



## Health Requirements for Rocky Vista University DO and MSBS Programs



Congratulations on your acceptance! **All acceptances are provisional contingent upon the successful completion of all requirements.**

We know you are excited to embark on your medical education. Before you can get started, there are some important and **mandatory** health requirements that **MUST** be completed before you will be allowed to start your classes. Rocky Vista University has contracted with Sentry MD to store and maintain their student health forms. Sentry MD is a confidential student health record service.

**It is critical that you begin this process as soon as possible after acceptance** as some vaccine series can take 7 months if you need to repeat them. Failure to have all requirements complete prior to the first day of orientation will result in the rescinding of your admission.

**STEP 1:** Collect all requirements for immunizations, titers and health history detailed on the following pages (Part I to III).

**STEP 2:** If you can obtain most of the requirements and submit them as one pdf, that is encouraged.

However, because the vaccine series can take months if any of them need repeating, please upload results as they are completed so we can see your progress. Submit all requirements to the Secure Student Uploader link at <https://mysentrymd.com/sentrymd.html#/upload/39> or as a PDF attachment to [RVU@SentryMD.com](mailto:RVU@SentryMD.com).

**STEP 3:** Login to your Sentry MD account to view your status and see your processed submissions (Login instructions on Part IV).

Please note logging in only allows you to see items that have been processed and processing can take 48 business hours after your submission.

**\*\*You alone are responsible for maintaining compliance in all health requirements prior to and throughout your participation in the program at RVU. You will receive monthly email reminder notices from Sentry MD regarding any missing or expiring items and are expected to take necessary action. See instructions below for accessing your Sentry MD account to manage your compliance and verify your status.\*\***

Upload health records to Sentry MD through the Secure Student Uploader here: <https://mysentrymd.com/sentrymd.html#/upload/39/>

If you have any questions regarding this packet, please email us at [RVU@SentryMD.com](mailto:RVU@SentryMD.com).

If you have any questions regarding background check and drug screening, please email [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com).



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**PART I | IMMUNIZATION AND TITER LAB REPORT REQUIREMENTS** | *Students must obtain copies of all requirements listed below and submit them to Sentry MD to the Secure Student Uploader at <https://mysentrymd.com/sentrymd.html#/upload/39>.*

The following items are **MANDATORY**. Submit documentation of each item.

**MANDATORY TITERS:** A **titer** is a blood draw checking for antibodies to a disease. All titers must include the **QUANTITATIVE** lab report, meaning results must be **numerical** with reference ranges, and show immunity (positive antibody titer). Titers are mandatory regardless of previous vaccination. **Qualitative results will not be accepted.**

**Hepatitis B:** A Surface Antibody (IgG) titer proving immunity (Quantitative lab report required)

**MMR:** An IgG titer proving immunity to Measles, Mumps, and Rubella (Quantitative lab report required)

**Varicella:** An IgG titer proving immunity (Quantitative lab report required)

**\*\*IMPORTANT\*\***

- *Students who submit a negative titer are required to receive the booster vaccine and then repeat the titer 4-6 weeks later. All items must be submitted to Sentry MD at <https://mysentrymd.com/sentrymd.html#/upload/39>*
- *If you test as a non-converter or have an allergy to any of the diseases listed above, please submit documentation from your provider to be reviewed by RVU administration.*

**MANDATORY TESTING AND IMMUNIZATIONS:** In addition to the mandatory titer reports, you must submit documentation of the following:

**Tuberculosis:** Please submit one of the following options. **Results must be dated between June 15-July 31<sup>st</sup> to ensure that your TB is valid throughout the program year.**

- TB Two Step: Two separate PPD skin tests within 21 days of each other and the most recent within 12 months of the current day, each with negative results OR
- A QuantiFERON or T-Spot blood test with a negative result
- If positive, a negative chest x-ray must be completed every 2 years.

**\*\*Annual Update Required.** After initial Two-Step, only one skin test is required to update before the most recent results expire. Blood tests and chest x-rays must be updated before the previous expires. \*\*

**Tdap:** Must be dated within 10 years; Td booster within 10 years accepted ONLY with an original Tdap on file.

**COVID-19 Vaccine(s) AND Booster:** Submit documentation of each dose in original series **AND** booster dose if 2<sup>nd</sup> Moderna/Pfizer dose is dated more than 5 months from current date, or Janssen dose is dated more than 2 months from current date.

The following items are **OPTIONAL**. Submit documentation of each item if you receive them.

**Influenza:** Seasonal flu vaccine, typically August-May.

Student Name:

DOB:

Student ID #:



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**PART II- STUDENT HEALTH HISTORY** | *This must be completed by the student and signed, dated, AND stamped by a healthcare provider. In the absence of a stamp, the provider's business card may be submitted along with the form to support the documentation.*

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>DOB:</b> ____ / ____ / ____
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**Student Health History**

Student should complete the following:

Previous Surgeries (Please specify): \_\_\_\_\_

Serious Injuries/Fractures (Please specify): \_\_\_\_\_

Drug Allergies (Include type of reaction): \_\_\_\_\_

Family Health Issues (Father, Mother, Brothers, Sisters, Grandparents, Aunts, Uncles): \_\_\_\_\_

