

## Blinn College Requirements of Healthcare Professionals Certified Nurse Aide Program

Dear Blinn College Student:

Welcome to the Sentry MD document tracking service. Blinn College has contracted with Sentry MD and our partners at PreCheck to store and maintain your student health requirements set by Blinn College. We are a confidential health record service. **Students are required to provide proof of the listed health requirements in this packet to participate in the Certified Nurse Aide (CNA) program.** In this packet are the instructions on how to successfully complete the immunization and health requirements, please read carefully.

**Step 1:** Verify you have registered for the Blinn College Student Check Package:

- To activate your account, you must register and pay for the student check package, if you have not yet completed your registration, please follow the bullets below:
  - Go to [www.mystudentcheck.com](http://www.mystudentcheck.com) and type 'Blinn College' in the program field.
  - Select your program from the 'Program' dropdown menu. Select **Background Check, Drug Screen and Immunization Tracking** then click 'Start Application'.
  - Please enter all fields when prompted, and then complete your order. You will be emailed a receipt to the email address you provide.

**Step 2:** Gather Required Health Documents

- Begin by reading each immunization, titer and additional document requirements listed on the following pages of this Health Requirement Packet (**Part I through Part III**). It is important that you review this material carefully. All items are to be obtained and **submitted to Sentry MD.**

**Step 3:** Log in to your Sentry MD account to upload your documents and view your compliance status.

- Log in to Sentry MD at <https://mysentrymd.com/#/home>.
- Details on how to log in and navigate your account are under **Part I** on the following page.

If you have any questions regarding immunization requirements or the contents of this packet, please email us at [Blinn@SentryMD.com](mailto:Blinn@SentryMD.com).

For questions regarding Background Check and Drug Testing, please contact [studentcheck@precheck.com](mailto:studentcheck@precheck.com).

## Blinn College Requirements of Healthcare Professionals

### **PART I SENTRY MD ACCOUNT** | *Log in to your Sentry MD account.*

**Link to Sentry MD Account:** <https://mysentrymd.com/#/home>

1. Enter your User ID: the email address you registered with.
2. Click on “Create password”
3. You will be sent a token to your email address
4. Enter Token from email onto site
5. Create a Password
6. Click the link to go to the login screen

Once you are logged in, you will land on the Electronic Release form. You will need to authorize this statement electronically to move forward into your account. Once authorized you will have access to your account tabs.

- **Profile-** The Profile Tab displays all requirements and their compliance status. A blue checkmark next to each of the requirements means you are compliant. Requirements with the red exclamation mark indicate you are missing documentation, and these items need your attention.
  - You can download the compliance summary, by clicking the Download PDF link.
  - To view your school’s requirements, click the Health Requirements link.
- **Documents-** The Document Tab displays all documents you have submitted to the system, you can view, print, or download these by clicking the grey icons. To download all documents in your file at once, click the Download Combined Document link.
  - To upload documents to your account, click the grey button, Choose File and select the document from your phone or computer to load. Check the box for the requirements your document contains then click Upload file. You will see the document at the top of the list as pending. You will receive a confirmation notice once the document has completed processing, please note processing can take 48 business hours.
- **Activity-** The Activity Tab displays all recent activity of your account. Including any electronic notices, you were sent, login dates, and compliance status changes.

We hope these tools help you stay on top of your status and keep you compliant with your program requirements.

## Blinn College Requirements of Healthcare Professionals

**PART II STUDENT IMMUNIZATION RECORD** | Please collect all health document requirements listed below on the original forms from the clinic or provider you received them at and upload through your account once completed at <https://mysentrymd.com/#/home>.

