



Complio

AMERICAN DATABANK

PhT Program Contact Information

PhT Director/ Externship Coordinator/ Instructor

PhT Director:

Email:

Office Number: 559-737-6120

(call only)

PhT Adjunct Instructor

PTA ACCE/ Instructor:

Email:

Allied Health Administrative Assistant

Allied Health Administrative Assistant:

Angela Iniguez

Email: angelai@cos.edu

Office Number: 559-737-6135

(call or text)

Pharmacy Technician Program

Complio Document Upload: October 15, 2024

Categories
✓ Physical Exam
✓ Background Check
✓ Drug Screening
✓ MMR
✓ Varicella
✓ Hepatitis B
✓ Tdap
✓ Influenza
✓ Tuberculosis
✓ CPR Certification
✓ Driver's License
✓ Automobile Insurance
✓ Medical Insurance
✓ COVID-19 Vaccine

COS Forms submit to Nursing & Allied Office: September 9, 2024

- Photo/Video Release
- Informed Consent
- Occupational Exposure Control Protocol
- Student Health Release Form
- Demographics Survey

Pharmacy Technician Website:



Notes on Requirement Documents

- Physical exam must be signed by a Physician or a Nurse Practitioner (COS Health Center)
- Immunization record documents must be from your medical clinic or on your yellow card; **high school record are not accepted.** (check with the COS Health Center for CAIRS2 Immunization Record)
- TB Two Steps take two weeks to complete; complete first before receiving any immunization vaccines **OR** complete a Quantiferon TB Gold Test (Bloodwork).
- Varicella: You will need to have a titer done if you had Chickenpox as a child to show immunity.
MMR
- MMR: Titers need to include Measles, Mumps, and Rubella.
- COS Health Center: Provide Free Flu Vaccines and TB Two- Step testing. Contact the Health Center at 559-730-3880 for more information regarding times & other services.
- CPR Cards: **Red Cross and Mets guidelines of AHA are not accepted.** Only American Heart Association. (recommend Visalia CPR or Central Valley CPR; or COS HLTH 406 Class)

Complio Clinical Requirement Checklist

- Criminal Background
- Drug Screen; Sample Completed
- Physical Exam Form
- MMR: 2 Doses or Positive Titer
- Varicella: 2 Doses or Positive Titer
- Hepatitis B: 3 doses or Positive Titer
- Tdap: Renews every 10 years
- Annual Flu: Sept. 2024 to Oct. 2024
- AHA BLS CPR Card
- Driver's License & Auto Insurance
- Medical Insurance Card: front & back OR no Insurance
- COVID-19: 2 doses & 1 booster OR 1 Bivalent dose

IMMUNIZATION RECORD

Name: [REDACTED] Gender: [REDACTED] Date: of Birth [REDACTED]

Immunization	Description	Date Administered			
DTaP	Diphtheria, Tetanus, Pertussis	03/20/2007	05/22/2007	02/01/2008	08/16/2008
Tdap	Tetanus, Diphtheria, Pertussis	03/01/2016			
Hep B	Hepatitis B	03/20/2007	05/22/2007	02/01/2008	
Hep A	Hepatitis A	03/20/2007	02/01/2008		
Hib	Haemophilus influenzae type b	03/20/2007			
IPV/OPV	Polio	03/20/2007	05/22/2007	02/01/2008	08/16/2008
PCV	Pneumococcal Conjugate	03/20/2007			
MMR	Measles, Mumps, Rubella	03/20/2007	08/16/2008		
Varicella	Chickenpox	03/20/2007	03/20/2007		
Rota	Rotavirus				
MCV4/MPSV4	Meningococcal	03/01/2016			
HPV	Human Papillomavirus	03/01/2016			

Flu	02/01/2008	03/01/2016					
-----	------------	------------	--	--	--	--	--

Other Immunizations		Synagis	
Mumps			
Rubella			
Measles			
MeaslesRubella			
DT Diphtheria, Tetanus		Pneum Adults	
Td Tetanus, Diphtheria		Zostavax Adults	

	Date given	Date Read	Imm indur	Impression	CHEST X RAY (Necessary if skin test positive)
PPD				___ Pos ___ Neg	File date: _____ Impression ___ Normal ___ Abnormal
PPD				___ Pos ___ Neg	Person is free of communicable tuberculosis ___ Yes ___ No
PPD				___ Pos ___ Neg	File date: _____ Impression ___ Normal ___ Abnormal
PPD				___ Pos ___ Neg	Person is free of communicable tuberculosis ___ Yes ___ No

Immunization Record Example

- ❑ Your Legal name listed
- ❑ Provider/ Clinic Name
- ❑ Vaccination listed with dates administrated.
- The clinic verifies all listed information is accurate.

Upload document and tag document for vaccine entries.

Complio Overview

[Complio Overview Video](#)

COS Complio Website:

<https://cos.complio.com>

A screenshot of the Complio login page for College of the Sequoias. The page features the Complio logo at the top left, a login form with fields for Username and Password, and a 'Sign in' button. Below the form is a link for 'Forgot User ID or Password?'. A 'New to Complio?' section contains a 'Create an account' button. At the bottom, there are browser compatibility icons, a copyright notice for American DataBank Group, and logos for HIPAA and PCI DSS compliance.

complio
College of the Sequoias

Username

Password

Sign in

[Forgot User ID or Password?](#)

New to Complio?
Create an account

Preferred Browsers
9+ 8.0+ 44+ 36+ 12+

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110 16th Street 8th Fl. Denver, CO 80202
Business Hours: 8:00am - 6:00pm (MT) Mon - Fri
[Privacy Policy](#) [Contact Us](#) [Help Video](#) [video](#)

HIPAA COMPLIANT

PCI DSS COMPLIANT

Creating a Complio Account

- Use only your COS giant email when creating an account.
- Make sure you have access to your giant email.
- Make sure you spell your name correctly and enter your social security number correctly.
- Do **NOT** use “!” as a special symbol at the beginning or end of your password. You will have trouble with logging-on

Click **“Create Account”** to begin setting up your Complio account. If you already have an account, select **“Member Login”** instead.

Complio requires you to create a unique username and a secure password to protect the information within your account.

Use the dropdowns to select your state, city, and ZIP code.

