

New Student Compliance Success Guide

Linfield University
School of Nursing

Rev 10.2024



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”



complio
Example School

Username

Password

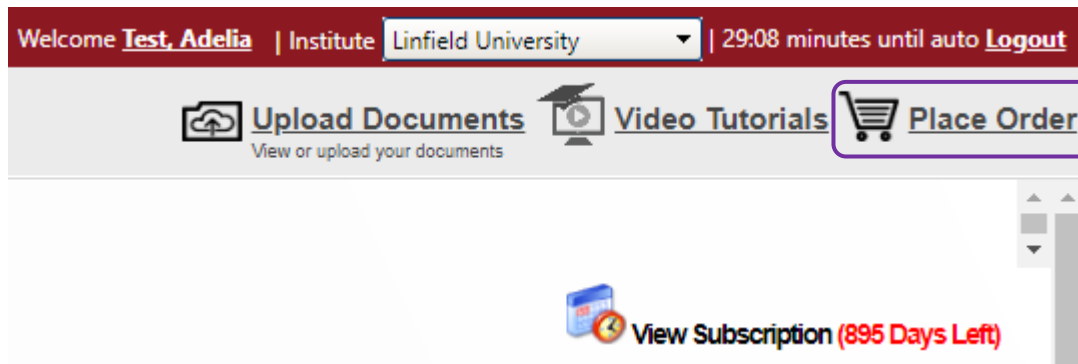
Sign in

[Forgot User ID or Password?](#)

New to Complio?
Create an account

Preferred Browsers
9+ 8.0+ 44+ 36+ 12+

Create Your Order



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

complio Home Welcome Test, Adelia | 08:25 minutes until auto Logout

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

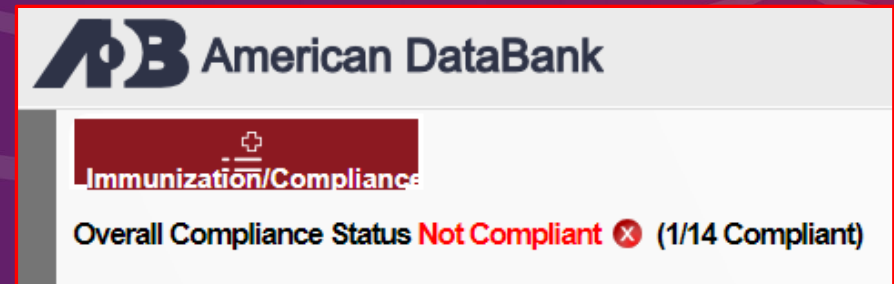
Institution Name: Linfield University

Select Program: *

- 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.



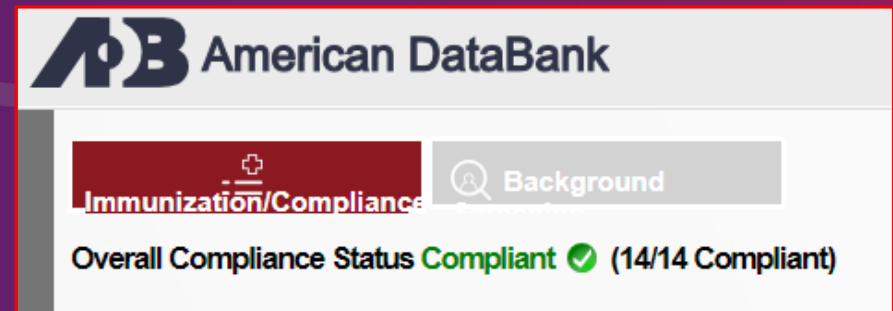
American DataBank

Immunization/Compliance

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

This screenshot shows the American DataBank interface for Immunization/Compliance. The overall status is 'Not Compliant' with a red 'X' icon, indicating that only 1 out of 14 items are compliant.

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



American DataBank

Immunization/Compliance Background

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

This screenshot shows the American DataBank interface for Immunization/Compliance. The overall status is 'Compliant' with a green checkmark icon, indicating that all 14 items are compliant. A 'Background' button is visible next to the status.