Requirement	Description of Requirement
<b>Measles, Mumps and Rubella (MMR):</b>	<b>Requirement Options:</b> Option 1). 2 dose vaccine series of MMR. Option 2). Positive QUANTITATIVE IgG antibody titers for Mumps, Measles and Rubella *If a titer results in non-immunity an MMR booster is required.
<b>Varicella (Chicken Pox):</b>	<b>Requirement Options:</b> Option 1). Verification of having had Varicella (chickenpox disease) (see Documenting History of Illness page). Option 2). 2 dose vaccine series a minimum of four weeks apart. Option 3). Positive QUANTITATIVE IgG antibody titer *If a titer results in non-immunity a varicella booster vaccine is required.
<b>Hepatitis B:</b>	<b>Requirement Options:</b> Option 1). 3 dose vaccine series of HepB. Option 2). Heplisav-B 2 dose vaccine series. Option 3). Positive QUANTITATIVE IgG antibody titer.
<b>Tetanus Diphtheria, Pertussis (Tdap):</b>	<b>Requirement Options:</b> Option 1). Tdap vaccine within the past ten years.
<b>Influenza (Flu):</b>	Flu vaccine required seasonally.
<b>Tuberculosis Skin Test (PPD/Mantoux):</b>	<b>Requirement Options:</b> Option 1). TB skin test within past 12 months with a negative result. Option 2). TB Blood Draw (T-Spot or QuantiFERON) test within the past 12 months with negative result. <b>Annual update required.</b> Option 3). If you have a past positive TB, submit the copy of your past TB test and a clear chest X-ray that is within 2 years. <b>If positive, chest x-ray update required every 2 years.</b>
<b>Meningococcal (Meningitis):</b>	<b>Recommended (NOT REQUIRED) Options:</b> Option 1). Meningitis Vaccine within past five years of current date. Option 2). Age exemption for anyone 22 or older.
<b>Drug Screening/Background Check Release Form</b>	<b>Complete and submit the Drug Screening/Background Check Release Form to Sentry MD.</b>
<b>Assumption of Risk and Release of Liability Form</b>	<b>Complete and submit the Assumption of Risk and Release of Liability form to Sentry MD.</b>
<b>Registration and Refund Policies and Procedures Form</b>	<b>Complete and submit the Registration and Refund Policies and Procedures Form to Sentry MD.</b>

# Documentando la Enfermedad de la Varicela (Chickenpox)

Esta forma resume las “Excepciones a los Requisitos de Inmunización (Verificación de la inmunidad/ historial de la enfermedad)” incorporadas en los Servicios Médicos §97.65 del Título 25 del Código Administrativo de Texas (TAC, por sus siglas en inglés).

§97.65 del TAC declara, “Una declaración por escrito de un padre (o guardián legal o manejador de bienes), enfermera de la escuela, o médico que atestigua a una historia positiva del niño de la enfermedad de varicela (viruela loca), o de la inmunidad de varicela, es aceptable en vez de un registro de vacuna para esa enfermedad (ver forma en <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” La enfermera de la escuela también puede escribir esta declaración para documentar cualquier caso de varicela que haya ocurrido en la escuela. La escuela debe anotar correctamente la existencia de cualquier documentación atestando a enfermedad previa de varicela o el resultado de prueba serológica dada como prueba de inmunidad. El documento original se debe devolver al niño o estudiante o al padre o tutor legal del niño o estudiante. Si el niño o estudiante no puede someter tal informe o evidencia serológica, la vacuna contra la varicela se requiere.

## La enfermedad de la varicela debe ser documentada por medio de los siguientes medios de informe:

1. Prueba serológica que confirma inmunidad contra la varicela (resultado positivo de la prueba de la varicela IgG).
2. Un informe escrito por el médico, la enfermera de la escuela o el padre o tutor legal del niño que contiene palabras tales como las siguientes:

“Esto es para verificar \_\_\_\_\_ tuvo la enfermedad de la varicela  
(Nombre del estudiante)

en o por el día \_\_\_\_\_ y no necesita la vacuna contra la varicela.”  
(mes/día/año aproximado)



\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Parentesco o relación al estudiante)

