



Health Requirements for Rocky Vista University



Dear Rocky Vista University Student,

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: Verify you have completed the Immunization Tracking portion of your payment through www.mystudentcheck.com.

STEP 2: Collect all requirements for immunizations, titers and health history detailed on the following pages (Part I to III).

STEP 3: If you are able to obtain the majority 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.

STEP 4: 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.

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



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PART I | IMMUNIZATION AND TITER LAB REPORT REQUIREMENTS | Must be completed by a healthcare provider. Supplemental documentation providing proof of each requirement listed below on the clinic or providers health form is accepted if documented properly. If you have your provider complete the below form, make sure they sign and stamp along with sending your quantitative lab reports in addition to the form below.

Form containing fields for: Last Name, First Name, DOB, Measles (MMR) Titer Date, Hepatitis B Titer Date, Varicella Titer Date, Tetanus Diphtheria, Pertussis (Tdap) Vaccine Date, Tuberculosis Skin Tests (PPD/Mantoux), and Nonreactive Titer Requirements. Includes a section for Provider's Signature, Date, Name, and License #, and a red box labeled 'PLACE PROVIDER'S STAMP HERE'.



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PART II- STUDENT HEALTH HISTORY | This must be completed by the student and signed by healthcare provider.

Last Name: First Name: DOB: ___/___/___

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):

Table with 4 columns: Drug/Medication, Yes/No, Type, Amount. Rows include Tobacco, Alcohol, Street/Social Drugs, Medications (prescribed), Herbal or Natural Medications, OTC Medications.

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.

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

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

Provider's Signature, Date, Provider's Name (printed), License # (required)





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PART III | STUDENT CONSENT STATEMENT | *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.

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



Student Checklist

- Immunizations are documented and signed/stamped, or you have supplemental forms for each requirement ([Part I](#))
- Quantitative titer lab reports attached ([Part I](#))
- Student Health History has been completed, signed, dated and stamped by your Health Care Provider ([Part II](#))
- Authorization Consent form is signed by Student ([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.

Please email any questions you may have to 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 'Need help with 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.