OCC Housing Immunization/TB Input/Upload Process



1. CLICK HERE

$(i) www.orangecoastcollege.edu/student_services/student_health/housing-immunization/Pages/default.aspx$



Housing Immunization Home

Frequently Asked Questions

Student Health Portal

Home > Student Services > Student Health > Housing Immunization

Housing Immunizations

WELCOME INCOMING STUDENTS FALL 2020!

All newly admitted incoming Housing students must provide documentation of vaccination or immunity to certain infectious diseases (Measles, Mumps, Rubella (MMR), Varicella, Pertussis and Meningitis) as recommended for colleges and universities by the California Department of Public Health (CDPH).

In addition, newly admitted Housing students must be screened for Tuberculosis risk by completing the TB Risk Assessment form on the Student Health Portal. Students found to be at high risk for Tuberculosis must provide documentation that they have a negative TB test completed within six months of entry into housing at OCC.

OCC Immunization Requirements (Fall 2020)

OCC Housing Immunization Req 2020

Due October 1, 2020: All incoming OCC Housing students are REQUIRED to: (1) Obtain the Vaccines Listed Below, (2) Undergo Tuberculosis Risk Screening, (3) Complete the Meningitis Information Form and (4) Enter and Upload Your Records to the Student Health Portal.



2. CICK HERE

3. CUCK HERE

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You have pending forms. Please fill them out ASAP.

Immunization Compliance: 🗙 Tetanus 🗙 Meningococcal 🗶 Rubella 🗶 Diphtheria 🗶 Measles 💥 Mumps 🗶 Tuberculosis 🗮 Varicella 🗶 Pertussis

Welcome to the Student Health Portal

*While the Student Health Center remains closed at this time, we are providing services remotely to currently enrolled OCC students. Medical and Mental Health Professionals are available via telephone, text and email.

Health Services: Registered Nurses at the Student Health Center are available to support your health needs remotely, answer illness related questions, and provide health education, referrals and resources. If you would like to speak to a member of the Medical Services Team, please leave a message at our NEW OCC Nurse Advice Line at (714) 714-7705. Be sure to provide your student ID number and phone number so a nurse can contact you. This service is available Monday through Friday 9am to 4pm. If you need prompt assistance, please visit the Health Center website for information or call 911 for medical emergencies.

Mental Health Services: The Mental Health Team is available to support you by phone or text message at (714) 432-6858. The Director of Mental Health Services, Larry Valentine, will respond to the message within 24 hours. If your need is more urgent, please refer to the crisis numbers on the OCC Student Health Center website at www.orangecoastcollege.edu/student_health or call 911 if necessary. Please continue to check the OCC Student Health Center website for updates. *



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My Forms

The following forms need to be completed.

Form Name	Form Type	Appointment Date	Instructions
Medical Intake Form	Health History	N.A.	Please fill out this form if you are new to the Health Center or have not filled one out in over a year. Please complete this form to the best with the Student Health Center. This form needs to be
Meninsitis Information	Immunization	N.A.	All newly admitted housing students must review and complete this form as part of your meningococcal requirement. If you are a minor Center for a form to be signed by your parent or legal guardian.
OCC Housing Immunization Requirements Form	Immunization	N.A.	All newly admitted incoming Housing students must provide documentation of vaccination or immunity to certain infectious diseases (N Pertussis and Meningitis) before the move-in date. Please refer to the Hou
Tuberculosis (TB) Risk Assessment	Health History	N.A.	All newly admitted housing students must complete this form.

STUDENT HEALTH CENTER Home My Profile + Messages + My Forms Appointments + Document Upload Log Off Tuberculosis (TB) Risk Assessment All newly admitted housing students must complete this form. Please answer the following questions: ANSWER AL 4 O No O Yes 1. Have you ever had a POSITIVE TB Test? QUESTIONS 2. Do you currently have any of the following symptoms: Prolonged cough for more than 3 weeks Coughing up blood Fever associated with cough for more than 1 week Night sweats Unexplained weight loss (unrelated to dieting) Unexplained fatigue for more than 2 weeks None 3. Were you Born in, or have you Resided in or Traveled to (for more than 1 O Yes O No month) a country with an elevated TB rate, includes any country OTHER THAN the US. Canada, Australia, New Zealand or a country in western or northern Europe? Country of Birth: 4. Have you ever had close contact to someone with known or suspected O Yes O No infectious TB disease? O Yes O No 5. Are you immunosuppressed, current or planned: a person living with HIV/AIDS, an organ transplant recipient, or taking medications that suppress your immune system? If the answer to all the above questions is NO, no further testing is required. If the answer is YES to any of the above questions, you are at higher risk for TB infection and are required to submit documentation of either skin or blood testing for TB, done within 6 months of entry into OCC Housing. TB blood testing is recommended for those with a previous BCG vaccination. Those with a previous positive TB test or history of TB treatment are required to submit documentation of a chest x-ray done within 6 months of entry into Harbour Housing. Use the OCC Housing Requirements Form on the Portal to submit your TB testing. Please contact the Student Health Center if you do not have a health care provider or if you have any additional questions.