\_\_\_\_\_  
(Firma)

Visite nuestro sitio Web en:  
<http://www.immunizetexas.com/>

Dirección de correo:  
Texas Department of State Health Services  
Immunization Branch  
MC-1946  
P.O. Box 149347  
Austin, Texas 78714-9347

# Documenting History of Illness: Varicella (Chickenpox)

This form summarizes the “**Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)**” incorporated in Title 25 Health Services §97.65 of the Texas Administrative Code (TAC)

§97.65 of the TAC states, “A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).” School nurses may also write this statement to document cases of chickenpox that they observe. The school shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child/student or the child’s/student’s parent or guardian. If a child or student is unable to submit such a statement or serologic evidence, varicella vaccine is required.

## Documentation of prior varicella illness can be provided by the following methods:

1. A serologic confirmation of varicella immunity (positive varicella IgG result).
2. A written statement from a physician, school nurse, or the child’s/student’s parent or guardian containing wording such as:

“This is to verify \_\_\_\_\_ had varicella disease (chickenpox)  
(Name of student)

on or about \_\_\_\_\_ and does not need the varicella vaccine.”  
(Approximate month/day/year)



\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship to student)

\_\_\_\_\_  
(Date)

Visit our website at:  
<http://www.immunizetexas.com/>

Mailing Address:  
Texas Department of State Health Services  
Immunization Branch  
MC-1946  
P.O. Box 149347  
Austin, Texas 78714-9347



Program Requirements for  
Certified Nurse Aide, Phlebotomy Tech, and Clinical Medical Assistant

**DRUG SCREENING/BACKGROUND CHECK  
RELEASE FORM**

**Student Release of Information:**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Other Legal Names:** \_\_\_\_\_

I hereby authorize and consent the release of my pre-enrollment drug screening results and background check information to Blinn College District Technical and Community Education. I understand this information will become part of my student record and will be used to determine eligibility for enrollment in healthcare classes.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian if under the age of 18** \_\_\_\_\_



# Program Requirements for Certified Nurse Aide, Phlebotomy Tech, and Clinical Medical Assistant **ASSUMPTION OF RISK/RELEASE OF LIABILITY**

I, \_\_\_\_\_, understand and agree that the laboratory, clinical or internship activities sponsored by the Blinn College District Technical and Community Education Allied Health Training program of which I am a participant involves certain risks and that regardless of the precautions taken by the above organization, its instructors, staff, board members, and associated clinical and intern sites, some bodily injury may occur. I assume all risks and fully release Blinn College, its agencies and/or employees from any injury or damage to me.

Specific risks/hazards involved in the training program include, but are not limited to, the following:

1. Contraction of infectious or contagious disease
2. Injury due to aggressive or violent behavior by patient or client
3. Injury due to bending, lifting, pushing, or pulling heavy objects
4. Injury due to chemical agent, such as bleach or other cleaning product
5. Risk of civil, legal or criminal liability

The likelihood of such injuries may be lessened by adhering to these safety rules or procedures:

1. Perform all duties and tasks according to procedure taught in the training program; abide by all rules and regulations, particularly those associated with the position and scope of practice; and read and follow directions
2. Follow universal precautions and exposure protocol as outlined in the student handbook and in the training program
3. Perform all duties professionally and ethically, and maintain patient confidentiality
4. be aware of surroundings, become familiar with "normal" patient behavior, be observant of changes or differences in behavior and attitude, and report abnormalities to supervisor
5. Learn and practice clear, effective, and non-aggressive communication
6. Maintain up-to-date immunizations and get regular physicals
7. Get plenty of rest and exercise, and maintain a healthy diet

Knowing this information, in consideration of my participation in the above event, I **expressly and knowingly release** the above organization its representatives, officers, advisors, and agents; the County, the State, its officers, and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the above organization.

