



## **GRADUATES** **ROCKFORD, IL**

Please carefully review the instructions outlining the medical/health requirements, which must be completed and submitted into your Viewpoint Screening account at least two-weeks prior to your first day of class.

**All health-related questions/concerns should be directed to:  
Mita Santos at [mitasantos@sacn.edu](mailto:mitasantos@sacn.edu)**

1. **All Medical/Health Forms must be completed and submitted into your Viewpoint Screening account.** The forms below **MUST BE** completed by your health care provider.
  - **The cost of the Viewpoint Screening package is \$108.00, which includes Background Check, Drug Screening and Medical/Health record tracking. Once ordered you will be registered within 24 hours. This registration has instructions for students to complete the process. For questions, a live chat will be available to help you.**
2. All new students are required to do a Background Check, Drug Screening and submit Medical/Health requirements which should be completed not more than six months before entering the college.
3. All students are expected to get the current flu/influenza vaccine as it becomes available each fall season. Influenza vaccine is not valid if given before June 30<sup>th</sup> of the coming academic year.
4. The COVID-19 vaccine and first booster dose are mandatory and should be uploaded to your Viewpoint Screening account.



**STUDENT - When completed, submit into your Viewpoint Screening Account.**

<p><b>MUMPS</b> Students must have received two doses of live mumps vaccine, with the first dose administered not earlier than 12 months of age and the second dose no less than one month later, had physician verified disease by office record for mumps, or laboratory evidence of immunity by a detectable antibody titer. Immunity to mumps must be documented prior to admission.</p>	<p>Dates immunized with mumps vaccine (Mumps or MMR):</p> <p>Date disease confirmed by office record:</p> <p>Date and results of immunity as evidenced by titer: Type of test _____</p>	<p>1 _____ M D Y</p> <p>2 _____ M D Y</p> <p>_____</p> <p>M D Y</p> <p>_____</p> <p>M D Y</p> <p>Results _____</p>
<p><b>RUBELLA (GERMAN MEASLES)</b> At least one live Rubella vaccine must be administered not earlier than 12 months of age, physician verified disease by office record for Rubella, or laboratory evidence of immunity by a detectable antibody titer. Immunity to Rubella must be documented prior to admission.</p>	<p>Date immunized with rubella vaccine (Rubella, MR or MMR):</p> <p>Date and results of immunity as evidenced by titer:</p>	<p>_____</p> <p>M D Y</p> <p>_____</p> <p>M D Y</p> <p>_____</p> <p>M D Y</p> <p>Results _____</p>
<p><b>Tdap</b> Tetanus Diphtheria Pertussis vaccine is required prior to entering clinical sites.</p>	<p>Must be updated every 10 years.</p>	<p>_____</p> <p>M D Y</p>
<p><b>TUBERCULOSIS</b> A two-step TB Mantoux skin test (PPD) is required. These tests must be given at least 7 days apart, and not more than 12 months apart. Each test must be read 48-72 hours after administration. TB testing needs to be completed within 6 months of the clinical rotation.</p> <p>Documentation of TB blood test results also acceptable.</p> <p>TB testing must be repeated if the student leaves the country between TB tests.</p>	<p>Dates and results of PPD two-step process this year / or TB blood test.</p> <p>Date and results of x-ray if PPD was positive:</p> <p>(Chest x-ray, TB questionnaire, clearance from the student's local health department are required for a positive TB test. If the student took medication for the positive TB test, CXR in the last 12 months and TB questionnaire are required.) Must have annual update through graduation.</p>	<p>1 _____ M D Y</p> <p>Results _____</p> <p>2 _____ M D Y</p> <p>Results _____</p> <p>_____</p> <p>M D Y</p> <p>Results _____</p> <p>_____</p> <p>M D Y</p> <p>X-ray results _____</p>

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<p><b>HEPATITIS B</b> Hepatitis B vaccine is available at OSF Saint Anthony Center- Employee/Occupational Health Department.</p>	<p>Dates of completed vaccine series:</p>    <p>Date of titer:</p>	<p>1 _____ M D Y</p> <p>2 _____ M D Y</p> <p>3 _____ M D Y</p> <p>_____</p> <p>M D Y</p> <p>Results _____</p>
<p><b>VARICELLA (CHICKENPOX)</b></p> <ol style="list-style-type: none"> <li>Written documentation of 2 doses of varicella vaccine one month apart.</li> <li>Laboratory evidence of immunity or confirmed disease by detectable lab titers.</li> <li>Physician / Provider verified disease by office record.</li> <li>Physician / Provider verified diagnosis of herpes zoster (Shingles.)</li> </ol>	<p>Dates of completed vaccine series:</p> <p><b>OR</b></p> <p>Date and result of immunity as evidenced by titer</p> <p>Date Chicken Pox disease verified via documentation from provider:</p> <p>Date Herpes Zoster disease verified via documentation from provider:</p>	<p>1 _____ M D Y</p> <p>2 _____ M D Y</p> <p>_____</p> <p>M D Y</p> <p>Results _____</p> <p>_____</p> <p>M D Y</p> <p>_____</p> <p>M D Y</p>
<p><b>Meningitis Vaccine</b> Written documentation of the Meningitis Vaccine for students under 22 years of age.</p>	<p>Date of completed vaccine</p> <p>Needs booster if 1<sup>st</sup> dose received prior to age 16.</p>	<p>_____</p> <p>M D Y</p> <p>_____</p> <p>M D Y</p>

