

Campus Health Center
Nebraska Methodist College
720 N. 87th Street
Omaha, NE 68114-3426

(402) 354-7211
Fax: (402) 354-7265
campushealth@methodistcollege.edu

Dear Nebraska Methodist College Student:

Welcome to Nebraska Methodist College. We personally invite you to stop by Campus Health when you arrive in order to familiarize yourself with the services available to you and to ensure you have complete health records. We are located at 501 N. 87th Street on the 2nd floor. This building requires an ID badge to access.

All students enrolled in NMC programs are required to comply with the College's immunization policy. Immunization requirements are based on Nebraska state law as well as CDC guidelines for healthcare workers. As healthcare providers, Nebraska Methodist College students are at increased risk of exposure to communicable and blood borne illnesses (including but not limited to influenza, hepatitis, pertussis and/or COVID).

Campus Health is here to serve all students. Your student health fee includes free office visits, TB skin tests, annual flu shots, and more. You may also take CPR on campus free of charge. Call Campus Health to discuss minimal charges for services such as drug screening, physical examination, titers, and immunizations.

For questions or clarification of any of the above information, please contact our office at (402) 354-7211. Thank you for your cooperation. We look forward to seeing you soon.

Sincerely,

Campus Health Services
Nebraska Methodist College

CAMPUS HEALTH CHECKLIST

- _____ **COMPLIO/ADB** background check and compliance tracker – create online account after receiving e-mail from NMC Campus Health
 _____ Nebraska Child/Adult Abuse Registry
- _____ **PHYSICAL EXAM** (within the past 12 months) - schedule at the Campus Health Center or with your provider (use NMC form)
- _____ **HEALTH HISTORY/AUTHORIZATION TO TREAT** forms – in Complio (parent signature required if under 19)
- _____ **HEALTH INSURANCE CARD** - if your name/surname is not on card, obtain verification
- _____ **CPR/BLS** - free on campus (link here: [BLS for Healthcare Providers](#)) - must be **American Heart Association Healthcare Provider BLS**
- _____ **DRUG SCREEN** - done at Campus Health (call to schedule)
- IMMUNIZATION REQUIREMENTS** - retrieve records or obtain shots/titers as needed and upload records to Complio
- _____ Measles, Mumps & Rubella (MMR) 2 doses of MMR or 3 positive blood titers
- _____ Hepatitis B 2 or 3 dose series depending on vaccine **AND** a positive Hepatitis B surface antibody blood titer (the titer is not traditionally a part of your series)
- _____ TDAP 1 dose of tetanus with pertussis given in last 10 years
- _____ Chicken Pox/Varicella 2 doses of vaccine **OR** a positive blood titer showing immunity (Varicella IgG)
(history of disease will not be accepted)
- _____ Tuberculosis Screening (TB/PPD) 2 negative TB tests, given and read at least 1 week apart, within the past year **OR**
 2 consecutive annual TB tests within the past year
OR
 Negative Quantiferon/T-spot within the past year
- _____ Annual Influenza Annual influenza vaccine or declination
- _____ COVID vaccine COVID vaccine or declination

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IMMUNIZATION REQUIREMENTS FOR STUDENTS

(program-specific requirements may vary)

Measles, Mumps, & Rubella (MMR)	2 doses of MMR vaccine given after 12 months of age are required of all students born after 1957 OR Positive blood tests showing immunity for measles, mumps, and rubella
Hepatitis B	2 or 3 dose series depending on vaccine (2 doses of Heplisav-B or 3-dose series of Engerix-B, Recombivax B, or Twinrix) AND A positive Hepatitis B surface antibody blood titer (the titer is not traditionally a part of your series)
Tdap	1 dose of Tdap given within the last 10 years. Td acceptable thereafter.
Chicken Pox/Varicella	2 doses of varicella vaccine OR A positive blood test showing immunity for varicella IgG (Disease history NOT accepted)
Annual Influenza	Annual seasonal influenza vaccine (during flu season) or declination
Tuberculosis Screening (TB/PPD)	Initial TB Screening 2 negative TB skin tests, given and read at least 1 week apart, within the last year OR 2 consecutive annual TB skin tests within the last year OR Quantiferon or T-Spot (IGRA testing) within the past 12 months Annual TB Risk Assessment form thereafter Students with a history of a positive TB test or IGRA must a copy of a negative chest x-ray report done in the U.S., documentation of any treatment received, and complete a symptom assessment form initially and annually.
COVID-19	Vaccinations or declination form required

Recommended Immunizations

Meningitis	Required for students living in on-campus housing (or signed declination)
HPV	Recommended for students

PHYSICAL EXAMINATION

This form is to be completed by a primary health care provider (MD, NP, PA)

Name: _____

Program of study: _____

Date of birth: _____

Gender: _____

To certifying official: This individual has been accepted as a student at NMC and plans to attend one of our health science programs. During the learning program, this individual will be working with patients and may be vulnerable to certain health risks. Students are expected to perform the technical standards for their program as listed on www.methodistcollege.edu.

Date of Health Examination: _____

- a. _____ I certify that I have completed a health examination of the above named individual within the past year and find the individual in good health and able to pursue any learning activities with high-risk health groups.
- b. _____ I am indicating below if the individual examined has any health conditions NMC should know about. This will allow NMC to plan learning experiences accordingly.

- c. _____ I certify that I have completed a health examination of the above named individual within the past year and find the individual is **NOT** in good health and **UNABLE** to pursue any learning activities with high-risk groups.

Health Care Provider Name (Please print): _____

Date: _____

Provider signature: _____

Tel: _____

Office Address: _____

Fax: _____
