

Dear West Virginia University Student:

Welcome to the West Virginia University (WVU) document tracking service. WVU has contracted with PreCheck/Sentry MD to store and maintain your Student health forms for clinical rotations. Sentry MD is a confidential student health record service. **Students are required to provide proof of the listed health requirements in this packet in order to participate in the WVU School of Medicine.** Instructions on how to successfully complete the immunization, health and other program requirements are contained in this packet.

Step 1: Verify you have registered for the West Virginia University Student Check Package (Background Check and Immunization tracking):

- a. Register for the Student Check Package now by going to www.mystudentcheck.com and type “West Virginia University School of Medicine - MD Program” in the program field, then select 'MD Program' under the 'Program' drop-down menu.
- b. Click **Background Check and Immunization**
- c. Click 'Start Application'.
- d. Log in with your username and password. If you do not have an existing profile, please create a new account. When creating an account, **you must use your MIX email account.**
- e. Provide authorization, and continue to enter payment information. You will be provided with a receipt and confirmation page when your order is placed.

Step 2: Gather the required documents:

Begin by reviewing the required documentation and reading each immunization, titer and necessary documents listed on the following pages of this Health Requirement Packet ([Part I through Part VII](#)).

It is important you review this material carefully.

Step 3: Submit all required documents to Sentry MD:

Review the **Student Checklist** to ensure that you have submitted all required documentation to Sentry MD.

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

PART I STUDENT INFORMATION | *This must be completed by student and submitted to Sentry MD*

Last Name:	First Name:
DOB: _____ / ____ / ____	Cell Phone:
Student ID:	MIX Email Address:
Program: <input type="checkbox"/> MD Program	First Semester of Entry (enter season and year): Fall 20_____

PART II SENTRY MD ACCOUNT ACCESS

Your Sentry MD account is automatically created when you register for immunization tracking services through www.mystudentcheck.com. If you have not done this, you will not be able to access your Sentry MD account.

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

1. Enter your User ID: the email address you registered with through PreCheck
2. Click on "Create password".
3. You will be sent a token to your email address.
4. Enter the token from the email onto the 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 paper 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/uploaded. You will receive a confirmation notice once the document has been processed. **Documents are processed within 1-2 business days from the time of submission.**
- **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.

PART III INSTRUCTIONS TO PHYSICIANS for New Student Health Compliance

Thank you for completing the following required forms for our new matriculating student. **Please complete each form fully, including your signature and date.** The student must then upload the original forms to their personal account through Sentry MD for review.

1. **Health Information Form:** Complete/Review this form for accuracy and completeness. Ensure the student's signature and date.
2. **Physical Examination Form:** All physical examinations must be completed after **February 1 of matriculation year**. Pelvic examinations for female students are **not required**. Please don't overlook the hearing, vision, and **color blindness** tests. Any significant health concerns, physical or mental, should be noted on the form.
3. **Immunization Form:** Original lab titer reports must be submitted with the form.

Immunization and Titer requirements:

- a. **MMR:** All students are required to have either 2 documented shots of measles, mumps, and rubella (MMR) OR three antibody (IgG) titers. Titers are not required if there is documentation of 2 doses of MMR. If there is not proof of 2 doses, a positive titer must be obtained. If the titer is negative, then the student must get 2 doses of the vaccine.
- b. **Varicella:** All students must have 2 doses of Varicella OR a positive titer. If the titer is negative, then the student must get 2 doses of the vaccine. History of disease accepted with documentation from a healthcare provider notating the month and year.
- c. **Hepatitis B:** All students are required to complete the Hepatitis B series of 3 shots with confirmed dates **and** have an antibody (IgG) titer. If the titer is negative or unequivocal, another 3-dose series must be obtained followed by titers.
- d. **Tuberculosis:** All students must have a PPD placed prior to matriculation but **after June 1 of matriculation year**. It must be read by a health care professional and results included on the forms. If the student has had BCG vaccination or a previously positive PPD, then a T-spot or a Gold QuantiFERON/IGRA test will be accepted.
- e. **Tdap:** All students must have a full Tdap (Tetanus, Diphtheria, and Acellular Pertussis) shot within the past 10 years. TD boosters within 10 years accepted with history of full Tdap on file.
- f. **Polio:** All students must have completed the primary vaccine series and booster for polio.
- g. **Influenza:** Vaccination is required annually but **does not** need to be completed in the summer prior to matriculation. Verification of an updated seasonal influenza vaccination will be requested during the fall term at the appropriate time.
- h. **COVID-19:** COVID vaccination is not currently required. All students are HIGHLY ENCOURAGED to receive the Updated Pfizer or Moderna vaccine regardless of which primary vaccination series they received (this includes any international vaccines).

