



# SUNY POLYTECHNIC INSTITUTE

## COLLEGE OF HEALTH SCIENCES

**Per New York State (NYS) Laws and Regulations, all healthcare facilities require specific documentation, both medical and professional. SUNY Poly requires this information to be on file PRIOR to beginning clinical/practicum coursework. This is for your safety, as well as your patients' and the community's safety.**

### 1. **NYS Public Health Requirements – Wildcat Wellness Student Portal**

Students should submit only the NYS Public Health Requirements, MMR, and Meningitis (the first four requirements listed in blue below), as well as a physical exam, to the Wildcat Wellness Center.

Student Portal by August 1 (Fall semester) and January 1 (Spring semester)

Log in with your Poly username and password to: [myhealth.sunypoly.edu](http://myhealth.sunypoly.edu)

### 2. **College of Health Sciences Requirements – DISA (formally CastleBranch)**

All requirements below (including those in blue) for Nursing/Clinical Documentation can be submitted to the DISA (formally CastleBranch) student portal: <https://portal.castlebranch.com/yp12>

**Please note: The minimum required Package Code to purchase: Y12im: Compliance Tracker**

**IT IS MANDATORY THAT YOU KEEP A COPY OF ALL OF YOUR DOCUMENTATION.**

You may be required to present this information to your preceptor or healthcare facility. Specific healthcare facilities may require more stringent documentation. It is the student's responsibility to comply with the specific facility's requirements and to provide the required documentation. You may be DE-REGISTERED from your coursework if ALL required documentation is not provided prior to the beginning of the clinical/practicum start date.

If you have questions, please contact the Clinical Coordinator: [clinicalcoordinator@sunypoly.edu](mailto:clinicalcoordinator@sunypoly.edu).

Requirement	Submit	Acceptable Documentation
Measles (Rubeola)	One Time	2 vaccination dates, at least 28 days apart, on or after the first birthday OR serologic evidence of immunity with the laboratory value or statement from diagnosing physician indicating measles disease.
Mumps	One Time	1 vaccination date on or after the first birthday OR serologic evidence of immunity with the laboratory value or statement from diagnosing physician indicating mumps disease.
Rubella	One Time	1 vaccination date, on or after the first birthday OR serologic evidence of immunity with the laboratory value.
Meningitis	Every 5 Years	Vaccination date within 5 years of academic start date OR completed Meningitis Information Response Form (declining).

**Nursing, Nurse Practitioner, and PMHNP Students must also submit the following requirements:**

Physical Examination	One Time Initially  Every Year	A physical exam completed within the last year by an MD, PA, or NP indicating your ability to perform clinical/practicum activities and that you are free of communicable diseases.  The <a href="#">SUNY Poly physical examination document</a> is recommended for documentation. Annual Self-Assessment Physical Form and free of communicable disease statement.
Influenza	Every Year	Vaccination date required by December 15th.
Tuberculosis (TB)	Testing initially once  Annually	The date of a negative TST 2 step, or IGRA blood test (Quantiferon TB-GOLD, or T-Spot test) in the last year. A positive result will require medical evaluation and treatment. Submitted physical exam forms must state the student is free from symptoms of active disease. <a href="#">Annual TB Screening Questionnaire</a> . Presence of potential signs or symptoms of TB will require further evaluation before clearance is granted.
Tetanus, Diphtheria, Pertussis (TDaP)	Every 10 Years	Vaccination date must be valid throughout the clinical course.
COVID Vaccine	One Time	Although not required for SUNY Poly, it is recommended. This vaccine may be required by clinical sites. You are required to abide by <b>all</b> clinical site health mandates.
CPR Certification	Every 2 Years	Copy of your valid CPR documentation, indicating issue date and expiration date. BLS and/or ACLS are acceptable.
Nursing License	Every 2 Years, or Upon Renewal	Copy of your valid NYS Registration Certificate or copy of online verification, indicating RN license number and date of expiration.
Health Insurance	One Time (with update if changes)	Please provide a copy of your health insurance card and update it if insurance changes.
Hepatitis B	One Time	3 vaccination dates, at 0, 1 and 6 month intervals OR serologic evidence of immunity with laboratory value.
Varicella (Chicken Pox)	One Time	2 vaccination dates, at least 28 days apart, OR serologic evidence of immunity with the laboratory value.