Once you’ve entered your information, click **“Create Account and Proceed”**.

Create an account

Please fill the form below to create an account. The items with * are required.

Personal Information

First Name: * Middle Name: * If you don't have a middle n Last Name: *

Do you have an SSN?: * Yes No **I don't have a Middle Name.** Social Security Number: *

I have an Alias or Maiden name

Gender: * --Select-- Date of Birth: * mm/dd/yyyy

Contact Information

Primary Email: * Confirm Primary Email: *

Secondary Email: Confirm Secondary Email:

Address 1: * Address 2:

Country: * UNITED STATES State: * --Select-- City: * --Select--

Zip Code: * --Select-- County: * --Select--

Primary Phone: * () - - - - Secondary Phone: () - - - - Accessibility Mode: Enable Disable

Account Information

Username: *

Username is required.

Password: * Confirm Password: *

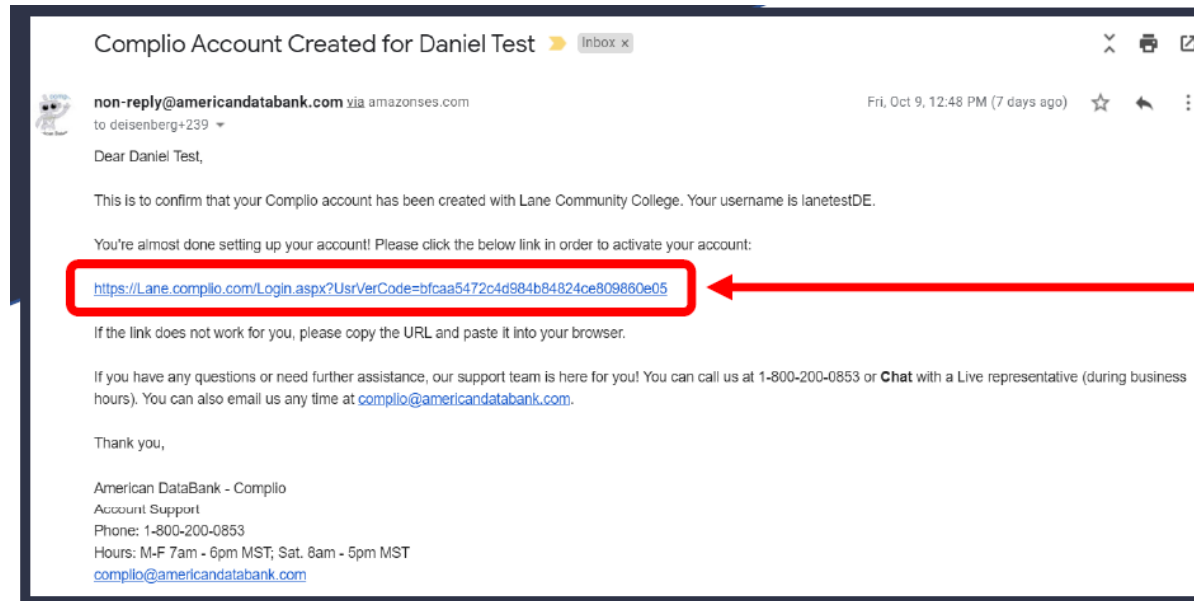
Password is required.

Activate your Complio Account

- May need to check your spam folder
- Email can take a few minutes to 24 hours to receive.
- If you have NOT received it within the 4 hours, you'll need to call American Databank customer service line.

Email: complio@americandatabank.com

Phone: 1-800-200-0853 or 1-303-573-1130

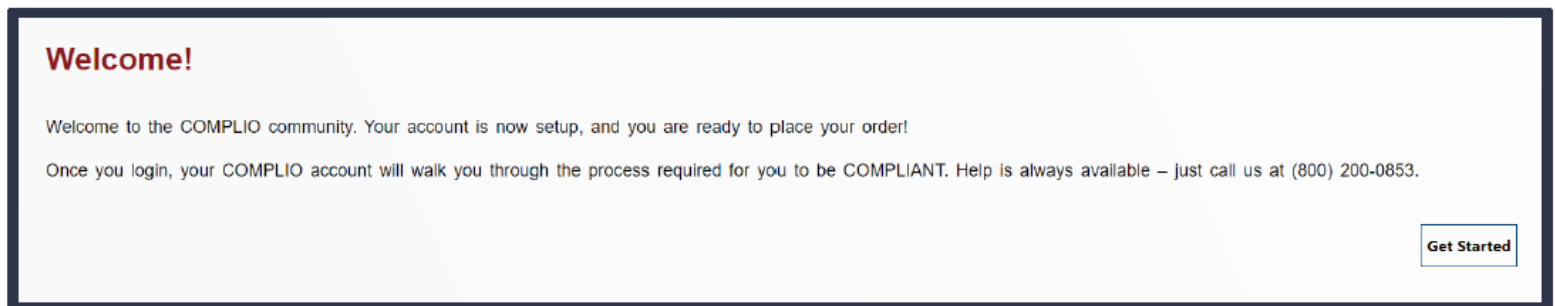


Once you've created your account, you'll receive an activation email. **Click the link** in the email to finish setting up your Complio account.

- Once you activate your account, you'll need to login with your Complio username and password. Trouble signing on: reset your password without a special symbol at the beginning or end of your password.

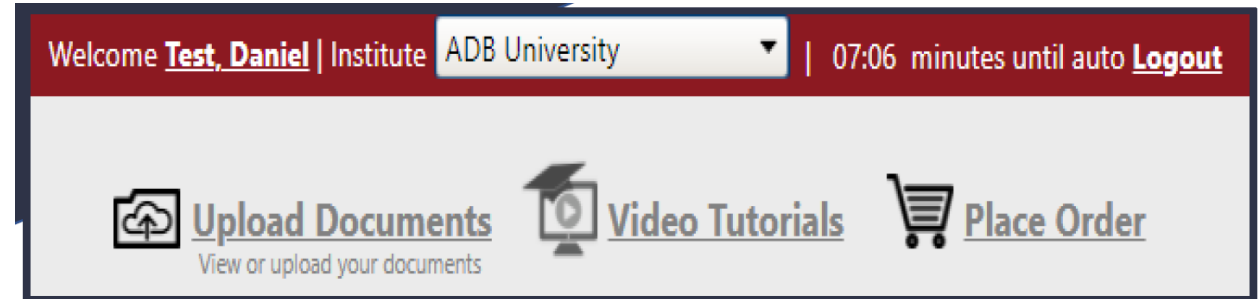
The first time you log into Complio, you will be prompted to place an order.