**HEALTH CARE PROVIDER**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Health Care Provider (if needed)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# VIEWPOINT VP SCREENING



SAINT ANTHONY  
COLLEGE OF NURSING



- Background Check
- Drug Test
- Health Portal

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**GO TO the School's Landing Page on Viewpoint Screening's Website:**

<https://www.viewpointscreening.com/sacn>

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**Click on "Start Your Order"**



Saint Anthony College of Nursing has partnered with Viewpoint Screening to provide your background check, drug test and immunization management. Please note that failure to submit an order will delay the entrance into an experiential rotation and/or school setting.

Click "Start Your Order" below and you will be directed through the application process. Once your order is submitted, you will receive a confirmation email containing a password to log into [viewpointscreening.com](https://www.viewpointscreening.com). You can upload specific documents at [viewpointscreening.com](https://www.viewpointscreening.com) by entering your email address and password.

- Start Your Order →
- View Your Results →
- Student FAQs →
- Disclaimer →
- Contact →

VIEWPOINT VP SCREENING



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**Choose Your Program**

When you click on your program, it will expand to show you available packages. Click on the option "Background Check + Drug Test + Health Portal" UNDER YOUR PROGRAM.

### Required Package

Saint Anthony College of Nursing require the following services to be performed by Viewpoint Screening:

Background Check:	Illinois Statewide Criminal Records County Criminal Records (7 year history, all jurisdictions) Nationwide Crime Database Nationwide Sexual Offender Registry Healthcare Fraud & Abuse Address History / SSN Validation
Drug Test:	Lab based 10 panel urinalysis:  You will receive an email from Viewpoint Screening after 1 business day once you finish placing your online order regarding your drug test. This email will contain the instructions to have your drug test performed.
Health Portal:	This package includes document storage. At the end of the order process, you will have the capability to upload specific documents required by your school for immunization, medical or certification records.
Price:	\$108.00

### Terms of Use and Refund Policy

Please review the Terms and Conditions of Use carefully below.  
Last Updated: 9/17/2019

These Terms and Conditions of Use (Terms of Use) contains important information regarding both your and Viewpoint Screening's legal rights, obligations, and remedies and cover your use and access to the products, services, software, platform and Website. The Terms of Use also contain authorizations and consent to the collection, use, storage and disclosure by Viewpoint Screening of your information including, without limitation personally identifiable information (PII), background check reports and results, drug test results, immunization records, and professional licenses or certifications.

I have read, understand and agree to the [Viewpoint Screening Terms of Use and Refund Policy](#).

Next

4 **Review Package.**

Once you click on the link, you will be taken to a package summary screen.

After you review your package and the disclaimer/ refund policy, click the button to acknowledge and hit NEXT.

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### Complete the APPLICANT INFORMATION and address sections as prompted.

#### Applicant Information

Do not place an order on someone's behalf. This form must be filled out by the individual who requires Viewpoint Screening services.

First Name*:	<input type="text"/>
Last Name*:	<input type="text"/>
Middle Name:	<input type="text"/>
Alias/Maiden Name 1:	<input type="text"/> <small>Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Alias/Maiden Name 2:	<input type="text"/> <small>Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Alias/Maiden Name 3:	<input type="text"/> <small>Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.</small>
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Please Note: If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.</small>
Date of Birth*:	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Gender:	<input type="radio"/> Male <input type="radio"/> Female

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### Complete payment section.

#### Payment Information

First Name*:	<input type="text"/>
Last Name*:	<input type="text"/>
Credit Card Number:	<input type="text"/>
Exp. Date*:	<input type="text"/> (MM/20YY)
CVV* 2:	<input type="text"/>
Credit Card Type*:	<input type="text" value="Select Card Type"/>
Contact Name (if business):	<input type="text"/>
Email*:	<input type="text"/>
Phone Number:	<input type="text"/>
Address*:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/>
Postal Code*:	<input type="text"/>

• IMPORTANT: Please note that if you enter an address other than the one on file with the credit card's issuing bank, or an incorrect CVV code, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may cause the funds to be held by your bank for up to 5 business days before being released back to the card.

• \*Viewpoint LLC\* will appear on your credit card statement.

• A Parent or Guardian's credit card will be accepted.



• WARNING: Your credit card will be charged when you click "Next." This fee is non-refundable.

