

Collin College Health Professions Clinical Checklist CNA/PCT/EKG Only

CastleBranch Immunization Tracker and Background Check

- Information regarding your CastleBranch account will be distributed by Ms. Kim Chandler via Google Classroom. Please contact kim.chandler@pisd.edu for additional questions regarding the activation of your CastleBranch immunization tracker and background check.
- For questions regarding your CastleBranch Compliance documents, please email healthprofessions@collin.edu from your collin.edu address.

Required Documents (These will be uploaded into CastleBranch)

DUE 10/1/2025

**(Please begin collecting these documents over the summer so you are prepared to upload documents when you have access to your CastleBranch immunization tracker account)	
	Varicella (Chicken Pox) - Immunization record of completed 2-dose series or a positive blood titer result; documentation verifying the history of Varicella (Chicken Pox) is not accepted. (Blood titer result must be quantitative with a reference range)
	Hepatitis B - Immunization record of completed 3-dose series or a positive/reactive blood titer result. (Please be aware that if you do not have a completed 3-dose series or receive a negative blood titer result, this vaccine can take up to 7 months to complete.)
	Tuberculosis (TB) Screening (expires every 12 months, must remain valid throughout the clinical course, please wait to complete your TB screening after 5/15/2025 for the 2025-2026 school year.) Negative Results must be submitted for 1 of the following: Tuberculin PPD skin test, QuantiFERON Gold TB blood test, T-Spot TB blood test, or Chest X-ray
	Tetanus, Diphtheria, and Pertussis (TDaP) dated within ten years and must remain valid throughout the clinical course.
	CPR Certification – Valid American Heart Association Basic Life Support (BLS) Provider CPR Certification Card. (No other CPR certifications will be accepted.)
	your Medical Physician for exemption. The flu vaccine will be due by 10/1/2025 for all students.
	 Front and back of the health insurance card. If the student's name is not present on the insurance card, a proof of coverage or letter of verification from your insurance provider must also be submitted. This letter must include the policy # and the policyholder's name, and list the student's name as a covered member.
	COVID-19 Vaccination (Please note: Submitting documentation of receiving the COVID-19 vaccine is not required. However, we require that you complete this requirement so we can provide our clinical partners with accurate information when requested. Being unvaccinated will not affect your clinical placement.)

- If you are not vaccinated, please "No"
- If vaccinated, please upload your immunization record.