By signing and submitting, I certify all information is true and correct to the best of my knowledge. I understand that I should consult with my private physician or the OCHCA if my health status changes. I also consent for the Orange Coast College Student Health Services to exchange information regarding my TB results with OCC Housing, OCHCA and/or my private medical provider if applicable.

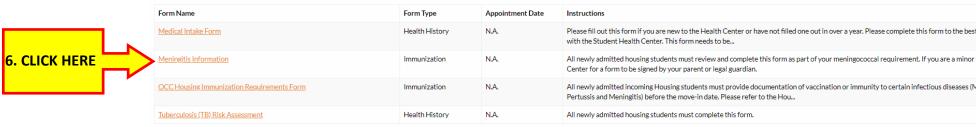




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My Forms

The following forms need to be completed.





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Meningitis Information

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7. READ & ANSWER QUESTION All newly admitted housing students must review and complete this form as part of your meningococcal requirement. If you are a minor (age 17 or younger), please call the Student Health Center for a form to be signed by your parent or legal guardian.

Immunizations offer safe and effective protection from vaccine-preventable diseases. The United States is experiencing re-emergence of these diseases, in part due to factors such as unimmunized and underimmunized persons and global travel. The American College Health Association (ACHA) strongly supports the use of vaccines to protect the health of our individual students and our campus communities. Before you start college, you should make sure that you are up-to-date on all immunizations including the following: Measles, Mumps, Rubella; Tetanus, Diphtheria, Pertussis; Varicella; and Hepatitis B. In addition, students living in campus student housing are recommended to get the meningococcal conjugate vaccine. For additional information, please visit the Center for Disease Control and Prevention's website, www.cdc.gov or contact the Student Health Center.

What you should know about meningococcal disease:

• Meningococcal (me-nin-je-kok-ul) disease is a serious illness caused by bacteria that can infect the blood or areas around the brain and spinal cord. Infection can lead to brain damage, disability, loss of limbs, and rapid death.

• Meningitis is the most common form of meningococcal disease. Common symptoms of meningitis include stiff neck, headache, and high fever.

. College students, particularly those who live in dorms, are more likely to get the disease. About 100 cases occur on U.S. college campuses each year, resulting in 5-15 deaths.

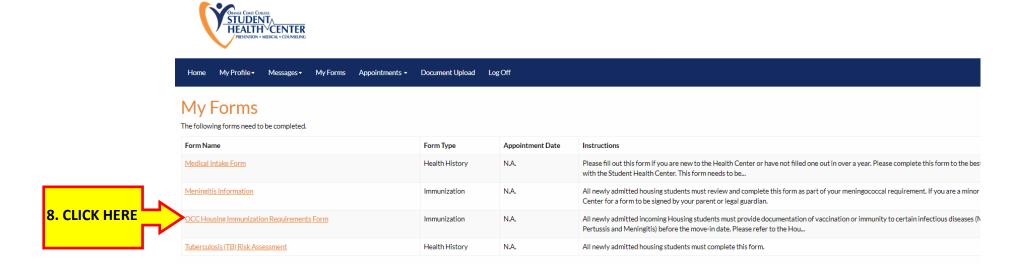
• Meningococcal vaccine can protect against four of the five most common groups of bacteria that cause meningococcal disease.

The meningococcal conjugate vaccine is recommended for all college students living in on-campus student housing.

Please choose one of the following:

 I have reviewed this information and I
 I have reviewed this information and I on intend to receive the meningococcal
 I have reviewed this information and I do not intend to receive the meningococcal
 Vaccine.





OCC Housing Immunization Requirements Form

All newly admitted incoming Housing students must provide documentation of vaccination or immunity to certain infectious diseases (Measles, Mumps, Rubella (MMR), Varicella, Pertussis and Meningitis) before the move-in date. Please refer to the Housing section of the Student Health Center website for more information. For any questions or concerns regarding this form, please call the Student Health Center at 714.714.7705.

Required Immunizations				
MMR (Measles, Mumps, and Rubella) Vaccines:				0 Enter
YOU MUST HAVE 2 DOSES WITH THE FIRST DOSE BEING ON OR AFTER YOUR FIRST BIRTH	HDAY.			9. Enter
MMR Dose 1 Date (must be on or after your 1st birthday):				Immunization
MMR Dose 2 Date (must be at least 28 days apart from Dose 1):				Dates HERE
IF UNABLE TO OBTAIN PROOF OF VACCINATION, YOU MUST OBTAIN A BLOOD TITER TES	л.			OR
Measles IgG Antibody Titer:				<u>OR</u>
Date:				Enter Blood Testing
Result:	O Immune	O Equivocal	O Non-immune	Results HERE
Quantitative result:				
Mumps IgG Antibody Titer:				
Date:				
Result:	O Immune	O Equivocal	O Non-immune	
Quantitative result:				
Rubella IgG Antibody Titer				
Date:				
Result:	O Immune	O Equivocal	O Non-immune	
Quantitative result:				
If you have a negative or equivocal titer, obtain one dose of MMR and repeat titer 5 weeks	s later. If titer is still neg	ative, receive a 2nd dose of MM	R.	