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

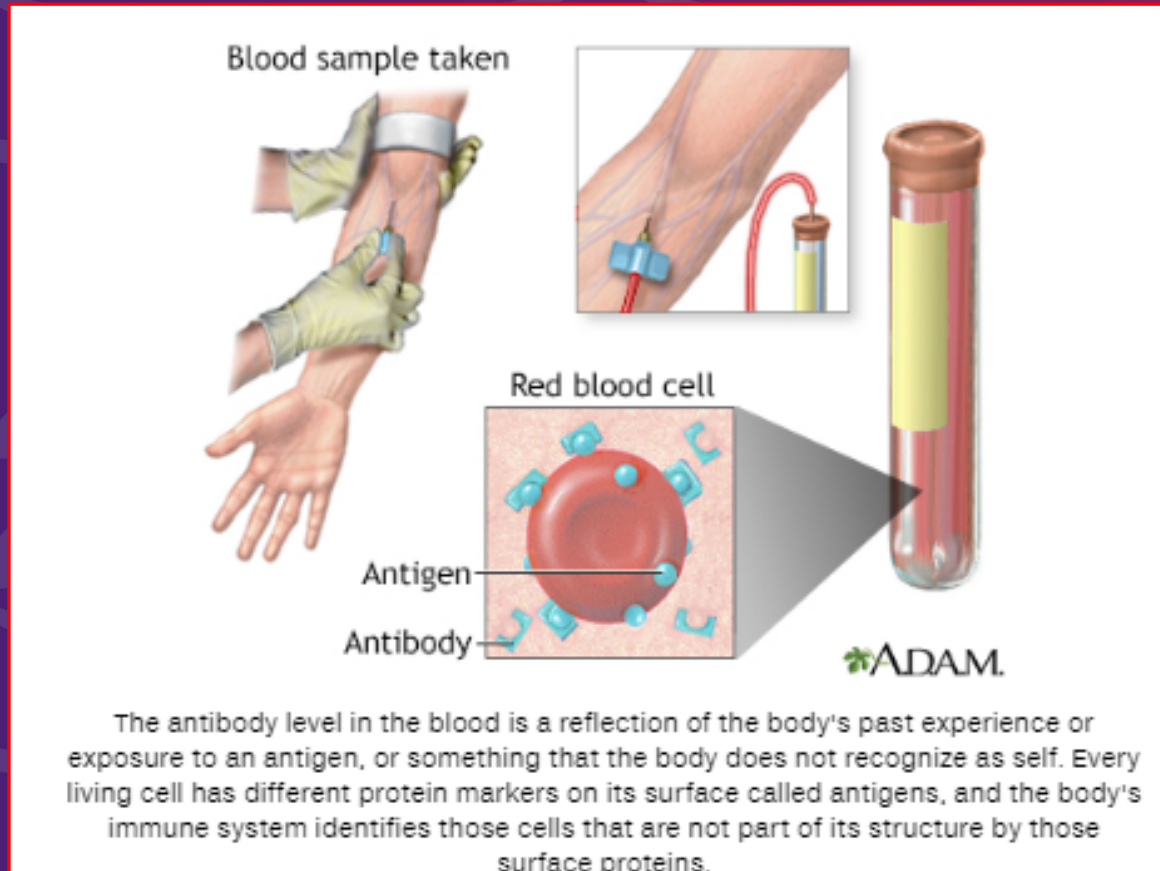
(Chickenpox)

- 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 all initial Hepatitis B doses (typically 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

If you know that you received childhood doses of this vaccine but cannot find your documentation, you **MUST** submit proof of a positive ***HbsAB*** or ***anti-HBs*** titer. In the case that your titer returns a “negative” result, you **MUST** complete the full dosage of a booster series.

If you never received childhood doses of this vaccine, you **MUST** request and receive a ***full adult Hepatitis B booster series of shots***.

You have the options of a 2-dose Hepislab or a 3-dose Hepatitis B booster series. You **MUST** complete the full series to be made compliant for this category. If you are nearing your deadline while working on your Compliance, you will receive temporary compliance for this category as follows:

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

***If you are submitting to a 3-dose booster series. However, upon approval of a Hepislab Booster #2, you will be considered fully compliant.*



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

UPLOADING BOOSTERS

Complete the below fields for Post-Titer Hepatitis B Booster 1/Heplisav Booster 1

Document:	-- SELECT --
Series:	--SELECT--
Upload Additional Documents:	--SELECT-- 2 Dose Series (Heplisav B) 3 Dose Series

Please be mindful when uploading proof of your boosters to Complio.

You must choose which type of Hepatitis B booster series you are doing when you upload proof of your first booster.

A correctly uploaded submission of your first Hepatitis B booster will include:

- An image or document of your proof of your booster shot
- Date you received your booster shot
- A selection of what type of booster series you are undergoing

Select a requirement: Post-Titer Hepatitis B B: [Apply For Exception](#)

Complete the below fields for Post-Titer Hepatitis B Booster 1/Heplisav Booster 1

Document:	-- SELECT --	Date:	09-21-2023
Series:	3 Dose Series		
Upload Additional Documents:	● Hepatitis B Booster.jpg x Remove Document Uploaded Successfully		

Upon approval of your first booster dose by Complio, you will be granted temporary compliance for this category. Please continue to be diligent in fully completing this category as soon as you are able.

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

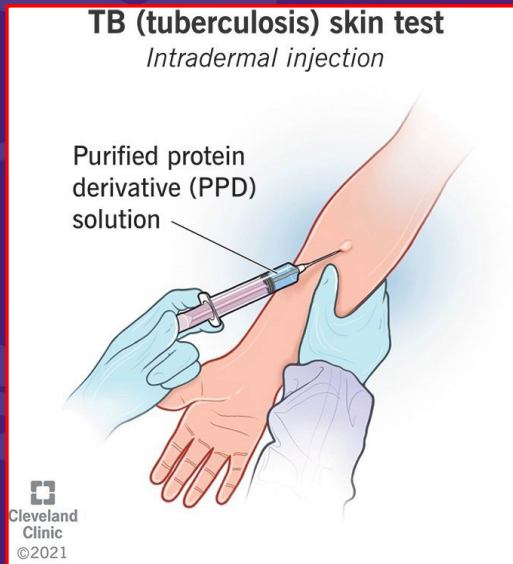
If your chosen test is positive, upload your negative results to Complio.
Your next steps are:

- 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

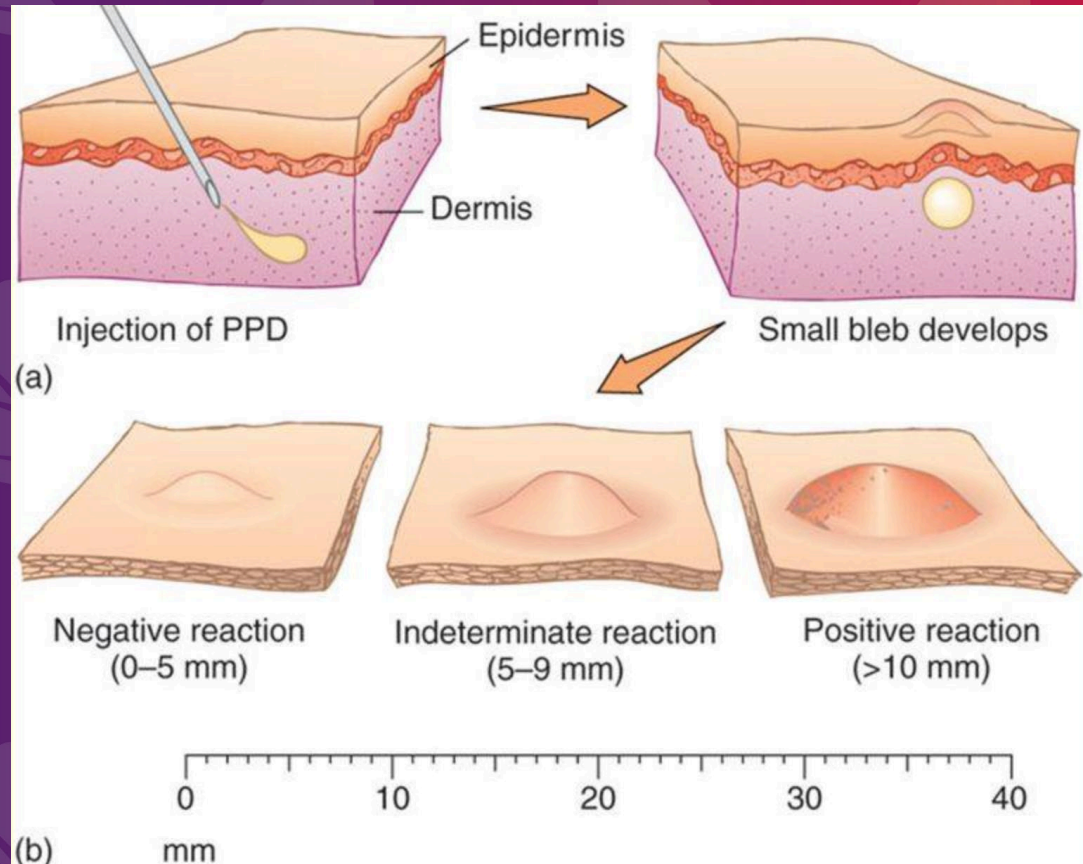
2-STEP PPD TESTING

Purified Protein Derivative

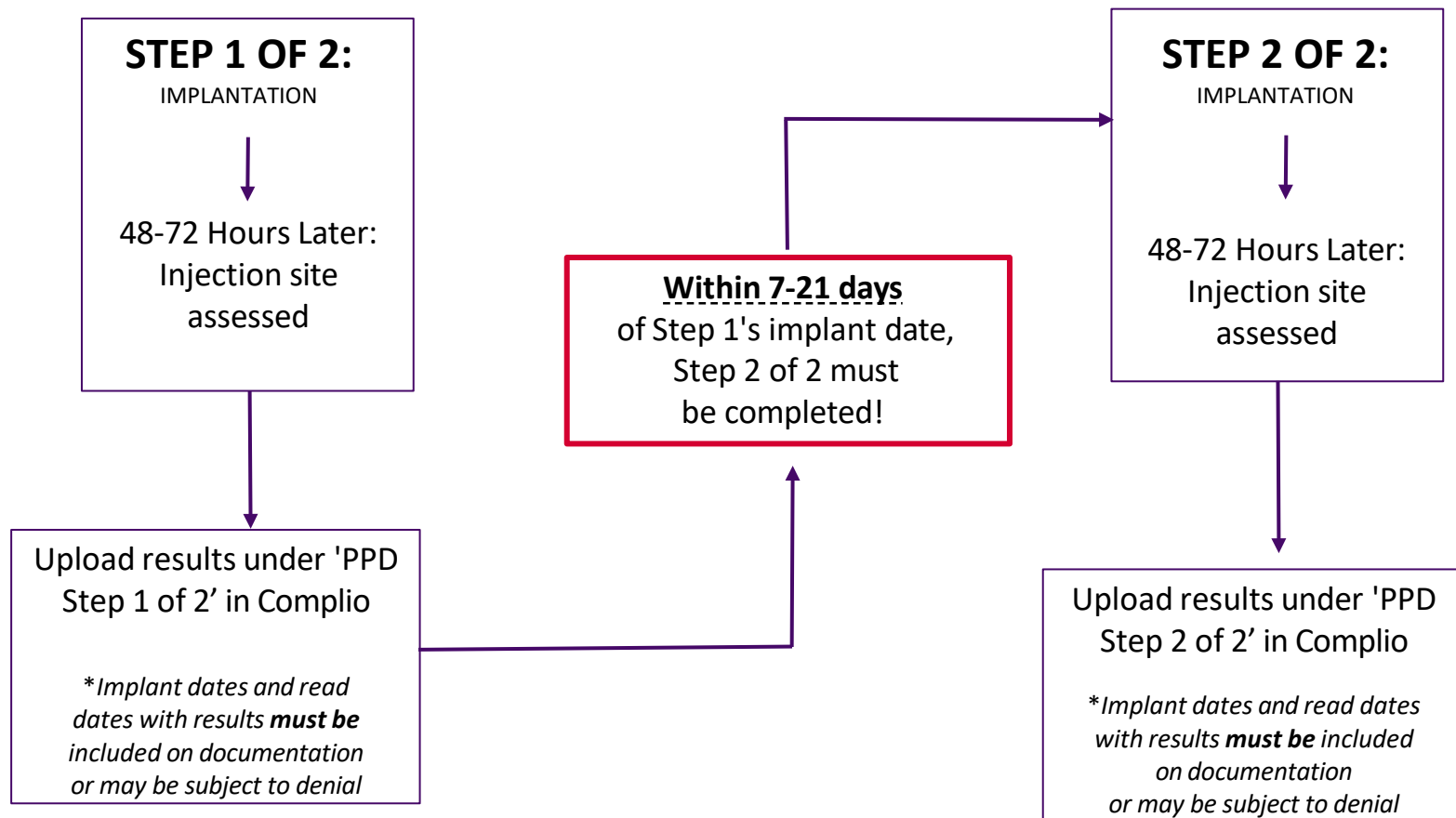
aka

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 a TDaP vaccination received on or after your 11th birthday to Complio. If the childhood dose you received is dated before your 11th birthday, it will not be approved by Complio. You will need to receive a new TDaP shot.
In this case, upload this shot as your initial TDaP dose.
- If your initial childhood dose that you received after your 11th birthday is 10 years old or older, please receive a booster shot. Upload this proof of documentation as your “**TD Booster**” entry.



*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.**

✗ Tuberculosis
✓ Tetanus, Diptheria, Pertussis (TDaP)
ⓘ Influenza

Your Complio from April – October

✓ Tetanus, Diptheria, Pertussis (TDaP)
✓ Influenza
✓ BLS Certification

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
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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!

Linfield University CASCADÉ TRAINING CENTER

Please Verify your Personal Info

If your information is correct, please enter your Voucher, manager's name and employee ID. If any information is incorrect, please click the 'Edit' link.

Verify Your Information

Name:

Address:

Phone:

Email:

[Edit Personal Info](#)

Voucher/Payment

[Click here if you DON'T have a voucher!](#)

Voucher:

Manager's Name:

Employee ID:

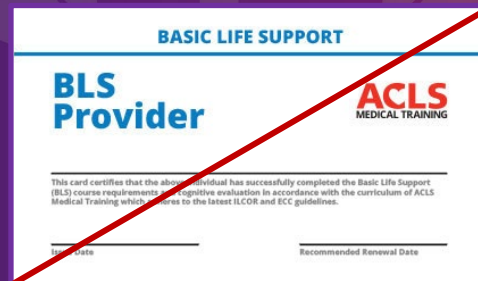
Voucher/Payment

[Click here if you DON'T have a voucher!](#)

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.

ESSENTIAL FUNCTIONS FORM

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

Essential Functions Form Incomplete

[+ Enter Requirements](#)

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 -- EssentialFunctionsForm 12302019RR.pdf Date: _____

Electronic Signature: _____

Upload Additional Documents: _____

Note: _____

Drop files to attach, or Browse

View: Fit 50% 100% 200%