****Any student who declines immunizations for religious or other reasons must be made aware of potential personal dangers and sign a waiver****

Should you have any questions about any of the paperwork, feel free to contact SOM Health Compliance Officer, Joanne Watson, MSN, RN, by email: jewatson@hsc.wvu.edu

PART IV HEALTH REQUIREMENTS | *This form must be completed, signed, AND stamped by your health care provider*
OR you can upload/email copies of original documentation for each item in PDF format.

Last Name: _____	First Name _____	Date of Birth: _____
Measles, Mumps and Rubella (MMR): 2 dose vaccine series (Dose #1 given at age 12-15 months and Dose #2 given approx. 28 days after first dose) OR positive IgG antibody titers for Measles, Mumps and Rubella. TITERS MUST INCLUDE LAB REPORT. <i>*If Non-Immune Titer Result - Repeat 2-dose series.</i>		
MMR Dose 1 Date: ____/____/____ MMR Dose 2 Date: ____/____/____	Measles Titer Date: ____/____/____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune, Value: ____ Mumps Titer Date: ____/____/____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune, Value: ____ Rubella Titer Date: ____/____/____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune, Value: ____ <input type="checkbox"/> Attach copy of Quantitative Titer Report	*If Non-Immune Titer Result - Repeat two dose series MMR Dose 3 Date: ____/____/____ MMR Dose 4 Date: ____/____/____
OR		
Hepatitis B: 3 Dose Vaccine series 2 Dose HepB - B Vaccine Series AND Date of Surface Antibody (IgG) Titer proving immunity. TITER MUST INCLUDE QUANTITATIVE LAB REPORT. <i>*If Non-Immune Titer Result - Repeat a full vaccine series and then repeat titer 4-6 weeks after final dose.</i>		
HepB Dose 1 Date: ____/____/____ HepB Dose 2 Date: ____/____/____ HepB Dose 3 Date: ____/____/____ OR HepB Dose 1 Date: ____/____/____ HepB Dose 2 Date: ____/____/____	HepB Titer Date: ____/____/____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune, Value: ____ <input type="checkbox"/> Attach copy of Quantitative Titer Report	*If Non-Immune Titer Result - Repeat vaccine series: Repeat dose 1 Date: ____/____/____ Repeat dose 2 Date: ____/____/____ Repeat dose 3 Date: ____/____/____ OR HepB Dose 1 Date: ____/____/____ HepB Dose 2 Date: ____/____/____
Varicella (Chicken Pox): 2 dose vaccine series OR date you had the chicken pox OR Date of positive IgG antibody titer. <i>*If Non-Immune Titer Result - Repeat 2-dose series.</i>		
Varicella Dose 1 Date: ____/____/____ Varicella Dose 2 Date: ____/____/____	Chicken Pox (MM/YYYY required) ____/____/____	Varicella Titer Date: ____/____/____ <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune, Value: ____ <input type="checkbox"/> Attach copy of Quantitative Titer Report
OR		*If Non-Immune Titer Result - Repeat two doses: Varicella Dose 3 Date: ____/____/____ Varicella Dose 4 Date: ____/____/____
Polio: Evidence of IPV or OPV series and booster. IPV or OPV: 1 st dose ____/____/____ 2 nd dose ____/____/____ 3 rd dose ____/____/____ Booster ____/____/____		
Tetanus Diphtheria, Pertussis (Tdap): Tdap vaccine required every ten years. <i>TD booster only accepted if Tdap on file.</i> Tdap Vaccine Date: ____/____/____ TD Booster Date: ____/____/____		
COVID-19: Evidence of either two doses of Pfizer or Moderna, or one dose of Janssen vaccine. Please indicate any boosters.		
Pfizer Dose 1: ____/____/____ Pfizer Dose 2: ____/____/____ Booster: ____/____/____	Moderna Dose 1: ____/____/____ Moderna Dose 2: ____/____/____ Booster: ____/____/____	Janssen Dose 1: ____/____/____ Booster: ____/____/____
Tuberculosis Testing: MUST BE DATED AFTER JUNE 1ST OF YOUR MATRICULATION YEAR. Submit ONE of the following options 1. PPD skin test with negative result 2. QuantiFERON TB Gold or T-Spot blood test with negative result 3. If skin or blood test is positive, a chest x-ray must be completed and dated within 12 months. Annual Update Required: Submit WVU TB Questionnaire annually prior to your TB expiring.		
Skin Test 1 Plant Date: ____/____/____ Skin Test 1 Read Date: ____/____/____ Negative <input type="checkbox"/> Positive <input type="checkbox"/>	TB QuantiFERON gold Date: ____/____/____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive T-Spot Test Date: ____/____/____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Chest X-Ray Date: ____/____/____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
<p style="color: red;">Primary Care Provider Signature AND Provider's stamp is required for dates on this form to be accepted.</p>		
Provider's Signature: _____ Date: _____ Provider Name (printed): _____ Phone Number: (____) ____-____		Place Provider Stamp Here
<p style="color: red; font-size: small;"><i>In the absence of a stamp, submit the provider's business card to support and validate this document.</i></p>		