Participant acknowledges that the above organization and the College/County/State are separate legal entities and should be treated as such. In addition, I understand and agree that the above organization cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **Neither the College nor any affiliated organization** carry any sort of medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I **voluntarily and knowingly** agree to **protect, hold harmless, and indemnify**, the above organization, its representatives, officers, advisors, and agents; the State and County, the College, its officers, and employees, against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the above event of the above organization.

I have read the above agreement and have willingly signed the same for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is at eighteen (18) years of age or older and is otherwise competent to execute this agreement, or is at least age seventeen (17) and that his/her legal guardian is also signing this agreement.

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

*If student is a minor, notarized signature of legal guardian is required*

Legal Guardian \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ State of Texas County of \_\_\_\_\_

I certify that \_\_\_\_\_ personally appeared before me, on this \_\_\_\_\_ day of \_\_\_\_/\_\_\_\_/\_\_\_\_ to acknowledge this instrument.

Notary Public's Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

# Technical and Community Education

## Registration and Refund Policies and Procedures

### Register in person via the site closest to you:

**A.W. Hodde, Jr., Technical Education Center**  
2910 S. Blue Bell Rd  
Brenham, TX 77833  
979-830-4443

**Bryan "Post Office" Campus**  
301 Post Office Street  
Bryan, TX 77805  
979-209-7205

**Sealy Campus**  
3701 Outlet Center Drive, Suite 250  
Sealy, TX 77474  
979-627-7997

**Schulenburg Campus**  
100 Ranger Drive  
Schulenburg, TX 78956  
979-743-5237

### Courses are held at the following locations, but registration is not available on-site:

**Hwy 60 Training Center**  
5503 Raymond Stotzer Pkwy.  
College Station, TX 77845

**RELLIS Campus Training Center**  
2951 Avenue C, Bldg. 8236  
Bryan, TX 77807

**Texas A&M Health Science Center**  
8447 Riverside Pkwy.  
Bryan, Texas 77807

**Hodde Center Annex**  
3006 S. Blue Bell Rd.  
Brenham, TX 77833

**REGISTRATION AND PAYMENT:**      Payment is required at the time of registration.  
Registration without payment does not hold a student's place in class.

#### HEALTHCARE PROGRAMS

Students may not register for Healthcare Courses without attending a Healthcare Program Information Session.  
Please contact 979-830-4443 for more information.

#### COURSE CANCELLATION

In the event a course is cancelled by Workforce Education, a full refund will be given to the student. Students will be notified of course cancellation three (3) business days before the start date.

#### REFUND POLICY

**To receive a full refund, the student must notify the division of workforce education forty eight (48) business hours (or 2 business days) before the course start date. Other withdrawals will result in prorated refunds per the following:**

##### For classes which meet less than four (4) times:

- a 50% refund will be given with less than 48 business hours cancellation
- no refund will be given after the first class

##### For classes which meet four (4) to eight (8) times:

- an 80% refund will be given before the second class day
- no refund will be given after the second class

##### For classes which meet more than eight (8) times:

- an 80% refund will be given before the second class
- a 50% refund will be given before the third class
- no refund will be available after the third class

**Refunds require a minimum of six (6) weeks to process. Students will not receive a refund immediately.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Blinn College Requirements of Healthcare Professionals

**STUDENT CHECKLIST:** Please allow yourself plenty of time for your requirements to be reviewed in case you need additional vaccines or tests. **Once received, your documents can take 24 to 48 business hours to be processed.**

- Student is logged in to the Sentry MD account. ([Part I](#)).
- Health Requirements in Part II are obtained to meet each requirement, documented on the clinic, provider or labs forms you received the immunization or titer at ([Part II](#)).
- Complete and sign the Drug Screening/Background Check Release form.
- Assumption of Risk/Release of Liability Form is signed and notarized if under the age of eighteen.
- Complete and sign the Registration and Refund Policies and Procedures Form.
- Return your completed forms by uploading them when logged into your account at <https://mysentrymd.com/#/home>.

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