



NAME: \_\_\_\_\_  
 (Please Print)                      (Last)    (First)    (MI)    Student ID #

EMAIL ADDRESS: \_\_\_\_\_

This checklist is being provided to assist you in completing the enrollment steps and collecting the official documents that are required for enrollment. **SUBMIT copies of all original records together in a large manila envelope by deadline established in your Enrollment Invitation. Incomplete packets will not be accepted.**

**Note:** Once a Pre-enrollment documentation packet has been submitted, all materials will be verified. All materials including copies of immunization documentation become the property of Shasta College and cannot be returned to the students.

**Part 2 Pre-Enrollment Clinical Requirements Check-Off List: Steps I and J**

- I. Tuberculosis (TB) Screening Results & Form– 2<sup>nd</sup> step of the 2-Step Process (continued)**  
**IMPORTANT:** If you are starting in the **Fall** semester, complete between **May 27<sup>th</sup> and June 12<sup>th</sup>**. If you are starting in the **Spring** semester, complete between **October 7<sup>th</sup> and November 8<sup>th</sup>**. *If you have submitted a QuantiFERON Gold TB blood test or chest x-ray with your Part 1 Packet, please disregard this step.*
  - Complete the TB Screening form and attach the second Tuberculosis screening results within the time frame applicable to your start semester as specified above.**WARNING:** Tuberculosis test must be done before, or a minimum of 30 days after, any live vaccination (MMR, Varicella) to avoid false positive.
  
- J. Criminal Background Check & Drug Screening** – initiate process online at [www.coeusglobal.com/shastacollege](http://www.coeusglobal.com/shastacollege); complete the drug screening at a designated facility within the allotted timeframe. Visit the Health Sciences Background Check & Drug Screening Instruction page for more information.

**IMPORTANT:** Documentation of all the above requirements and results must be on file and submitted as complete to the Health Sciences Division office by the deadline indicated in your Enrollment Invitation Letter. **Applicants who do not submit required documentation by the deadline will be removed from the program invitation list.**

Student Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**Make a personal copy of all records prior to submission to Health Sciences office.**  
 If you have questions, contact the Health Sciences office at (530) 339-3600



## Tuberculosis Screening

As per Health Sciences Program Policy - [Clinical Requirements](#), the result of a Two-Step TB screening is required as part of enrolling in a Health Sciences program.

**Complete and submit this form with healthcare provider documentation of results attached.**

**STOP!** If you have ever had a positive PPD which required you to have a QuantiFERON Gold TB test or chest x-ray, **you must not** take further PPD tests. Please refer to the Clinical Requirements policy and/or talk with your healthcare provider or Health Services staff for more information. If you have had a BCG vaccine, you may be eligible to use the QuantiFERON Gold TB test instead of x-ray and medical clearance.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### NEW STUDENTS:

Date Administered #1: \_\_\_\_\_ Result: Positive Negative

Date Administered #2: \_\_\_\_\_ Result: Positive Negative

Attach a copy of the 2nd TB screening administration and interpretation form from your health care provider.

I am at least 18 years of age and verify that I have completed the 2-Step Process for Tuberculosis Screening with 2 negative test results within the prior 12 months, the second of which is within 6 months prior to enrollment in my Health Science program (or within 90 days of starting clinical for the NA/HHA program only).

\_\_\_\_\_  
(Student Signature) Date: \_\_\_\_\_

### CONTINUING STUDENTS:

Date Administered: \_\_\_\_\_ Result: Positive Negative

Attach a copy of the TB screening administration and interpretation form from your health care provider.

I am at least 18 years of age (under 18 requires written parental consent) and verify that I have completed a Tuberculosis Screening Skin Test.

\_\_\_\_\_  
(Student Signature) Date: \_\_\_\_\_