete			
			Varicella Disease Date				Incomplete			
			Hepatitis B	Approved	02/14/2021	Hepatitis B Dose 1	02/13/2001			Meets
Hepatitis B	Approved	02/14/2021	Hepatitis B Dose 2	08/13/2001			Meets			
			Hepatitis B Dose 3	02/11/2002			Meets			
			Hepatitis B (HbsAB) Titer	06/16/2020	Negative		Meets			
			Post-Titer Hepatitis B Booster	06/24/2020			Meets			
			Post-Titer Hepatitis B Booster	08/13/2020			Meets			
			Post-Titer Hepatitis B Booster				Incomplete			
			Hepatitis B (HbsAB) Repeat				Incomplete			
			Tuberculosis	Approved	06/30/2021	PPD Step 1 of 2	06/16/2020	Negative		Meets
			Tuberculosis	Approved	06/30/2021	PPD Step 2 of 2				Incomplete
						Initial QuantiFERON TB Test / T-	06/29/2020	Negative		Meets
Annual PPD							Incomplete			
Annual QuantiFERON TB Test /							Incomplete			
Chest X-Ray							Incomplete			
TB Screening Review							Incomplete			
Tetanus, Diphtheria, Pertussis (TDaP)	Approved	06/16/2030				Initial Tdap	11/21/2011			Meets
Tetanus, Diphtheria, Pertussis (TDaP)	Approved	06/16/2030	TD Booster			06/16/2030	Meets			
			Influenza	Approved	11/01/2021	Flu Vaccine	10/05/2020		11/01/2021	Meets
Influenza	Approved	11/01/2021	Flu Declination				Incomplete			
			BLS Certification	Approved	05/31/2022	AHA BLS Healthcare	05/21/2020		05/31/2022	Meets
Health Assessment	Approved	✓	Health Assessment Form				Meets			
Essential Functions	Approved	✓	Essential Functions Form				Meets			
Health Insurance	Approved	✓	Health Insurance	06/10/2020			Meets			
COVID-19	Approved	0	Swab Test				Incomplete			
			Antibody Test				Incomplete			
			COVID-19 Dose 1				Meets			
			COVID-19 Dose 2				Meets			
			Background Check	Approved	✓	Background Check	06/11/2020	Clear		Meets
Drug Screening	Approved	✓	Drug Screening	07/01/2020	Clear		Meets			

You are expected to keep a paper compliance report (your Health Passport) behind your Linfield student badge to be presentable at any clinical site upon request.