



STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students

Summary:

Congratulations on your acceptance to Cabarrus College of Health Sciences! As a new student there are several requirements that must be met prior to your enrollment. This aid summarizes:

- Pre-enrollment requirements for students entering Cabarrus College of Health Sciences.
- Examples of resources students can utilize to complete the requirements.

To ensure you are eligible to enroll for the fall semester you will need to complete all steps below and submit the required information to the Office of Admissions by August 12, 2016. Failure to complete all steps and submit all required documents by the deadline will result in a \$50 late documents fee, a hold on your account, and your enrollment may be cancelled.

Process:

1. **Print and complete the attached packet of Enrollment forms (PDF attachment).** The forms need to be returned to Cabarrus College - Office of Admissions, 401 Medical Park Drive, Concord, NC 28025. Forms may also be emailed to gloris.springs@carolinashealthcare.org or faxed to 704-403-2077.
 - i. Physical and Emotional Health Screening form (to be completed by your physician)
 - ii. Statement of Health Insurance Form, along with a copy of the FRONT and BACK of your Health Insurance Card.
 - iii. If a minor (under 18); submit the Consent for Treatment of Minor Student form.
 - iv. Student Information Sheet
 - v. Provide evidence of completion of Basic Life Support for Healthcare Providers/BLS Provider if enrolling in any of the following programs: **medical assistant, nursing, nurse aide, occupational therapy assistant, pharmacy technology, and surgical technology.**
2. Complete steps A-D as outlined in the **REQUIREMENTS** section below and then schedule an appointment with Carolinas Healthcare System Teammate Health and Student Wellness Center (Teammate Health). Steps E-G can be completed at any time prior to August 12, 2016.
3. Student paperwork (steps A-D) must be turned in to Julie Grunwald (in person, fax 704-667-1823, or e-mail Julie.grunwald@carolinashealthcare.org) at Teammate Health, no later than 24 hours in advance (one business day) of your scheduled appointment at Teammate Health. This paperwork includes: Carolinas HealthCare System Clinical Health History form (see attached form at the bottom of this document), immunization/vaccine records, 12-panel urine drug screen, and fingerprint clearance.
4. After verifying receipt of all student requirements, the student can schedule an appointment with Teammate Health in Pineville. Call 704-667-7930 during designated times, 7:30 am to 4:30 pm to make an appointment.
5. Provide 2 forms of identification at the appointment with Teammate Health (see attached List of Acceptable Documents).



STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students

6. Teammate Health will provide:
 - i. TB Skin Test (2-step is required). One can be accepted if done within a year from the time of student's appointment. Teammate Health will always administer at least 1 TB Skin test.
 - ii. Flu vaccine (during flu season)
7. **Arriving 15 minutes late or failure to submit required documentation 24 hours in advance will result in the appointment being rescheduled.**

Requirements:

Students must complete and present completed records (listed below) a minimum of 24 hours in advance of their appointment with Teammate Health.

If you are currently employed by Carolinas HealthCare System, you are encouraged to contact Teammate Health to determine which requirements you may have already met when you were hired.

There are costs associated with completing the requirements and students are responsible for covering these costs. Costs vary based on the agency. Students are encouraged to research agencies and choose those which are the most cost beneficial based on individual/family circumstances. Included in this document are some agencies which can provide the necessary services, but students are not required to use those listed. Estimated costs are listed below. Keep in mind these are only estimated ranges and certain agencies may charge more or less for the services.

- Fingerprints: \$10-20
- Urine Drug Screen: \$65-100

A. Carolinas HealthCare System Clinical Health History form (to be completed by your physician)

B. Immunization requirements:

- i. 2 MMR vaccines or a positive titer (**all programs**)
- ii. 2 Varicella vaccines or a positive titer (**all programs**)
- iii. 3 Hepatitis B vaccines or positive titer (**all programs**)
- iv. 3 Tetanus vaccines (1Tdap within 10 years) for **imaging, nursing, surgical technology, occupational therapy assistant, pharmacy technology, medical assisting**; or
- v. 1 Tetanus vaccine for **nurse aide**;
- vi. If you have a history of positive TB Skin tests, you need a negative chest x-ray results dated within one year of your health assessment

C. Urine Drug Screen

- i. Dated no sooner than 30 days before the first day of classes (July 22) (**all programs**)
- ii. 12-panels to include:
 - AMP (amphetamine)
 - BAR (barbiturates)
 - BZP (benzodiazepines)
 - COC (cocaine)
 - MTD (methadone)
 - METH (methamphetamines)
 - MDMA (methylenedioxymethamphetamine/ecstasy)
 - OPI (opiates, including heroine)
 - OXY (oxycodone)
 - PCP (phencyclidine)
 - PPX (propoxyphene)
 - THC (marijuana)



STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students

- D. Fingerprints (**nurse aid, occupational therapy assistant, imaging, and surgical technologist**)
- E. Get a Student ID Badge. Student ID badges are made at the CHS Northeast Badge Office, 675 Memorial Blvd, Suite 100 Concord, NC 2802. Hours: 7:30 a.m. – 3:00 p.m. Closed for lunch from 12:00-1:00 p.m.
- F. If enrolled at another institution (High School or College) the semester prior to starting at Cabarrus College a final official transcript that includes grades from that semester is required.
- G. Complete the online orientation program. Information regarding online orientation will be sent to you in a separate e-mail in a few weeks. Please make sure to complete the online orientation prior to August 12, 2016.