Click **"Get Started"** to begin the ordering process.



Complio Ordering, Uploading documents & Tutorials

- [Complio Document Upload Video](#)
- [Complio Data Entry Video](#)
- [Complio Titer Document Upload Video](#)



Lastly, at the top right of your dashboard are additional options for managing your account.

- **Upload Documents** – Access and manage your Document Library; upload additional documents as needed
- **Video Tutorials** - Access a library of video tutorials on topics ranging from submitting documents for review to profile sharing
- **Place Order** – Begin the order process for a new package or subscription

Complio Tracking Subscription

To upload your clinical requirement documents and for Complio to track the expiration dates.

1. Select your program
2. Click on your Tracking Package

Tracking Packages :

Pharmacy Technician Students-
15 months subscription \$35.00

[Complio Subscription Video](#)

The system will prompt you to select your program first. Navigate through the dropdowns, selecting the option that applies to your program, until there are no more dropdowns. Then click **“Load Packages.”** If you don’t know which option to choose in any of the dropdowns, reach out to your school administrators, as they are the ones who determine these options.

Home » Order
Create Order (Step 1)

Please contact your institution if you are unsure what package(s) you need to order.

Identifying Information

Institution Name: ADB University

Select Department: * Teacher Education

Select Education Type: * Elementary Education - B.A.

Select Location: * --SELECT--
--SELECT--
Utah
Pennsylvania

Load Packages

Bundles

Background Check and Compliance Tracking

CMCC Tracking Package
24 Months (\$28.00)

Criminal Background Check- Student (\$60.00)

Estimated Bundle Total:

Tracking Immunization Package(s)

CMCC Tracking Package
24 Months (\$28.00)

Estimated Tracking Total:

Screening

Criminal Background Check- Student (\$60.00)

Estimated Order Total

Estimated Order Total:

View Package Details

*Additional fees may apply. [View Package Details](#)

View Package Details

View Package Details

View Package Details

Your school may bundle packages together.

When selecting your package(s) to order, you can view additional details by clicking "View Package Details."

If you have any questions about which packages you’re supposed to select, reach out to your school administrators, as they set the compliance requirements for your program.

Once you’ve selected your package(s), click “Next” to proceed.

Previous Next

Complio Background & Drug Screen

[Complio Additional Fees Video](#)

[Complio Signing Forms Video](#)

Screening Packages for Allied Health Programs:

Background Screen & Drug Screen:
\$84.00

Drug Screen: \$59.00

I Accept and Agree to the above Terms of Use: I Agree

Signature: _____ Date Signed: _____

Sign Here I Agree [Clear Signature](#)

Click "Next" to reload the document with your submitted signature now displayed.

Once you've signed the forms, click "Next" to continue to payment.

You will then be prompted to agree to and sign the Complio Terms of Use and Disclosure & Authorization forms.

To sign these forms, scroll down to the signature box.

Use your mouse or trackpad to sign in the box.

I Accept and Agree to the above Terms of Use: I Agree

Signature: Jane Date Signed: 10/22/2020

[Print](#) [Next](#) [Help](#)

- Once you complete your order through Complio, you will be emailed your AUTHORIZATION FORM to your email registered with Complio. You will print or take your mobile device for scanning purposes to your Collection Site listed on your Authorization Form. **You must complete your drug screen at the location on your Authorization form to this reduces that chance your results gets lost in the system.** Once completed, you will be emailed a copy and so will the Nursing & Allied Health Office. Complio will automatically upload to your Complio account.

Troubleshooting:

- Must show your Authorization Form code for Check-in. You already Paid for The drug screen, you will NOT need to pay at your Collection Site.
- Must complete Drug Screen before the Expiration date on the Authorization form.

3.2. Drug Screening

If your background check includes an electronic drug screening registration, you will be prompted to select a drug screening location during the order process.

To select a drug screening location, enter a ZIP code in the collection site locator.

Electronic Drug Screening Registration - Select a Drug Screening Location

10-Panel Urine

Zip: Distance: [Search](#)

This will bring up a list of collection sites within a certain radius of the entered ZIP code. You can enter your home ZIP code, or, if preferable, a different ZIP code (such as the code for where you work or go to school). Once the list appears, select your preferred location.

COVID-19 NOTICE: Collection Sites may be subject to closure or decreased availability. Please call the collection site to verify operating hours.

- + 76 PROSPECT ST
CAMBRIDGE, MA 02139
QUEST PREFERRED
2.45 miles
- + 319 LONGWOOD AVE FIRST FLOOR, SUITE 1
BOSTON, MA 02115
QUEST
2.80 miles
- + 230 WILLIAM F. MCCLELLAN BLVD
BOSTON, MA 02118
QUEST PREFERRED
3.02 miles

Each drug screening location operates within a certain lab network (such as Quest Diagnostics). If you select a drug screening location but later decide that a different location would be preferable, your registration will be transferable, as long as the alternate location is within the **same lab network** as the location you selected.

Complio Thomas Jefferson Nursing Drug Screen Expires on 09/19/2019 06:00:00 PM MST

Authorization Form
REGISTRATION NUMBER: 37162765

Order Expiration Date/Time: 09/19/2019 06:00:00 PM MST



37162765

Authorization Barcode #: 37162765

Drug Screen

TIP:

Try to drink no more than 8 oz. of water in the 2 hours prior to providing your drug screening specimen. An excess of water in your urine sample can dilute the specimen, affecting the results of the screening. If your drug screening comes back with dilute results, you may be required to order another drug screening.

Note: Drug Screen Retake cost \$59.00.

Reasons for Drug Screen Retakes:

- Diluted Sample
- Authorization Form Expired
- Unable to produce a Sample
- Positive for substance use.