If you have a negative or equivocal titer, obtain one dose of MMR and repeat titer 5 weeks later. If titer is still negative, receive a 2nd dose of MMR.

Varicella (Chicken Pox) Vaccines

Varicella (Chicken Pox) Vaccines				
YOU MUST HAVE 2 DOSES WITH THE FIRST BEING ON OR	AFTER YOUR FIRST BII	RTHDAY.		
Varicella Dose 1 Date (must be on or after your 1st birthday):				10. Enter Immunization Dates HERE
Varicella Dose 2 Date (must be at least 28 days apart from Dose 1):				
IF YOU HAD THE DISEASE OR IF YOU ARE UNABLE TO OBTA	IN PROOF OF VACCIN	IATION, YOU MUST (OBTAIN A BLOOD TITER TEST	
Varicella IgG Antibody Titer:				OR
Date:				Enter Blood Testing Results HERE
Result:	\bigcirc Immune	 Equivocal 	○ Non-immune	
Quantitative result:				
If you have a negative or equivocal titer, obtain one dose of	f Varicella vaccine and	l repeat titer 5 weeks	later. If titer is still negative	, receive a 2nd dose of Varicella.
<u> Tdap (Tetanus/Diphtheria WITH Pertussis) Vaccine:</u>				
ONE DOSE ON OR AFTER AGE 10 YEARS.				11. Enter
Tdap Dose Date:				Immunization Date HERE
Please note: Td or DTaP do NOT satisfy the requirement.				
Meningococcal MCV4 (Menactra or Menveo) Vaccine:				
ONLY REQUIRED FOR STUDENTS 21 YEARS OR YOUNGER. THE M	OST RECENT DOSE MUS	ST BE ON OR AFTER TH	IE 16TH BIRTHDAY.	12. Enter
Meningococcal Dose 1 Date:				Immunization
				Dates HERE

<u>Tuberculosis (TB)</u>

THIS IS ONLY FOR THOSE THAT FILLED OUT THE	TB RISK ASSESS	MENT FORM AN	D HAD 1 OR MORE	<mark>YES" ANSWERS,</mark> Stu	dents who have any
"YES" answers on the questionnaire are at a high testing for TB, done within 6 months of the move chest x-ray done within 6 months of the move-in	e-in date. Those		-		
TB Skin Test (Recommended if you have exposure to someone with known or suspected TB or if you have traveled to a high risk TB country for more than 1 month) DO NOT REPEAT TB SKIN TEST, IF YOU HAVE PREVIOUSLY TESTED POSITIVE.					
Date placed:					13. Enter Skin Testing
Date read:					Results HERE
Interpretation:	○ Negative	 Positive 			
Induration (mm):					
OR					
TB Blood Test (Recommended if history of BCG/TB Vacci	ne or Immune sup	pressed)			
QuantiFERON-TB Gold (QTF-G) Blood Test					OR
Date QTF-G Test drawn:					Enter Blood Testing Results HERE
Result:	○ Negative	 Positive 			
IF POSITIVE, PROCEED TO CHEST X-RAY. IF INDETERMIN	IATE, REPEAT TEST	OR PROCEED TO C	HEST X-RAY.		
Chest X-Ray (Required if TB Test is positive OR Symptoms are positive OR Previous treatment for TB)					
Date of Chest X-ray:					AND/OR Enter Chest X-ray Results HERE
Result:	O Normal	O Abnormal			

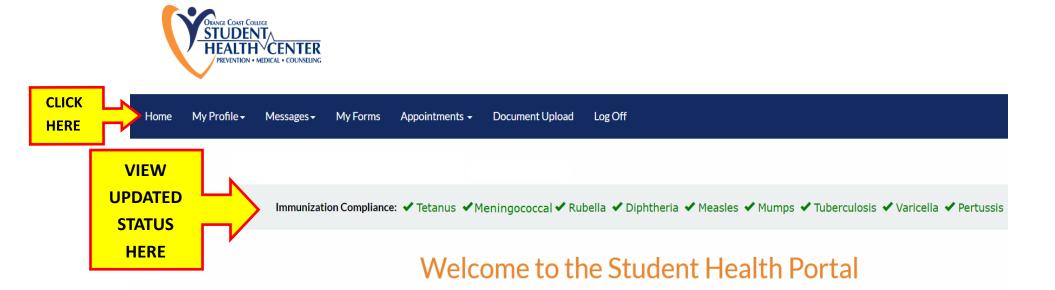
Please upload your immunization records, outside TB records, Outside Provider Worksheet and/or Medical Exemption Forms here. Please upload a readable immunization record with your full name and date of birth on each page. Any records in a foreign language must be translated to ENGLISH prior to uploading.



By submitting and signing this form, I verify that all answers on this form are correct and accurate. I understand that I must upload documentation to accompany this information for the Student Health Center to review. I understand that any discrepancies between this form and my uploaded records may cause delays in the verification process.



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Test, Portal

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