Resources:

Immunization Records

- A. Physician's office
- B. College student health office
- C. High school transcript
- D. County health department
- E. Military
- F. Other hospitals/institutions

Finger Prints - Any Law Enforcement Agency:

Charlotte-Mecklenburg Police Department

601 E Trade St
Charlotte, NC 28202
Phone: (704) 353-1000

Huntersville Police Department

Post Office Box 664
Huntersville, NC 28070
Phone: (704) 875-6542

The UPS Store (28277, 28270, 28226, 28173, 29720)

Blakeney Crossing
9935-D Rea Road
Charlotte, NC 28277
Phone: (704) 943-1350

Urine Drug Screen

Concentra Northlake

9200 Harris Corners Parkway
Suite K
Charlotte, NC 28269
Phone: (704) 342-9011
Monday-Friday: 7:30am-6:00pm
Saturday-Sunday: 10:00am-4:00pm

Concord Police Department

PO Box 308
Concord, NC 28026
Phone: (704) 920-5000

Mecklenburg County Sheriff's Office

700 E 4th St
Charlotte, NC 28202
Phone: (704) 336-2543

Pineville Police Department

300 Main St
Pineville, NC 28134
Phone: (704) 889-2231

Concentra South End

1614 South Boulevard
Charlotte, NC 28203
Phone: (704) 338-1268
Monday-Friday: 7:30am – 8:00pm
Saturday-Sunday: 10:00am-4:00pm



STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students

Concentra Steele Creek

8943 South Tryon Street
Suite K
Charlotte, NC 28273
Phone: (704) 588-0885
Monday-Friday: 7:30am-6:00pm
Saturday-Sunday: 10:00am-4:00pm

Concentra Freedom

4221 Tuckaseegee Road
Charlotte, NC 28208
Phone: (704) 395-0060
Monday-Friday: 7:30am-6:00pm

UDS, Finger Prints, and/or Immunization

Any Lab Test Now

14231 Market Square Drive Suite C-2
Huntersville, NC 28078
(704) 948-7444

STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students



**CAROLINAS HEALTHCARE SYSTEM
TEAMMATE HEALTH**
Clinical Health History Form

Last Name: _____ First Name: _____ SSN: _____-_____-_____	
Date of Birth: ___/___/___ Age: _____ Mailing Address: _____	
Preferred telephone contact: _____ Alternate Telephone Contact: _____	
Orientation Date: ___/___/___ Recruiter: _____ Manager: _____	
Job Title: _____ Department: _____ Facility: _____	
Please write the name and number of the physician we should contact in case of an emergency.	
Name: _____	Specialty: _____ Phone: _____
Please check if you have now or had in the past any of the following medical conditions:	
High Blood Pressure <input type="checkbox"/> YES <input type="checkbox"/> NO	Chicken Pox <input type="checkbox"/> YES <input type="checkbox"/> NO
Kidney Disease <input type="checkbox"/> YES <input type="checkbox"/> NO	Measles <input type="checkbox"/> YES <input type="checkbox"/> NO
Heart Disease <input type="checkbox"/> YES <input type="checkbox"/> NO	Rubella <input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO	Mumps <input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy <input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis B <input type="checkbox"/> YES <input type="checkbox"/> NO
Lung Disease/Asthma <input type="checkbox"/> YES <input type="checkbox"/> NO	Hepatitis C <input type="checkbox"/> YES <input type="checkbox"/> NO
Any eczema/skin problems <input type="checkbox"/> YES <input type="checkbox"/> NO	Tetanus <input type="checkbox"/> YES <input type="checkbox"/> NO
Drug or Alcohol Problem <input type="checkbox"/> YES <input type="checkbox"/> NO	Rabies <input type="checkbox"/> YES <input type="checkbox"/> NO
Emotional Problems <input type="checkbox"/> YES <input type="checkbox"/> NO	Positive TB Skin Test <input type="checkbox"/> YES <input type="checkbox"/> NO
Immunity Problems <input type="checkbox"/> YES <input type="checkbox"/> NO	Drug Therapy for TB <input type="checkbox"/> YES <input type="checkbox"/> NO
(Lupus, HIV, Chemotherapy)	BCG Vaccine <input type="checkbox"/> YES <input type="checkbox"/> NO
Chronic health conditions or concerns: _____	
Please complete the following questions:	
Please circle the reason you are completing this health screening: <input type="checkbox"/> new employee <input type="checkbox"/> student	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received treatment for any medical condition or injury in the past twelve (12) months?
	If yes, describe: _____
Please list all surgeries and hospitalizations that you have had and approximate date: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or do you currently have any of the following problems?
	<ul style="list-style-type: none"> ◆ Do you have areas of pain, numbness or weakness: back shoulder neck arm wrist hand hip ankle back ◆ Loss of balance or dizziness? _____ ◆ Do you wear a brace or use an appliance? _____ ◆ Experience any breathing difficulties? _____ ◆ Recent exposures to infectious diseases? _____ ◆ Cumulative trauma disorders, such as tendonitis or carpal tunnel? _____ ◆ Have you ever had a back injury? If so, describe: _____ ◆ Have you ever had lifting restrictions? Describe event, date: _____ ◆ Based on your job description, do you currently have any physical or mental limitations and/or restrictions that would keep you from performing the essential functions of your new position? If yes, please describe or list the limitations: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under the care of a healthcare provider (doctor, chiropractor, pain management, etc.)? If yes, for what condition(s)? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in a Workers' Compensation injury? _____

STUDENT PRE-ENROLLMENT REQUIREMENTS – Undergraduate Students

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A

or a combination of one selection from List B and one selection from List C

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORKING ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: 1) The same name as the passport; and 2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U. S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.				

Illustrations of many of these documents appear in Part 8 of Handbook for Employers (M-274).

Refer to Section 2 of the instruction, titled "Employer of Authorized Representative Review and Verification", for more information about acceptable receipts.