Flagged Results

Background Flagged Results:

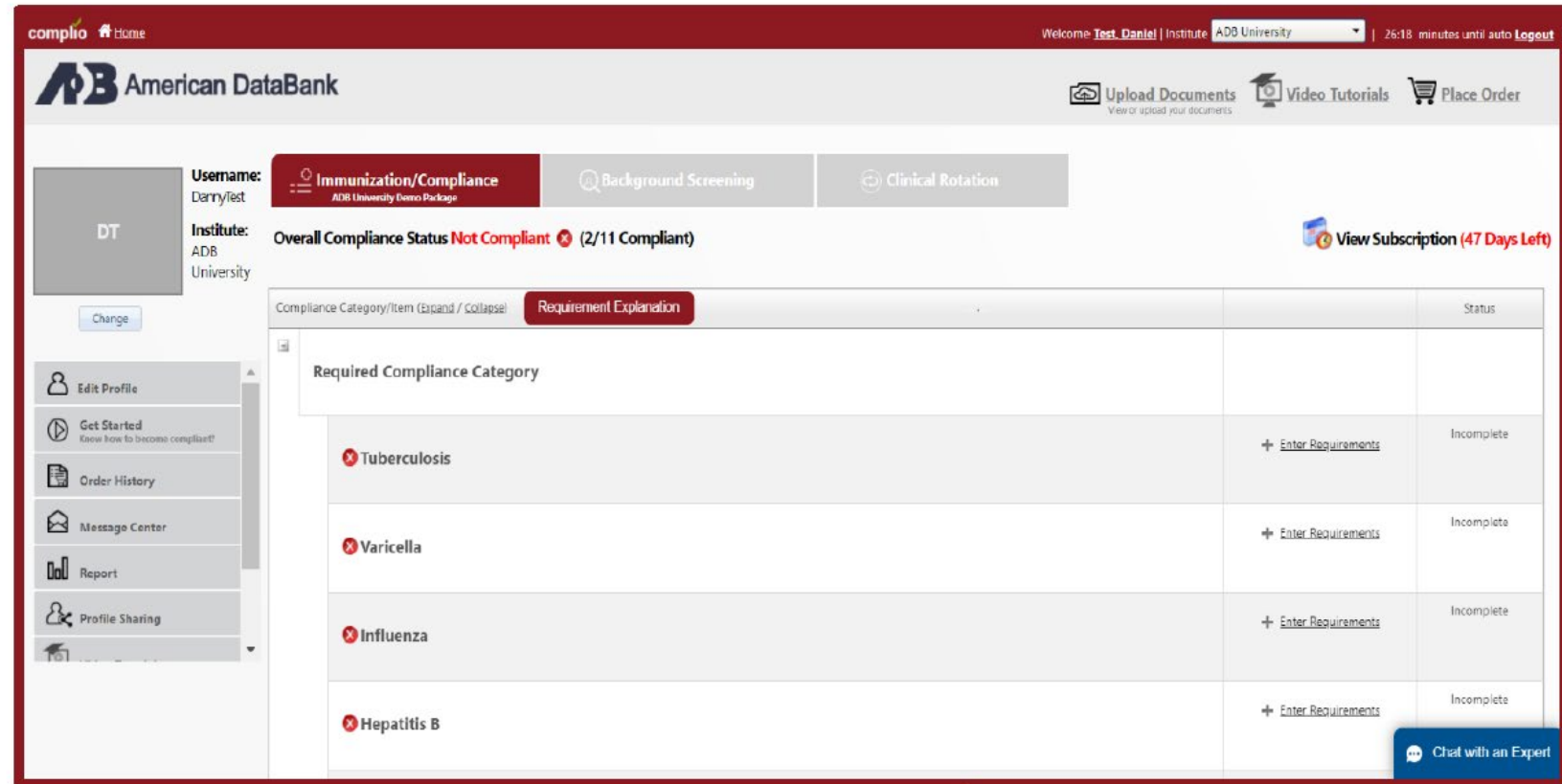
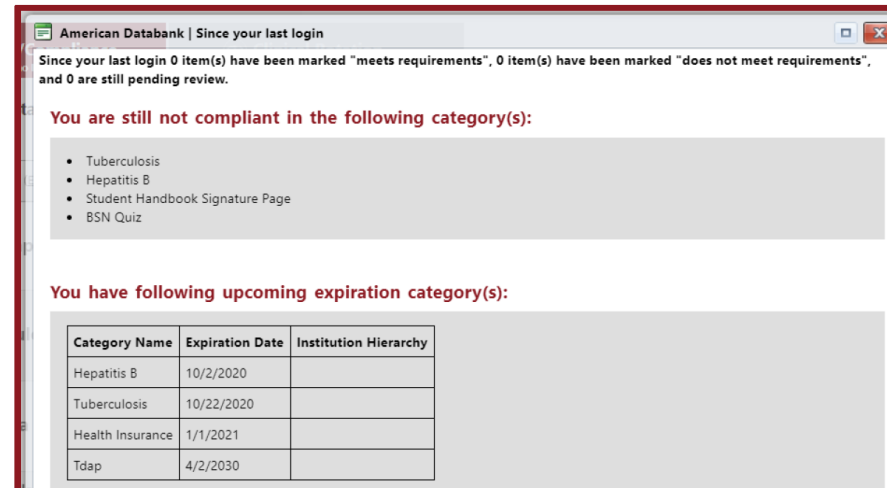
- Must meet with your program director/ externship coordinator to discussion results and further steps.
- Note: Possibly not able to continue in the program.
- Must have a cleared criminal background report for clinical placement.

Drug Flagged Results:

- Meet with your program director/ externship coordinator to discussion results and further steps.
- Re-order & re-take the Drug Screen.
- Wait for the substance in your system to leave your system, then re-take. Be mindful of your clinical deadline!
- Must have a cleared drug screen for clinical placement.

Complio Dashboard

- Complio sends you an email notifications whenever there is a change to your compliance status, whenever a submission is rejected, or whenever items are set to expire soon.



