



## Health Information Checklist for New Admissions

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Email: [healthrecords@columbiastate.edu](mailto:healthrecords@columbiastate.edu)

Students entering The EMT Program at Columbia State must submit evidence of good health, a background and a 10-panel urine drug screen including urine alcohol. Please upload all Health information forms to the Clinical Access Documents(CAD) course in online campus on or before your mandatory orientation. Once you are placed in the CAD course you will receive an email from [healthrecords@columbiastate.edu](mailto:healthrecords@columbiastate.edu), check your Columbia State Email regularly for this email. Should you have any questions you can call (931) 540-2849 or email [healthrecords@columbiastate.edu](mailto:healthrecords@columbiastate.edu)

Please use this form as a tool to stay on track with your healthcare information needed for clinical. Do not return it with your paperwork.

- A. Complete State of Tennessee Physical form \_\_\_\_\_
- B. Have your healthcare provider complete your Immunity Verification Form \_\_\_\_\_
- C. TB skin test within 12 months of start of program \_\_\_\_\_  
**PLEASE NOTE:** If TB skin test is positive you must then show evidence of a normal Chest X-ray.
- D. (MMR) Rubeola, Mumps, Rubella, (IGG) Titer (Lab Reports are Required) \_\_\_\_\_
- E. Varicella Zoster (IGG) Titer (Lab Reports are Required) \_\_\_\_\_
- F. Tetanus/Diphtheria/Pertussis (Tdap) Booster (Must be within 10 years) \_\_\_\_\_
- G. Hepatitis B Series or signed declination form (Series of 3 immunizations over several months) (Hepatitis B is mandatory—can decline for religious or a verifiable medical reason) \_\_\_\_\_
- H. Hepatitis B Titer (Surface Antibody) (Required 60 days after 3<sup>rd</sup> immunization) \_\_\_\_\_
- I. Proof of Current Health Insurance (Front & Back copy of insurance card) \_\_\_\_\_
- J. COVID Immunization or signed declination form (COVID vaccine is mandatory - can decline for religious or a verifiable medical reason) \_\_\_\_\_
- K. Background Check and 10-panel urine drug screen with urine alcohol\* \_\_\_\_\_
- L. Seasonal Influenza Immunization (MANDATORY--available in August for Fall semester and due on or before September 24<sup>th</sup> --must be included in healthcare paperwork for Spring semester. **Summer does NOT need an Influenza Immunization.**) \_\_\_\_\_

**CBC and Drug Screen are time sensitive; IF DONE TOO EARLY, STUDENTS WILL HAVE TO PAY AND PROCESS AGAIN. Confirm dates before setting up your account. Chain of Custody forms are available from the Drug Screening Location!**

\*You can go directly to <http://www.applicationstation.truescreen.com> to create an account to begin your background and drug screen. The code for EMT is **CSCCEMT**. Read all of the forms carefully and follow the instructions given. After providing the required information and paying you will be asked to select a Labcorp location to submit your drug screen. You can only use a Labcorp locations. No other third party location is acceptable.