You are in hand scroll mode. Click here to disable hand scroll mode.

**LEWIS & CLARK COLLEGE
SCHOOL OF NURSING
ESSENTIAL FUNCTIONS**

All students must be able to perform and/or develop the following essential functions in order to succeed at Clark College-Salem School of Nursing. If at any time your ability to perform these essential functions changes while enrolled in the nursing program, you must notify the clinical course coordinator.

Essential Functions	Description	Examples
History	Auditory, visual and tactile ability	Monitor and assess health status (e.g., assess other changes in the skin, 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 nonverbal communication; use appropriate and respectful language; effectively use appropriate information technology; be concise and precise when verbalized and use correct professional terminology when communicating with other health care professionals; document nursing care clearly, write papers accurately and with clarity.
Motor	Physical ability, coordination, stamina	Perform cardiopulmonary resuscitation (CPR), manual and lift patients, move from recovery room and transport in small spaces, provide routine and emergency nursing care.
Cognitive	Critical thinking ability	Monitor and calculate drug dosages and solutions; comprehend medication, nursing, medical, psychiatric and obstetric information; recognize theory with clinical practice; effectively problem solve; use good clinical judgment; base clinical, analytical and critical thinking on valid scientific processes; recognize personal learning needs from the clinical setting.
Behavioral/Social/Emotional	Emotional stability, capacity for self-reflection and change	Function effectively under stress; adapt to changing circumstances and uncertainties in clinical education; be flexible; use effective organizational and time management skills; report all drug and medical errors; respond appropriately in evaluation; be sensitive; demonstrate professional responsibility and accountability; maintain professional boundaries.

Signature: _____ Date: 8/17/2024

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.