Varicella	GREEN CHECKMARK = Compliant
Tuberculosis	RED X = Incomplete/Non-Compliant
Influenza	BLUE CHECKMARK = Approved by Exception or Override
Hepatitis B	YELLOW EXCLAMATION POINT = Pending Review (i.e., if all submitted items are approved, you will become Compliant)
Physical Exam	GRAY SEMICIRCLE = Optional/Non-Required

Un-assigned Document(s)

Applicant's Document(s)

image.jpg	View
COVID19_StudentLiabilityWaiver_RR...	View
DrugAndAlcoholAgreement_RR.pdf	View
CNA_PHOTO_Release_RR.pdf	View
CNA_HandbookAgreement_RR.pdf	View
image.jpg	View
image.jpg	View
image.jpg	View
image.jpg	View
64C7E3C5-18BD-4379-B161-3849773DF...	View
image.jpg	View
image.jpg	View
BkgSvcGroupCompletionReport_Drug ...	View
image.jpg	View
20230525102556069.pdf	View
image.jpg	View
4C2AC29E-B10F-422D-A058-6A931EEDC...	View
BkgSvcGroupCompletionReport_Backg...	View
CNA_PHOTO_Release_RR.pdf	View
image.jpg	View
image.jpg	View
image.jpg	View
2A0D3300-B498-4528-8FE4-1DCB2126B...	View
image.jpg	View
image.jpg	View
image.jpg	View
CNA Physical Exam Form.pdf	View

Applicant's Document(s)

COVID-19 Second Dose.pdf	View
TB results .pdf	View
TRICARE.pdf	View
DRIVER LICENSE.pdf	View
CPR.pdf	View

Applicant's Document(s)

WIN_20230611_16_05_01_Pro.jpg	TB	View
WIN_20210910_15_55_05_Pro.jpg	Immunization re...	View
WIN_20230605_13_09_31_Pro.jpg	Covid vaccines	View
WIN_20230608_15_01_48_Pro.jpg	mask	View
WIN_20230608_15_01_07_Pro.jpg	Insurance	View
WIN_20230605_13_10_17_Pro.jpg	DL back	View
WIN_20230605_13_10_01_Pro.jpg	DL front	View
WIN_20210910_16_04_01_Pro.jpg	Insurance back	View
WIN_20210910_16_03_44_Pro.jpg	Insurance front	View
COVID19_StudentLiabilityWaiver_RR...		View
DrugAndAlcoholAgreement_RR.pdf		View
CNA_PHOTO_Release_RR.pdf		View
CNA_HandbookAgreement_RR.pdf		View
BkgSvcGroupCompletionReport_Drug ...		View
BkgSvcGroupCompletionReport_Backg...		View

Naming Documents

MMR Clinical Requirements Notes

MMR Titer: 1 report

Complio MMR Titer Entries: 3

Measles Titer

Mumps Titer

Rubella Titer

Titer Results must be Positive

Equivocal or Negative will require booster doses.

Same Provider/ Clinic and same document

MMR: Measles, Mumps, Rubella (2 Doses)

Dose 1 and 2 are 4 weeks apart.

Immunization Record:

Measles, Mumps, Rubella	JAN 22, 2003 00:00:00
	APR 18, 2006 00:00:00

Complio MMR Entries:

Measles Dose 1: 1/22/2003

Measles Dose 2: 4/18/2006

Mumps Dose 1: 1/22/2003

Mumps Dose 2: 4/18/2006

Rubella Dose 1: 1/22/2003

Rubella Dose 2: 4/18/2006

Same Provider/Clinic and same document.

Complio MMR Example

MMR			Approved
Measles Dose 1		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 11/29/2005 Provider: CA Immunization Program			
Measles Dose 2		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 8/31/2009 Provider: Kaweah Delta Exeter Health Clinic			
Mumps Dose 1		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 11/29/2005 Provider: CA Immunization Program			
Mumps Dose 2		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 8/31/2009 Provider: Kaweah Delta Exeter Health Clinic			
Rubella Dose 1		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 11/29/2005 Provider: CA Immunization Program			
Rubella Dose 2		Submitted Date: 1/30/2024	Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 2 document(s) Date: 8/31/2009 Provider: Kaweah Delta Exeter Health Clinic			

Hepatitis B Clinical Requirements Notes

Hepatitis B Titer(HbsAb):
1 report & 1 upload entry.

Titer Results must be Positive

Equivocal or Negative will
require booster doses.

Hepatitis B: 3 dose Series.

Dose 1 and 2 are 4 weeks apart.

Dose 2 and 3 are 5 months apart.

Immunization Record:

Hepatitis B	1	02/11/2005	HepB-HiB vaccine, im (Comvax)
	2	06/08/2005	HepB-HiB vaccine, im (Comvax)
	3	03/27/2006	Hep B vac ped/adol 3 dose im

Complio Hep B Entries:

Hepatitis B Series – 1st: 2/11/2005

Hepatitis B Series – 2nd : 6/8/2005

Hepatitis B Series – 3rd : 3/27/2006

Same Provider/Clinic and same document.

Varicella Clinical Requirements Notes

Varicella Titer

1 report & 1 upload entry.

Titer Results must be Positive

Equivocal or Negative will require booster doses.

❖ If you had chickenpox as a child, you need to do a Titer.

Varicella (Chickenpox) Vaccine: 2 doses

Dose 1 and 2 are 4 weeks apart.

Immunization Record:

Varicella	1	12/27/2005	Varicella
	2	04/09/2009	Varicella

Complio Varicella Entries:

Varicella Dose 1: 12/27/2005

Varicella Dose 2: 6/8/2005

Same Provider/Clinic and same document.