• Do not click more than once or you may be charged multiple times.

Back

Next

#### Current Residential Address:

Address*:	<input type="text"/>
City*:	<input type="text"/>
State or U.S. Territory*:	<input type="text"/>
Country*:	<input type="text" value="United States"/> <small>For an international address, select "International" and select the foreign Country name below.</small>
Zip Code*:	<input type="text"/> <a href="#">ZIP Code Look Up Tool</a> <small>Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".</small>

Changes cannot be made once you have placed your order. Please make sure you have provided correct information.

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Next

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### Log In to Your Account

Once your order is complete, you will be taken to a screen like the one shown to the right.

Your username will be the email you used to set up your account. Change password here, and it will log you in to the Viewpoint System.

Thank you your order has been submitted. Please be aware that this order does not contain a background check or a drug test.

You can now access your Health Portal to upload required documents.

**You will be automatically logged into your account once you create a new password.**

RESET THE PASSWORD to your account associated with greys@anatomy.com

Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.

Enter your NEW password   Toggle Password

Confirm your NEW password

I have provided a strong password that will be remembered

Reset Password

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### Next Steps

- **HEALTH PORTAL:** Follow instructions on the following pages to view your Health Portal requirements (to upload documents).
- **DRUG TEST:** You will receive an email from Viewpoint Screening in 1-2 days with your registration information and your testing location.

NEXT →

## TO LOG IN

Go to [www.viewpointscreening.com](http://www.viewpointscreening.com)

Right Hand Corner: **LOG IN**

Click here if you forget your username or password to request to have it emailed to you.

## View your HEALTH PORTAL REQUIREMENTS

Now you are logged into your Viewpoint Screening Account. This is your Dashboard. Click "Health Portal" to VIEW requirements.

## HOW TO SEE REQUIREMENTS & UPLOAD DOCUMENTS

To VIEW YOUR GUIDELINES (what to do) for a particular requirement, click on that item's "Requirement Description."

### Guideline Description Box

From here, you can:

- View the guidelines for what to upload
- See important instructions
- View & download school forms
- Upload a file to correspond with this requirement

### TIPS

- READ the full guideline to make sure you provide the right documentation.
- Viewpoint Screening does not create your requirements. The school communicates requirements to us. Our role is to verify documentation.
- Make sure your name is visible on the document (before and AFTER upload).

# HOW TO UPLOAD A DOCUMENT

When you have the correct document available, you are ready to upload it to your Health Portal.

**CHES Form**  
Requirement Description

Due Date: 08/01/2022

Upload CHES Form Document

Submit a copy of the signed CHES Form

This is 'Form C' from the Workforce Development Board website: <https://wdbscw.org/clinical-g>

[Click here for the CHES form](#)

Select File Close

**CLICK either of these places to upload a document**

Once the document has been successfully uploaded, a new button will appear in the Row of the item with the DATE UPLOADED.

			date upload column	document status column	action date column
Hepatitis B Requirement Description	Click to view the document(s) you have uploaded	Upload New Hepatitis B Document	Document Uploaded On 04/07/22	Document Not-Approved 04/08/22	Next Action Date
MMR Requirement Description	Click to view the document(s) you have uploaded	Upload New MMR Document	Document Uploaded On 02/17/22	Document Approved 02/17/22	Next Action Date 01/01/2030

## Is my document approved or not approved?

Documents are reviewed in 24 hours, or in 1 business day if submitted on weekends. Once reviewed, every document is either APPROVED (and marked green), or NOT APPROVED (and marked red), with a date stamp of review.

Upload New Hepatitis B Document	Document Uploaded On 04/07/22	Document Not-Approved 04/08/22	Next Action Date
Upload New MMR Document	Document Uploaded On 02/17/22	Document Approved 02/17/22	Next Action Date 01/01/2030

## How can I see what I uploaded?

Click to view the document(s) you have uploaded

Always CHECK what you uploaded.

- ✓ Is it the right doc?
- ✓ Is my name visible?

If a document is NOT APPROVED, you will receive an email notifying you with the reason for the rejection. This information can also be located at the bottom of your Health Portal listings under "HEALTH PORTAL MESSAGES."

**Health Portal Messages**

04/20/2022  
blah blkgzhdfk

04/08/2022  
Hepatitis B - Please make sure to include your name on your document.

07/22/2021  
You did not provide the correct document.

12/01/2020  
CPR Certification - You have provided a non-BLS (Basic Life Support) certificate. Please submit a BLS certificate in order to gain approval.

You will receive a general reminder email once weekly until you have reached full compliance for all of your documents.

## Support

Email us at: [studentsupport@viewpointscreening.com](mailto:studentsupport@viewpointscreening.com)

Instant Chat - bottom right hand corner at [ViewpointScreening.com](http://ViewpointScreening.com)  
Monday - Friday 9 am - 5pm EST.