The screenshot shows a web form titled "Health Insurance" with a red "X" icon. It includes a tab labeled "Enter Requirements" and a status indicator "Incomplete". Below the title is a section "Add New Requirement" containing an information icon and text: "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." Below this is a dropdown menu "Select a requirement:" with the option "I have opted into having Linfield health insurance" selected. A purple arrow points to this dropdown. To its right is a link "Apply For Exception". Below the dropdown is a section "Complete the below fields for: I have opted into having Linfield health insurance". It contains three fields: "Date:" with a "Select a date" input and a calendar icon (arrow points here), "Answer:" with a dropdown menu showing "--SELECT--", "--SELECT--", and "Yes" (arrow points to the dropdown), and a "Note:" text area (arrow points to the bottom of the form). At the bottom right are "Submit" and "Cancel" buttons (arrow points to the Submit button).



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

STUDENT HEALTH INSURANCE

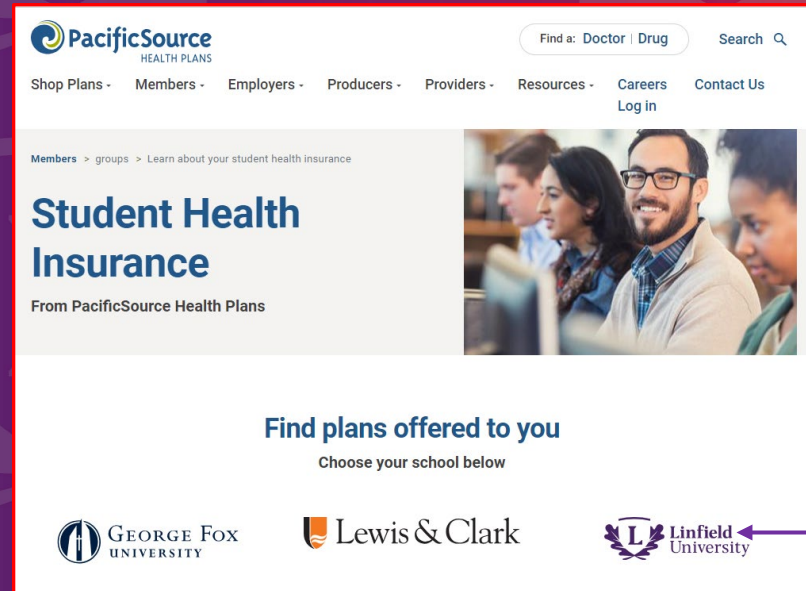
Linfield student health insurance is available for **ALL** School of Nursing students! PacificSource is the student health insurance provider. The enrollment process is different depending on what program you will be joining:

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](#).



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.

Linfield University School of Nursing COVID-19 Declination Form			
Student/Faculty Information			
First Name	Last Name	Student ID #	Date of Birth
Student Attestation/Assumptions of Risk			
Vaccine-preventable diseases still exist and can spread quickly in school settings, such as institutions of higher education. Vaccination is one of the best ways to protect individuals from getting and spreading diseases that may result in serious illness, disability, or death.			
Please carefully review the following:			
I have read the Vaccine Information Statement: COVID-19 Vaccine: What You Need to Know published by the Centers for Disease Control and Prevention and understand the purpose and benefits of this vaccine, the potential side effects of this vaccine and the risk of not getting vaccinated.			
I understand that due to my occupational exposure I may be at risk of acquiring infection. In addition, I may spread COVID-19 to my patients, other healthcare workers, and my family, even if I have no symptoms. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, potentially resulting in transmission to my patients. If I decide to be vaccinated, I agree to supply that documentation to Linfield University School of Nursing through Complio/American Databank.			
I understand that a hospital, clinic or similar medical treatment facility may change their vaccination requirements and exclude me from clinical placement if I decline to meet their updated vaccination requirements. I further understand that if I am excluded from clinical placement, I may not be able to meet course requirements and/or the requirements for graduation. I attest that I will wear a mask anytime I am providing care for a patient as required by the facility of clinical placement if I do not receive the COVID-19 vaccine.			
Signature		Date	

COVID-19 vaccinations are required for nursing students for their safety and the safety of their patients. Students who choose to decline COVID-19 vaccinations will need to schedule an appointment with an Associate Dean prior to the beginning of their program. During this meeting, the student and Associate Dean will discuss COVID-19 declination ramifications. This includes health and safety risks as well as potential rejection from a clinical rotation.