Complio Varicella & Hepatitis B Example

<p> Varicella</p>			Approved					
<p> Varicella Dose 1</p> <p>Submitted Date: 1/30/2024</p>			Meets Requirements					
<p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>2 document(s)</td> </tr> <tr> <td>Date:</td> <td>11/29/2005</td> </tr> <tr> <td>Provider:</td> <td>CA Immunization program</td> </tr> </table>	Document:	2 document(s)	Date:	11/29/2005	Provider:	CA Immunization program	Submitted Comments	Administrator's Comments
Document:	2 document(s)							
Date:	11/29/2005							
Provider:	CA Immunization program							
<p> Varicella Dose 2</p> <p>Submitted Date: 1/30/2024</p>			Meets Requirements					
<p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>2 document(s)</td> </tr> <tr> <td>Date:</td> <td>8/31/2009</td> </tr> <tr> <td>Provider:</td> <td>Kaweah Delta Exeter Health Clinic</td> </tr> </table>	Document:	2 document(s)	Date:	8/31/2009	Provider:	Kaweah Delta Exeter Health Clinic	Submitted Comments	Administrator's Comments
Document:	2 document(s)							
Date:	8/31/2009							
Provider:	Kaweah Delta Exeter Health Clinic							
<p> Hepatitis B</p>			Approved					
<p> Hepatitis B Series - 1st</p> <p>Submitted Date: 1/24/2024</p>			Meets Requirements					
<p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>2 document(s)</td> </tr> <tr> <td>Date:</td> <td>1/4/2005</td> </tr> <tr> <td>Provider:</td> <td>54 FHCN Bridge Street Clinic</td> </tr> </table>	Document:	2 document(s)	Date:	1/4/2005	Provider:	54 FHCN Bridge Street Clinic	Submitted Comments	Administrator's Comments
Document:	2 document(s)							
Date:	1/4/2005							
Provider:	54 FHCN Bridge Street Clinic							
<p> Hepatitis B Series - 2nd</p> <p>Submitted Date: 1/24/2024</p>			Meets Requirements					
<p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>2 document(s)</td> </tr> <tr> <td>Date:</td> <td>5/23/2005</td> </tr> <tr> <td>Provider:</td> <td>CA Immunization Program</td> </tr> </table>	Document:	2 document(s)	Date:	5/23/2005	Provider:	CA Immunization Program	Submitted Comments	Administrator's Comments
Document:	2 document(s)							
Date:	5/23/2005							
Provider:	CA Immunization Program							
<p> Hepatitis B Series - 3rd</p> <p>Submitted Date: 1/24/2024</p>			Meets Requirements					
<p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>2 document(s)</td> </tr> <tr> <td>Date:</td> <td>11/29/2005</td> </tr> <tr> <td>Provider:</td> <td>CA Immunization Program</td> </tr> </table>	Document:	2 document(s)	Date:	11/29/2005	Provider:	CA Immunization Program	Submitted Comments	Administrator's Comments
Document:	2 document(s)							
Date:	11/29/2005							
Provider:	CA Immunization Program							

Tuberculosis (TB) Two-Step. Option 1

Your 2nd PPD must be given 1 to 3 weeks after your 1st PPD.

Two-Step TB Complio Upload:

Healthcare setting? No

PPD 1st: 9/22/2022

PPD 2nd: 9/29/2022

Clinic/ Provider: COS Health Center

Same Document for both entries.

Tuberculin Skin Test Record

Step 1 TB test:

Lot # C5806AA Exp. 3/25/23 Site: RFA (LFA)
Date Administered: 9/20/22 Time Administered: 3:35 PM
Healthcare Provider Signature: S. LUN
Read Date: 9/22/22 Time Read: 3:45 PM
Result: 0 (mm) Negative Positive Clearance Granted
Healthcare Provider Signature: S. LUN

Step 2 TB Test:

Lot # C5806AA Exp. 3/25/23 Site: RFA (LFA)
Date Administered: 9/27/22 Time Administered: 3:18 PM
Healthcare Provider Signature: S. LUN
Read Date: 9/29/22 Time Read: 3:29 PM
Result: 0 (mm) Negative Positive Clearance Granted

Four appointment schedule for two-step testing

Visit 1, day 1

- Place the first TST and have the employee return in 48 to 72 hours for the test to be read.

Visit 2, day 2 - 3

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the first TST is negative, give the patient an appointment to return for placement of the second test in 7 - 21 days.
- If the first TST is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

Visit 3, day 7 - 21

- Place the second TST on all employees whose first test was negative using the alternate arm.

Visit 4, 48 - 72 hours after second test placed

- Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).
- If the second TST is negative, the patient is not infected.
- If the second test is positive, it indicates that the employee is infected with TB. No further testing is indicated. Refer the employee for a chest x-ray and physician evaluation. An asymptomatic employee, whose chest x-ray indicates no active disease, may begin work.

Tuberculosis			Approved
Do you work in a Healthcare setting?			Submitted Date: 2/6/2024 Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Results: No			
PPD 1st			Submitted Date: 1/30/2024 Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 1 document(s)			
Date: 1/19/2024			
Result: Negative			
Provider: College of the Sequoias Health Center			
PPD 2nd			Submitted Date: 1/30/2024 Meets Requirements
Submitted Data	Submitted Comments	Administrator's Comments	
Document: 1 document(s)			
Date: 1/26/2024			
Result: Negative			
Provider: College of the Sequoias Health Center			
			Approved

Complio Tuberculosis Two-Step Example

Tuberculosis (TB) Quantiferon TB Gold Test (Bloodwork) Option 2

Quantiferon TB Gold Test Complio Upload:

Healthcare setting? No

Results Must be Negative.

*** WORK COPY ONLY ***

Printed: Oct 13, 2022 14:54

Collection Date Test Critical Spe Provider Status
09/12/2022 09:0 QUANTIFERON- BLO TA,LUKE OL COMPLE
Results
QUANTIFERON-TB,BLOOD DARK GREEN/LIHEP/6mL/WB BLOOD SP LB #535261

Collection time: Sep 12, 2022@09:07

Test Name	Result	Units	Range
QUANTIFERON-TB Gold,blood	NEGATIVE		
NIL,blood	0.02	IU/mL	
MITOGEN-NIL,blood	>10.00	IU/mL	
TB1 Ag-NIL,blood	0.02	IU/mL	
TB2 AG-NIL,blood	0.01	IU/mL	

Comments:

Negative test result. M. tuberculosis complex infection unlikely.

TB2-NIL

REFERENCE RANGE:




QUANTIFERON(R)-TB GOLD: NEGATIVE

The Nil tube value reflects the background interferon gamma immune response of the patient's blood sample. This value has been subtracted from the patient's displayed TB and Mitogen results.

Lower than expected results with the Mitogen tube prevent false-negative Quantiferon readings by detecting a patient with a potential immune suppressive condition and/or suboptimal pre-analytical specimen handling.

The TB1 Antigen tube is coated with the M.tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper T-lymphocytes.

The TB2 Antigen tube is coated with the M. tuberculosis-specific antigens designed to elicit responses from TB antigen primed CD4+ helper and CD8+ cytotoxic T-lymphocytes.