Other Medical Problems or Hospital Admissions (Please specify): \_\_\_\_\_

Drug/Medication	Yes/No	Type	Amount
<b>Tobacco</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Alcohol</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>“Street/Social” Drugs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medications (prescribed RX incl. birth control)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Herbal or Natural Medications</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>OTC Medications</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Personal/Family History**

**Indicate in the box to the left all that apply with “P” for personal or “F” for familial. Provide explanation on lines below for all marked items.**

<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Inflammatory Bowel Disease
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Stroke	<input type="checkbox"/> Rectal Bleeding
<input type="checkbox"/> COPD	<input type="checkbox"/> Joint Pain or Swelling	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Loss/Double Vision
<input type="checkbox"/> ADHD	<input type="checkbox"/> Blood Disorders	<input type="checkbox"/> Hiatal Hernia/Reflux	<input type="checkbox"/> Abnormal Heart Beats
<input type="checkbox"/> Dysmenorrhea	<input type="checkbox"/> STD	<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Problems with Fertility/Miscarriage
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Angina	<input type="checkbox"/> Dizziness or Vertigo
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Swelling or Edema
<input type="checkbox"/> Lower back pain	<input type="checkbox"/> Cancer/Tumor	<input type="checkbox"/> Hernia	<input type="checkbox"/> Alcohol or Drug Addiction
<input type="checkbox"/> Seizure/Tremor	<input type="checkbox"/> Migraines	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Sudden loss of Strength or Sensations
<input type="checkbox"/> Ulcer Diseases	<input type="checkbox"/> Gout	<input type="checkbox"/> HIV Infection	<input type="checkbox"/> Psychiatric diagnosis or Treatment
<input type="checkbox"/> Fainting	<input type="checkbox"/> Loss of Limb	<input type="checkbox"/> Blood Clots	<input type="checkbox"/> Depression/Mood Disorder
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Nicotine or Tobacco use/Dependency	

**Primary Care Provider Signature AND Provider's stamp is required on this form to be accepted.**

<i>Provider's Signature</i>	<i>Date</i>	<b>PLACE PROVIDER'S STAMP HERE</b>
<b>Provider's Name (printed):</b> _____		
<b>License # (required):</b> _____		



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**PART III | STUDENT AGREEMENT FORM** | *This must be completed by the student.*

I hereby authorize Rocky Vista University and Sentry MD to release copies of my official student record, which may include any or all of the following items for the purpose of clinical rotations.

<b>DOCUMENTS/INFORMATION PERMITTED FOR RELEASE</b>	
<b>Health records</b> <b>Background check</b> <b>Drug Screening results</b> <b>Driver's License</b> <b>Health Insurance</b> <b>CV/Resume/Biography</b> <b>Official Transcript</b> <b>Digital Signature</b>	<b>Demographic and Emergency Contact Information</b> <b>Bloodborne Pathogens Certifications</b> <b>HIPAA/OSHA certifications</b> <b>Malpractice Insurance</b> <b>COMLEX scores (if applicable)</b> <b>Class Rank (if applicable)</b> <b>USMLE score(s) (if applicable)</b> <b>BLS/ACLS/PALS (if applicable)</b>
<b>EDUCATIONAL RECORDS MAY BE RELEASED TO:</b>	
<i>Clinical Rotations Sites as assigned by Rocky Vista University</i>	

I give permission to Rocky Vista University and Sentry MD to:

- Obtain all medical information necessary to complete this history and physical examination form.
- Release my medical information for the purpose of fulfilling clinical requirements.
- I have reviewed this immunization history for completeness and agree to release the information provided on the Rocky Vista University Immunization Transcript to authorized members of the Rocky Vista University staff and staff of cooperating agencies, as may be required.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date



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### Student Checklist

- Quantitative** lab reports for all mandatory titers (HepB, MMR, Varicella) (Part I)
- Documentation of all mandatory testing and immunizations (Part I)
- Student Health History has been completed, signed, dated, AND stamped by your Health Care Provider (Part II)
- Sign and submit Student Consent Statement to Sentry MD (Part III)
- Submit your completed forms by uploading them as a PDF to the Secure Student Uploader at <https://mysentrymd.com/sentrymd.html#/upload/39>.

All of the above documents are to be submitted to Sentry MD by the **first day of orientation**. Do NOT depend on your physician's office to be on top of this; you alone are responsible to see that the correct tests/ titers have been drawn and that the results have been submitted to Sentry MD.

**You alone are responsible for maintaining compliance in all health requirements throughout your participation in the program at RVU. You will receive monthly email reminder notices from Sentry MD regarding any missing or expiring items and are expected to take necessary action. See instructions below for accessing your Sentry MD account to manage your compliance and verify your status.**

Please email any questions you may have to [RVU@SentryMD.com](mailto:RVU@SentryMD.com)

#### PART IV- ACCOUNT ACCESS:

Please note your account will only be available after you have registered and sent Part I of this packet into Sentry MD. 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 <https://mysentrymd.com/sentrymd.html#/upload/39> 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/sentrymd.html#/home>

1. Enter your User ID: (email address in all lowercase)
2. Click on 'Create or Reset 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 if you are compliant or not with the requirements for your program. A blue checkmark next to each of the requirements means you are compliant. Requirements without the blue checkmark 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 Button. 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.