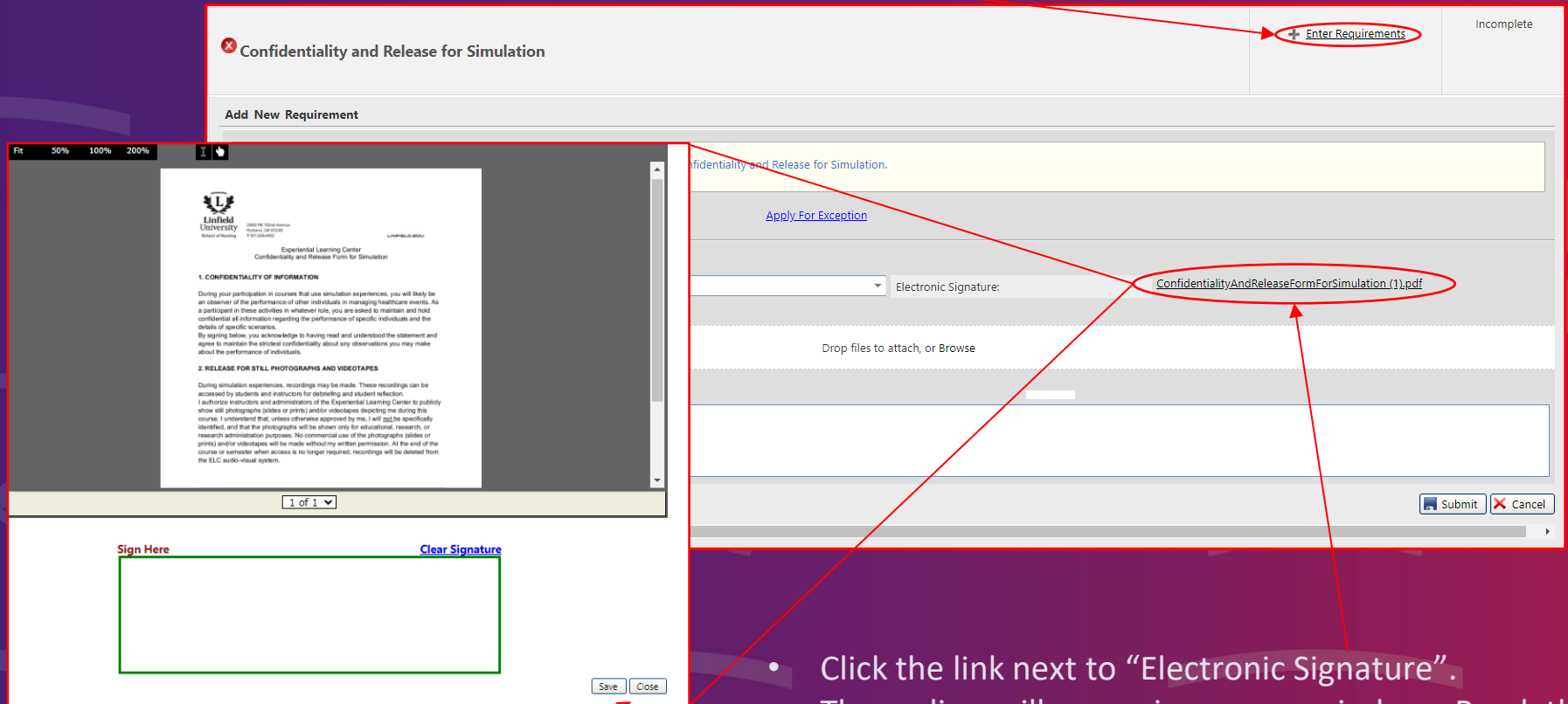
Once the meeting with an Associate Dean has been conducted, the student may submit their exemption request for the COVID-19 category in Complio. This exemption request must include the attachment of a signed COVID-19 Declination Form. The form will be provided and discussed during the student's meeting with an Associate Dean.

Missing scheduled clinical experiences in a course for any reason, including illness or isolation from exposure to COVID-19 or clinical site policy changes concerning COVID-19 vaccination, may lead to progression issues, or necessitate a leave of absence. The School of Nursing is under no obligation to change assigned clinical placements based on a clinical site's COVID-19 vaccination requirements. [Students should refer to their student manuals for progression and clinical absence policies.](#)

To schedule an appointment with an Associate Dean, email schoolofnursing@linfield.edu.

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

Incomplete

+ Enter Requirements

Add New Requirement

Confidentiality and Release for Simulation.

[Apply For Exception](#)

Electronic Signature:

ConfidentialityAndReleaseFormForSimulation (1).pdf

Drop files to attach, or Browse

Submit Cancel

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 Load Packages

Screening

☒ Background Check and Drug Screening Package (\$85.00) Password: *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](#)

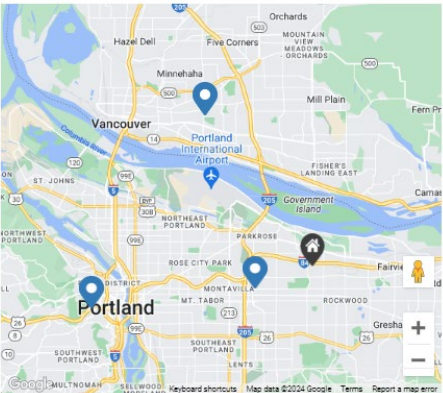
Estimated Order Total
Estimated Order Total: \$ 85.00

Previous Next

Electronic Drug Screening Registration - Select a Drug Screening Location

10-Panel Urine

Zip: Distance: 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

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.



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.

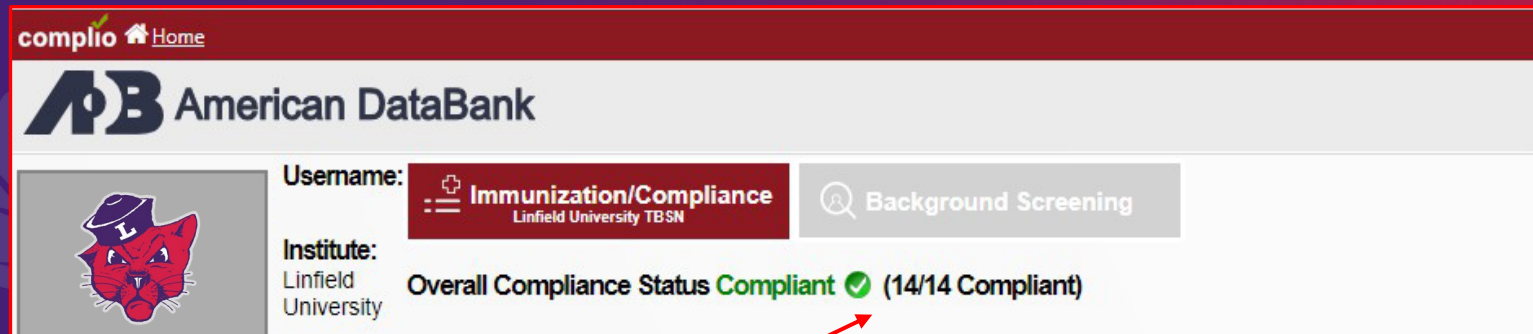
MARIJUANA USAGE: While Oregon and other neighboring states have legalized the recreational usage of this drug, Linfield University follows the guidelines of the Oregon Health Authority (OHA). Additionally, many of our clinical partners receive federal funding. **Students joining a Linfield Nursing program 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.

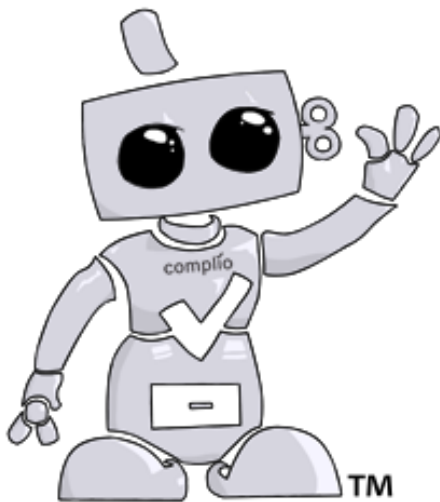


If your Complio account looks like this by your given deadline, you are ready to attend Orientation Day!

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

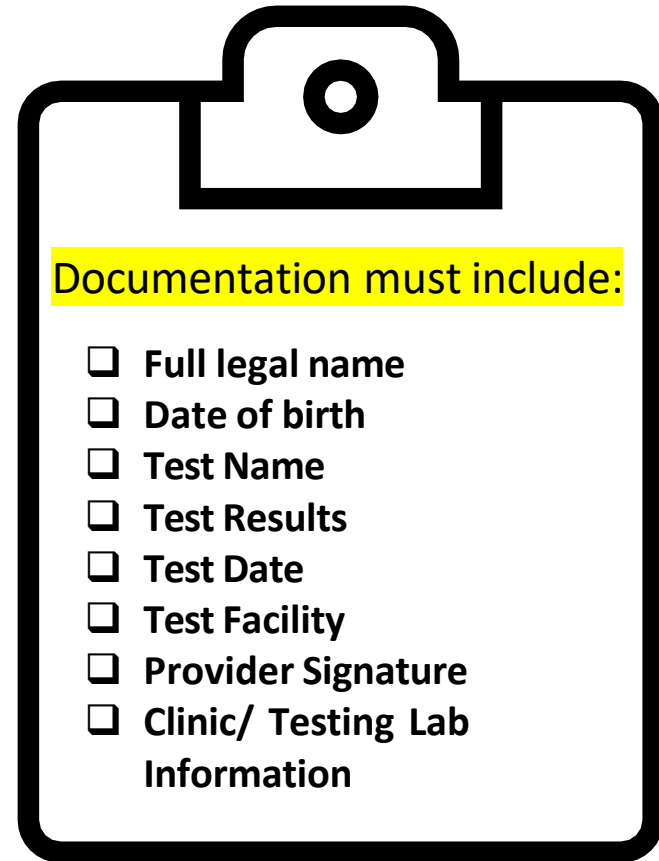
Uploading your documents correctly will expedite your submissions being approved. Examples of acceptable documents that you may upload to Complio include:

- 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!

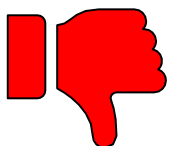
Organizing your documents will make the process to compliance easier!

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
backgroun check	pdf File	433.00	backgroun 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: **-- SELECT --**

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.***

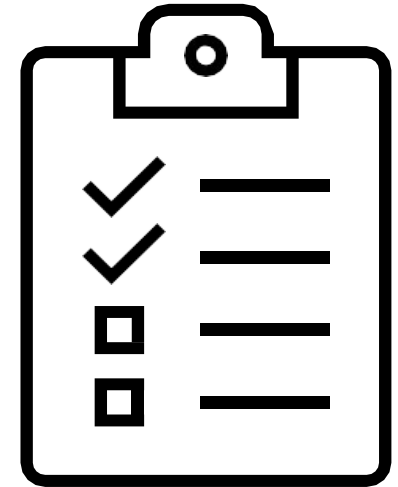
☐ Check when you received your TDaP Vaccine

- 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, including cancellation of your admission, please 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	Standard Range Negative
<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	Standard Range 0.00 - 0.34 IU/mL
TB 2 Antigen Minus NIL	Your Value <0.13 IU/mL	Standard Range 0.00 - 0.34 IU/mL

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: 5/12/92
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>7-25-97</u>	<u>11-1-98</u>
Date:	Date:	Date:	Date:

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

☒ 1. 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)

☒ 1. 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

DATE THIS FORM WAS COMPLETED: 8/4/05

AN OFFICE STAMP MUST BE USED TO VALIDATE THIS FORM

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

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
1500018 1 40 PM 10/1/2018

Instructions

Lab's ordered today
CLINICAL INFECTION FOR TUBERCULOSIS
Expected 1/1/2018
Expires 8/1/2018

