

Health Requirement Checklist available here: stcc.edu/healthservices

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Early Childhood Education Programs (ECTR, CD)A

Health records (e.g. forms, vaccination, lab/imaging reports, etrust contain your full name and date of birth and be submitted as follows:

Online Irple ad to Dynamic Forms Dropbox Direct link: tinyurl.com/27ychwv2

In Person Check wepage for office hoursHealth & Wellness CenteBuilding 19, Room 177

Fax Health Care Providers may fax re(cold): 7656045

Due within 10 days of acceptance

• CORI Acknowledgement Form-Bring valid identification tooffice or have form notarized and submit online. Form and instructionsat <u>tinyurl.com/stcc- cori</u>.

Upon receipt of the form, the egistration hold will be lifted for a 3 yearperiod.

Due prior to July 1st for Fall enrollees and Dec. ^{†t} for Spring enrollees:

- Tetanus, Diphtheria and Pertussis (TDaP)-vaccine must have been administered within the past 10 years
- Measles, Mumps, Rubella (MMR)-2 dose vaccine series (or titer results showing immunity if no vaccine record)
- Hepatitis B-3 dosevaccine series (or @oseHEPLISA BT/Dynava)

ORtiter (surface antiBODY, antiBs)ab report result showing immunity

- Varicella (chickenpox) -2 dose vaccine series (or titer result showing immunity if no vaccine record)
- Meningitis For students age 21 and younger taking 12 credits or more, 1 dv/seACWY formerly MCV4) vaccine administered on/after 16 birthday; OR complete Meningitis Waive at tinyurl.com/y6svra7b

For more information, contact the Health & Wellness Centestat.edu/healthservices.

Understanding your titer (antibody serology) results

- 3/4 Positive/Reactive means you have immunity
- ³% Negative/Non-Reactive/Indeterminate/Equivocal means you are not immune.
 - 1. Submit lab reportand all immunization records to the Health and Wellness Center.
 - 2. Health and Wellness Center staff will advise you of next steps.

Students are encouraged to verify their immunity records when applying to the program. By doing so, upon acceptance, the student will be able to submit the required documentation. Record submission deadlines



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Criminal Offender Record Information (CORI) Acknowledgement Form

<u>STCO</u>s registered under the provisions of M.Gd_6 172 to receive CORI for the purpose of screening current and otherwise qualified prospective students and employees As a prospective current student or employee, I understand that a CORI check withmy personal information is to be submitted to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to **STOC** mit this CORI check. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing STCC with written notice of my intent to withdraw consent to a CORI check. By signing below, I provide my consent to a CORI check and affirm that the information provided this form is true and accurate.

Signature of CORI Subject	Date:	StudentD	Program
Signature of CORI Subjectuardian (if applicable)	Date:		
*Asterisk indicates field is required ! Please pr	int legibly.		
*First Name:		Middle N	lame:
*Last Name:		Suffix (Jr., Sr., etc. <u>)</u>	
*Former Last Name 1Maiden Name:			
Former LName 2:	Former LN	lame 3:	
*Date of Birth (MM/DD/YEAR)	Pla	ace of Birth:	
*Last SIX digits of Social Security #:	@	_ [If no SSN, enter in this section]	zeros & complete <u>AL</u> L fields
*Current Street Address:			
*Apt. # or Suite:*City:			
Sex:Heigh <u>t:</u> Eye Colo <u>r:</u>		Race:	
Father's Full Nam <u>e:</u>			
Mother's Full Name:			
OFFICIAL USE: SUBJE©ERII STCC Legibility checked AND subject verified by reviewin	ıg:		
Verifiedby:			
STCC Verifierame, Date, Signature	1		
NOTARY PUBLIC: On this day of, 20, bet (name of C identification, which was is signed on the preceding or attached document, and stated purpose	ORI requestor (Ex: Dri) and proved to me thre ver's license, passport	bugh satisfactory evidence of , etc.), to be the person whose name
	my Commissi	on expires (Notary s	tamp or seal required)