Holy Family University Renewal Immunization Record Form

I hereby authorize the release of my medical records to American DataBank to meet the requirements set by the Holy Family University. I do this with the understanding that my personal information will not be disseminated for any other purpose than those specified by my educational institution. By affixing my signature, I grant my full consent.

Attention:
Before you create your account with Holy Family University Immunization Tracking System, please be aware that your yearly subscription fee for using the Tracking System is $25.00. You will need your Credit Card to pay this subscription fee.

Instructions for creating your Immunization & Clinical Compliance Records in the Tracking System:

1. Please go to **www.holyfamilysafety.com** and click "Immunization Information" button.
2. Create your account by clicking "Online Registration" and fill out all of the necessary information.
3. Process your payment by submitting Credit/Debit Card information.
4. Please download all necessary forms. Have your healthcare provider sign and complete the Report of Medical History Form.
5. Upon completion, please enter your immunization record into the System and then send this form and all other necessary forms and documents to American DataBank by scanning/taking a digital photo of all documents, and uploading them directly into the tracking system. **Documentation must be sent to American DataBank for verification.**

Instructions for entering your immunization record

1. **TDaP: Every Ten Years**
   You must show proof of a Tetanus Diphtheria and Acellular Pertussis (TDaP) Vaccination within the last 10 years for compliance. No other form of Tetanus shot is acceptable in lieu of the TDaP. The shot may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). Please enter the date of the immunization on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

2. **Tuberculosis Screening: Annual**
   You must submit an initial Quantiferon Gold Test for the Tuberculosis requirement. Each year thereafter, students may either submit another Quantiferon OR a 1-Step TST (Tuberculin Skin Test). If you have history of a Positive Quantiferon TB Test, you must submit documentation of that Positive result (From anytime in the past), AND proof a Negative Chest X-Ray to be completed yearly. Chest X-Rays are required per the CDC guidelines. A symptom screening review is to be completed yearly as well in conjunction with the Negative Chest X-Ray. Quantiferons, PPDs, and Chest X-Rays can all be documented on the initial immunization tracking form by having a healthcare provider sign in the box directly above the vaccinations (or official documentation may be provided). Please enter the date of the tests and their results on the form and into your Complio account. Please upload the form/documentation to American DataBank for processing.

3. **Flu Shot: Annual**
   You must have proof of a Seasonal Flu. Only the Seasonal Flu is annual. Please provide proof of a seasonal flu shot for compliance. The shot may be signed off on the initial immunization form in the box directly above the vaccination (or official documentation may be provided). Please enter the date of the immunization on the form, and into the online tracking system. Please upload the form/documentation to American DataBank for processing.

4. **CPR Certification: Every Two Years**
   You must have a current American Heart Association BLS for the Healthcare Providers CPR Card. No other CPR card type is acceptable for this requirement. You must upload in a copy of the front and back of that card to American DataBank for compliance. Please enter the date certified in CPR on the tracking form and into the online tracking system.

5. **Health Insurance Coverage: Annual**
   You must provide proof that you currently are covered by health insurance. You should supply a copy of the front and back of the health insurance card. If your name is not on the front or back of the card, you must submit some sort of documentation that you are covered by that insurance carrier (a dated bill or official statement with your name is fine). Please enter today's date as the verified date on the form and into the system (with the insurance company as the 'provider'). Also submit a copy of the front and back of the card (and/or other relevant documentation) to American DataBank for processing.

6. **ADB Background Check:**
   - Criminal Check (Annual) – Order through www.holyfamilysafety.com
   - Child Abuse Clearance (Annual) – Fill out form and receive from PA Dept of Public Welfare. Upload the result, to be applied to your profile in the Complio.
   - Drug Screening (Annual) – Order through www.holyfamilysafety.com

7. **Physical Examination: Annual**
   You must receive a physical examination anually using the Official Report of Medical History Form (a 2-page form found on www.holyfamilysafety.com). This form must be completed by a healthcare provider and uploaded to the Complio as proof of your physical examination.

Holy Family University | American DataBank

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Student Name (Print): _____ **Signed Date:** _____(M) _____(D) _____(Y)

Student Signature: _____ **Student ID:** _____

*****Student should scan and upload all documents into their Complio Account*****

Select Your Program of Study: ☐ BSN ☐ MSN

Select Your Grade Level: ☐ Sophomore ☐ Junior ☐ Senior ☐ Master ☐ Faculty

Immunization Requirements: Renewal Form

Tdap (Prior to NURS 341 / Every 10 Years)

Physician/Healthcare Provider Information
Name: _____ **Title:** _____
Signature: _____ **Stamp:**
Signed Date: _____
Contact Phone#: _____

Tdap Date: _____(M) _____(D) _____(Y)

Annual 1-Step PPD Test (Every Year)

Physician/Healthcare Provider Information
Name: _____ **Title:** _____
Signature: _____ **Stamp:**
Signed Date: _____
Contact Phone#: _____

Quantiferon Date: _____(M) _____(D) _____(Y) / **Quantiferon Result:** ☐ Positive or ☐ Negative

Chest X-Ray Result Date: _____(M) _____(D) _____(Y) / **Chest X-Ray Result:** ☐ Positive or ☐ Negative

Flu Shot (Prior to NURS 341 / Every Year):

Physician/Healthcare Provider Information
Name: _____ **Title:** _____
Signature: _____ **Stamp:**
Signed Date: _____
Contact Phone#: _____

Flu Shot Date: _____(M) _____(D) _____(Y)

CPR License
CPR Card Issued by American Heart Association (During NURS 204 / Every 2 Years):
Must submit front and back copy of CPR card to American DataBank.

AHA Issued Date: _____(M) _____(D) _____(Y) Copy of Front and Back of CPR Card Attached (Required)? Yes

Health Insurance:
(Within the Last Year During NURS 204 /Every Year)
Must provide Front and Back of Health Insurance Card to American DataBank. Proof of Health Insurance must have your name indicated.

Health Insurance Verified Date: _____(M) _____(D) _____(Y) Insurance Company: _____
Copy of Front and Back of CPR Card Attached (Required)? Yes

Physical Exam Date: (During NURS 204 /Every Year)
You must use the 2-Page Report of Medical History Form