RESISTIVE & VIRUS SURFACE ANTIBODY
Expected 1/1/2018
Expires 8/1/2018

HEAVY METAL IMMUNOGLOBULIN G
Expected 1/1/2018
Expires 8/1/2018

MUMBO VIRUS IMMUNOGLOBULIN G
Expected 1/1/2018
Expires 8/1/2018

RUBELLA IMMUNOGLOBULIN G
Expected 1/1/2018
Expires 8/1/2018

VARICELLA ZOSTER VIRUS IMMUNOGLOBULIN G
Expected 1/1/2018
Expires 8/1/2018

Today's Visit
You saw Patient D. [REDACTED] on Thursday May 3, 2018. The following notes were entered:
ROUTINE ADULT HEALTH CHECK
UPDATES IMMUNITY STATUS
TESTING FOR ANTI-BODY
RESPONSE SCREENING FOR
PULMONARY TUBERCULOSIS (TB
OF THE LUNGS) AND VACCINATIONS

Blood Pressure: 124/62
BMI: 25.26
Weight: 178 lbs 8.6 oz (81 kg)
Height: 5' 10.5" (1.791 m)
Temperature (C): 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 wait! It's 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, DIPHTHERIA

Michael Pacific (MPC) 0007-06-001 • Printed at 1/1/2018 2:13 PM
Page 1 of 1

**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

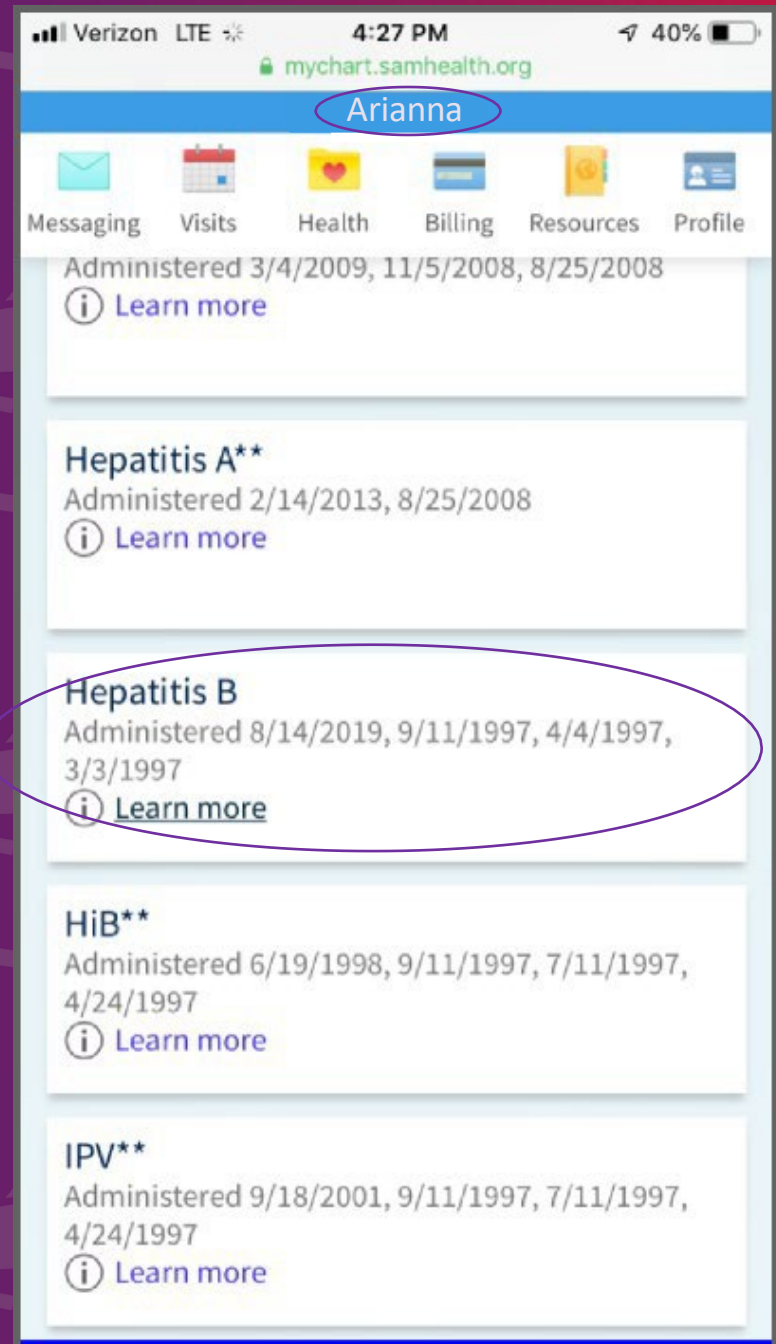




Screenshots of your medical records, like this MyChart patient page are accepted. However, they must still meet the upload requirements determined by Complio.

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:

Institute:
Linfield University

[Change](#)

Immunization/Compliance
Linfield University BSN

Background Check

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 [Compio](#)
2. Click on Report
3. Export your summary
4. Open your download and trim to fit behind your ID badge

[Edit Profile](#)

[Get Started](#)
Know how to become compliant?

[Order History](#)

[Message Center](#)

[Report](#)

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
			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 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
			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
			TD Booster			06/16/2030	Meets
Influenza	Approved	11/01/2021	Flu Vaccine	10/05/2020			Meets
			Flu Declination			11/01/2021	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		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.