 Tuberculosis			Approved										
 Do you work in a Healthcare setting?		Submitted Date: 1/19/2024	Meets Requirements										
Submitted Data	Submitted Comments	Administrator's Comments											
Results: <input type="text" value="Yes"/>													
 Quantiferon TB Gold Test			Submitted Date: 1/27/2024										
Submitted Data	Submitted Comments	Administrator's Comments	Meets Requirements										
<table border="1"> <tr> <td>Document:</td> <td>1 document(s)</td> </tr> <tr> <td>Date:</td> <td>1/22/2024</td> </tr> <tr> <td>Expiration Date:</td> <td>1/22/2025</td> </tr> <tr> <td>Provider:</td> <td>John YA-Li, Wu</td> </tr> <tr> <td>Result:</td> <td>Negative</td> </tr> </table>	Document:	1 document(s)	Date:	1/22/2024	Expiration Date:	1/22/2025	Provider:	John YA-Li, Wu	Result:	Negative			
Document:	1 document(s)												
Date:	1/22/2024												
Expiration Date:	1/22/2025												
Provider:	John YA-Li, Wu												
Result:	Negative												

Complio QuantiFERON TB Gold Test Example

Tuberculin Skin Test Record

Step 1 TB test:

Lot # C5806AA Exp. 3/25/23 Site: RFA LFA

Date Administered: 9/20/22 Time Administered: 3:35 PM

Healthcare Provider Signature: S. LUN

Read Date: 9/22/22 Time Read: 3:45 PM

Result: 0 (mm) Negative Positive Clearance Granted

Healthcare Provider Signature: S. LUN

Tuberculosis (TB) Annual

Annual TB Complio Upload:

Healthcare setting? Yes

PPD Annual: 9/22/2022

Clinic/ Provider: COS Health Center

- ❖ If you work in a healthcare setting prior to program entry.
- ❖ 2nd year of program.

Complio Tuberculosis (TB) Annual Example

 Tuberculosis			Approved												
<p> Do you work in a Healthcare setting? Submitted Date: 1/19/2024</p> <p>Submitted Data</p> <table border="1"> <tr> <td>Results:</td> <td>Yes</td> </tr> </table>			Results:	Yes	Submitted Comments	Administrator's Comments	Meets Requirements								
Results:	Yes														
<p> PPD Annual Submitted Date: 12/20/2023</p> <p>Submitted Data</p> <table border="1"> <tr> <td>Document:</td> <td>4 document(s)</td> </tr> <tr> <td>Result:</td> <td>Negative</td> </tr> <tr> <td>Expiration Date:</td> <td>7/28/2024</td> </tr> <tr> <td>Provider:</td> <td>Valley Childrens Healthcare</td> </tr> <tr> <td>Date:</td> <td>7/28/2023</td> </tr> </table>			Document:	4 document(s)	Result:	Negative	Expiration Date:	7/28/2024	Provider:	Valley Childrens Healthcare	Date:	7/28/2023	Submitted Comments	Administrator's Comments	Meets Requirements
Document:	4 document(s)														
Result:	Negative														
Expiration Date:	7/28/2024														
Provider:	Valley Childrens Healthcare														
Date:	7/28/2023														

Tuberculosis Positive Results

Complio: both forms must be upload to complete the TB requirement.

1. **Chest X-Ray** : Results Must be Negative. Receive from your healthcare provider.
2. **TB Screening Form**: Nursing & Allied Health TB Surveillance Form (get from Nursing & Allied Health Administrative Assistant, Angela Iniguez).

**College of the Sequoias
Nursing & Allied Health Department
Tuberculosis (TB) Surveillance Form**

(STUDENT WITH A POSITIVE TB HISTORY OR BCG VACCINE MUST COMPLETE THIS FORM ANNUALLY)

•To be completed by student and verified by Health Care Provider•

Date of PPD positive conversion: ⊕ Quantiferon-TB Gold plus 06/13/2023

Did you receive BCG?: Yes No When: _____ Where: _____

CXR Completed: Yes No Date Completed: 06/15/2023

•If CXR done over 12 months ago, complete the following•

-ANSWER YES FOR ANY UNEXPLAINED SYMPTOM-

Do you have a persistent cough? Yes No

Are you coughing up blood? Yes No

Have you had a fever lasting more than 3 days? Yes No

Have you had unexplained weight loss? Yes No

Do you have a chronic fever? Yes No

Do you suffer from chest pain? Yes No

If you answered **Yes** to any of the above questions, please explain below:

Student Signature: [Signature] Date: 6/22/23

Health Care Provider Signature: [Signature] Date: 6/22/23
(Signature Required)

Print Name: Melanie Alvarado, NP

Address: _____
Family HealthCare Network
201 E. Lakeview Ave
Woodlake CA, 93286

Phone Number: _____
PH: (559) 564-0100
Fax: (559) 737-4921

Attach Health Care Provider
Business Card Here

04Family Healthcare Network Woodlake
201 E LAKEVIEW AVE, WOODLAKE, CA 93286-1301
559-564-0100

559-741-6527

Accession ID: 18257884

Order Date: 06/15/2023 Performed Date: 06/15/2023 15:30:00 Transcribed: 06/15/2023 13:49:51

Requesting Physician: Guido, Noel Ordering Physician: Chudnovsky Vadim MD,

X-RAY CHEST 2 VIEWS

REPORT

Exam: _____

EXAM: CHEST X-RAY (2 VIEW):

History: TB screening

Comparison: 08/12/2017

Findings:

There is no focal consolidation or effusions. The heart is normal in size.

Mediastinal structures midline. No evidence for active tuberculosis.

Bony thorax is intact.

Impression:

No acute disease.

No evidence for active tuberculosis.