Part V

WVU SCHOOL OF MEDICINE – PHYSICAL EXAMINATION FORM

Qualifying healthcare provider: Please fill out **ALL FIELDS** and sign below.

Student: Physical exam must have been completed **after February 1st.** **Form must be scanned and uploaded to Sentry MD.**

Name: _____ DOB: _____ Height: _____ Weight: _____ Pulse: _____ BP: _____

	Normal	Abnormal	Comment
Vision OD 20/ Vision OS 20/			With or Without Corrective Lenses – circle one
Hearing			[Mandatory]
Ishihara Color Vision			[Mandatory]
HEENT			
Neck			
Chest			
Lungs			
Heart			
Abdomen			
Genitalia			
Extremities			
Musculo/Skeletal			
Psychological			

Summary of medical problems/concerns: _____

Health Care Provider Name (printed): _____ Signature: _____ Date: _____

Part VI

WVU SCHOOL OF MEDICINE – HEALTH INFORMATION FORM

Student: Please fill out ALL FIELDS (print or type), print a copy, and sign below. Form must be scanned and uploaded to Sentry MD.

Name: _____ DOB: _____ Age: _____

Medical History	
Allergies	
Operations (date/reason)	
Medical problems requiring treatment (past or present)	
Behavioral/Mental Health problems requiring treatment (past or present)	
Medications	

Family History		
Family Member	Age(s)	State of Health (indicate if deceased)
Father		
Mother		
Brother(s)		
Sister(s)		
Spouse		
Children		

Your current health status: _____

Comments or additional history: _____

To my knowledge, the medical history information I have provided is **accurate** and **complete**. I give permission to appropriate officials of the WVU School of Medicine to release the necessary parts of my health forms, including immunization records and titer results, when required for clinical rotations as well as rotations on and off campus to which I make applications.

Student Signature: _____ Date: _____

**Revised March 2020

PART VII STUDENT CHECKLIST: Please allow yourself plenty of time for your requirements to be reviewed in case you need additional vaccines, tests, or certifications. **Documents are processed within 1-2 business days from the**

- Student Information is complete ([Part I](#))
- Sentry MD Account Access and Electronic Release Signed ([Part II](#))
- Health Requirements in Part III are complete with dates of vaccines/titers and results are signed, dated, and stamped by your Health Care Provider or supplemental documentation for each requirement is attached ([Part IV](#))
- Physical Exam is completed by healthcare provider ([Part V](#))
- Health Information form complete ([Part VI](#))

Submit all documents to Sentry MD: <https://mysentrymd.com/sentrymd.html#/home>.

Email us at WVU@sentrymd.com with any questions or concerns!