FAMILY HEALTHCARE NETWORK
400 E. Oak Ave
Visalia, CA 93291
(559) 741-4500

<https://ca-sj1.novarad.net/NovadWeb/LaunchViewer.aspx?key=01vhCcttIGCPmUJe4JLxfczyH2rptmft1YwG4kNwVEfgNwJ3XY9EQxRSnNm1DFQ9aTmqIG3qMXXXK775Y4FzEm18zKxzpuwUztF5rU4MgM0zaCXYL>

Mendoza, Yadira | 11/14/2001 | F Accession ID: 18257884

Complio Tuberculosis Positive Example

Tuberculosis			Approved
<p>Do you work in a Healthcare setting?</p> <p>Submitted Date: 9/6/2022</p> <p>Submitted Data</p> <p>Results: No</p> <p>Submitted Comments</p> <p>Administrator's Comments</p>			Meets Requirements
<p>Chest X-Ray</p> <p>Submitted Date: 10/13/2023</p> <p>Submitted Data</p> <p>Document: 1 document(s)</p> <p>Date: 4/11/2023</p> <p>Result: Negative</p> <p>Expiration Date: 4/11/2028</p> <p>Provider: VA Clinic</p> <p>Submitted Comments</p> <p>Administrator's Comments</p>			Meets Requirements
<p>TB Screening Form</p> <p>Submitted Date: 10/13/2023</p> <p>Submitted Data</p> <p>Document: 1 document(s)</p> <p>Date: 10/5/2023</p> <p>Expiration Date: 10/5/2024</p> <p>Provider: VA Clinic</p> <p>Submitted Comments</p> <p>Administrator's Comments</p>			Meets Requirements

Complio Exceptions

Before you Apply for Exception on Complio the following MUST be completed first:

1. Email your externship instructor, also CC Allied Health Administrative Assistant.
2. Email response from externship instructor approving exception request with expiration date. Allied Health Administrative Assistant must be cc'd on email.
3. Submit your Apply for Exception through Complio include screenshot of email approval with request. Email Administrative Assistant, you submitted your exception.
 - If the following procedure is not followed and automatic denial will be given until the procedure is followed.

2.3. Exceptions

If you cannot complete a compliance requirement—for example, if you are allergic to a vaccine—your school may allow you to apply for an exception.

To apply for an exception, locate the requirement on your dashboard and click "Enter Requirements." Then select the **Apply For Exception** option.

IMPORTANT:
**NOT ALL SCHOOLS
ALLOW FOR
EXCEPTIONS!**

Select a requirement: --SELECT--

If you select this option, you will need to indicate whether you are applying for an exception for an entire compliance category (for example, Hepatitis B) or a single compliance item (for example, a vaccine dose).

Applying for: Category Item

You will also be required to submit supporting documentation, as well as a note explaining why you believe you need an exception.

Exception Supporting Document:

Drop files to attach, or Browse

Uploaded Documents: --SELECT--

Reason for Exception (min 10 characters)*

Once you've entered the information, click **Submit** to finish applying for the exception.

IMPORTANT!

Exceptions are reviewed by school administrators, not by American DataBank. If you applied for an exception that has not been reviewed after several days, contact your school administrator for further assistance.

COVID-19 Clinical Requirements Notes

COVID-19 Exemptions are NOT Accepted.

❖ If you have questions or concerns, please talk to your program director.

COVID-19 Vaccine: 2 doses & a booster

Dose 1 and 2 are 3 weeks apart.

Dose 2 and booster are 5 months

apart.

2024: only Bivalent vaccine 1 dose for

5-6 months is available on the market.

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información

[Redacted Name] MI

Date of birth: [Redacted] Patient number (medical record or IIS record number): [Redacted]

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer P18982	1/30/21 mm dd yy	Tulare County Public Health
2 nd Dose COVID-19	Pfizer P18982	2/20/21 mm dd yy	Tulare County Public Health
Other	Pfizer Booster FC 9729	3/11/22 mm dd yy	Walnut 186
Other		mm dd yy	

Complio COVID-19 Entries:

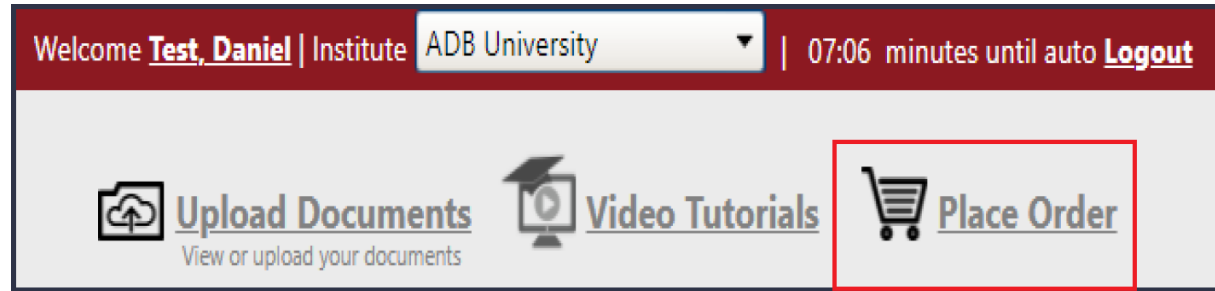
COVID-19 Vaccine Dose 1 of 2: 1/30/2021

COVID-19 Vaccine Dose 2 of 2: 2/20/2021

COVID-19 Booster: 3/11/2022

May be more than 1 document, provider/clinic.

Complio Renew Subscriptions Video



Lastly, at the top right of your dashboard are additional options for managing your account.

- **Upload Documents** – Access and manage your Document Library; upload additional documents as needed
- **Video Tutorials** - Access a library of video tutorials on topics ranging from submitting documents for review to profile sharing
- **Place Order** – Begin the order process for a new package or subscription

Renew your Complio Subscription

1. Place Order
2. Select Your Program
3. Select Tracking Package for your program.
4. Enter the months needed to extend your subscription.

Complio Help Appointment with Angela

- Not Tech Savvy?
- Confused on how to upload?
- Don't have access to scanner, laptop or desktop?
- Don't know where to start in submitting your documents?
- Got an email that your submission rejection? Forward rejection email either via text or email. I will review and respond once complete.

Must email, call, or text to schedule an appointment with me prior to visiting me in person.

- Must have all requirement documentation prior to requesting to schedule an appointment, this save you and me time. 😊
- Schedule your appointment online:



As the Nursing & Allied Administrative Assistant:

I support the following programs: (125)

PTA program (56)

Pharmacy Technician Program (24)

C.NA Program (45)

EMT Program

HLTH 405 (Rehab Aide) /406 (AHA BLS CPR) Classes

Allied Health Division

Angela Iniguez

559-737-6135 (call or text)

angelai@cos.edu

Post Program Resources

GED Transcripts:



High School Transcripts:



Self Query Order:

