



Stony Brook University



Stony Brook
School of Health Professions

FAR BEYOND

CASTLEBRANCH

Teresa Ann Blaskopf, Admissions and Student Affairs Administrator

Incoming Students

1. You will need to complete the four page [Health History Examination Form](#)
2. Once the form is completed the student would submit on the Wolfie Portal which is “Wolfie Portal”.
3. This should be completed before the start of Orientation in June.

Documents Required for the University

To ensure a healthy and safe campus community, if you plan to enroll in at least one in-person class, live on campus, or access in-person services or facilities on Stony Brook's campuses, you are required to comply with mandatory immunization requirements. Evidence of MMR immunity includes any of the following as long as the first dose is administered on or after the first birthday and the second dose is administered at least 28 days after the first dose:

TWO DOSES of MEASLES/MUMPS/RUBELLA (MMR) VACCINE

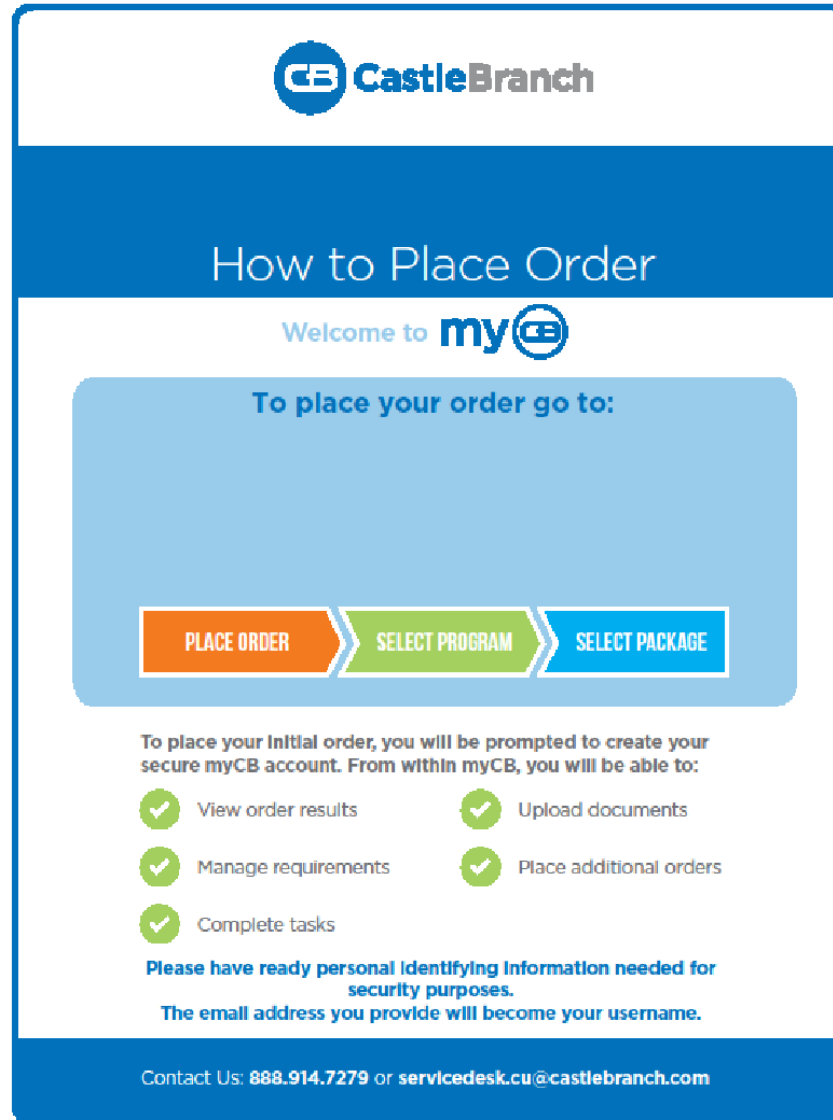
TWO DOSES of MEASLES VACCINE, ONE DOSE OF MUMPS VACCINE AND ONE DOSE OF RUBELLA VACCINE


TWO DOSES OF MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINE

In lieu of (not in addition to) an acceptable combination of vaccines above, a positive blood test (a quantitative titer only) showing protective antibodies to measles (rubella), mumps and rubella is acceptable to prove immunity. A copy of the official lab report must be provided.

For Clinical Rotations

For students to participate in clinical rotations, it is the students' responsibility to have all required documents uploaded to CastleBranch[®] and to check that they are in compliance with their individual program requirements before attending any clinical rotation. Any student out of compliance will not be allowed to attend any clinical activities.



 CastleBranch

How to Place Order

Welcome to **myCB**

To place your order go to:

PLACE ORDER → **SELECT PROGRAM** → **SELECT PACKAGE**

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

Please have ready personal identifying information needed for security purposes.
The email address you provide will become your username.

Contact Us: 888.914.7279 or servicedesk.cu@castlebranch.com

Making an Account on CastleBranch

CastleBranch

1. Once you are at the CastleBranch website, click Place Order.
2. Then click “Please Select (It is a drop-down menu. Click your specific program.)”
3. You will see 4 items to choose from.
 - a. If you need a Background Check, Drug Test, and Health Compliance, as instructed by your program, you can click the first Tracker.
 - b. If you only need the Health Compliance, then click the last Tracker.
 - c. You can do the Background Tracker and Drug Test Tracker separately if instructed, by your program.

For example: the numeric code in each tracker indicates the program code needed to register a check, such as “37” for Radiation Therapy:

To combine the health compliance, background check and drug testing: YS37

Drug Test - YS37dt

Background check - YS37bg

Health Compliance - YS37im

Prices for CastleBranch

- a. Health Compliance \$43
- b. Background Check \$135
- c. Drug Screening \$35



Uploading Documents



Physical Examination- Page 2

HSC School/Program: [REDACTED] Stony Brook ID No.: [REDACTED]

PART I-HEALTH HISTORY
 Students: Please complete all sections on pages 2 and 3 according to your health profession's certification.

Name: [REDACTED] Date of Birth: [REDACTED]
 Sex: Male Female Medical Status: Current Former Other

Home Address: [REDACTED]
 Local Campus Address (if known): [REDACTED]
 Person to be Notified in Case of an Emergency: [REDACTED]
 Address: [REDACTED]
 Name and address of parent, guardian, or spouse, if appropriate: [REDACTED]
 Address: [REDACTED]
 Physician: [REDACTED]
 Address: [REDACTED]

Where have you lived (check all that apply):
 United States Canada Mexico Central America South America Caribbean Europe
 Africa Middle East India Oceania Asia Australia New Zealand Other

RELEASE OF INFORMATION AUTHORIZATION
 I give authorization for the release of my Student Health History and Examination Record to the Office of Student Services, the Dean of the School of Health Professions and the Director of the Student Health Center, Stony Brook University Hospital, Stony Brook School of Health Professions, and other health care providers who may be required to provide clinical services as part of the academic program of the Health Professions School of Stony Brook University.

[REDACTED Signature] [REDACTED Date]

PERMISSION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE
 When seeking medical and health care, each effort will be made to notify parents or guardians of specific health concerns, and when appropriate, make this contact. To avoid delay in treatment, we request that the following consent be provided by parents or legal guardians or spouse. I hereby grant permission to health care providers to provide any medical, pharmaceutical, or surgical treatment as needed.

[REDACTED Signature] [REDACTED Date]

2



Uploading Documents



Physical Examination- Page 4

STUDENT'S NAME: [REDACTED] SMILEY ID IN: [REDACTED]

DATE OF BIRTH: [REDACTED]

Major Program (check one from below):
 J.D.
 J.D./M.P.A.
 J.D./M.P.S.
 J.D./M.P.A./M.P.S.
 M.P.S.
 M.P.A.
 M.P.S.
 M.P.A./M.P.S.

PART II - PHYSICAL EXAMINATION

To the Examining Practitioner:
 I declare the Student is truly and completely representative of the information provided hereon for all purposes. THIS STUDENT HAS BEEN ADMITTED TO THE ACADEMY. The information provided herein is true and correct to the best of my knowledge. I am not aware of any background or pending health care information which would disqualify the student from admission to the Academy. I am not aware of any pending health care information which would disqualify the student from admission to the Academy. I am not aware of any pending health care information which would disqualify the student from admission to the Academy.

I Report: 1. Height: [REDACTED] 2. Weight: [REDACTED] 3. Temperature: [REDACTED] 4. Pulse: [REDACTED]
 5. Blood Pressure: [REDACTED] 6. Vision: [REDACTED] 7. Hearing: [REDACTED] 8. Reflexes: [REDACTED]

Record any abnormalities of the following systems in the space below.

System	Abnormal	Normal	Assess
1. Neck, Eye, Ears, Nose, Throat			
2. Chest (with auscultation)			
3. Heart			
4. Back/Thorax			
5. Respiration			
6. Gastrointestinal			
7. Genitourinary			
8. Musculoskeletal			
9. Neurological			
10. Skin			
11. Head			
12. Mouth			
13. Neck			
14. Lungs			
15. Heart			
16. Abdomen			
17. Genitourinary			
18. Musculoskeletal			
19. Neurological			
20. Skin			
21. Head			
22. Mouth			
23. Neck			
24. Lungs			
25. Heart			
26. Abdomen			
27. Genitourinary			
28. Musculoskeletal			
29. Neurological			
30. Skin			

19. The student is fully alert and oriented to person, place, time, and situation at all times.
 20. The student is free of any acute or chronic illness, injury, or other condition that would affect the student's ability to perform the duties of the profession.
 21. The student is free of any acute or chronic illness, injury, or other condition that would affect the student's ability to perform the duties of the profession.
 22. The student is free of any acute or chronic illness, injury, or other condition that would affect the student's ability to perform the duties of the profession.

PART III - IMMUNIZATION HISTORY

IMMUNIZATIONS REQUIRED	Date of last dose	IMMUNIZER NAMED	WARRANTY
1. DTP (Diphtheria, Tetanus, Pertussis) (1, 2, 3)	11/15/11, 11/15/12, 11/15/13	[Signature]	Yes
2. Polio (Poliovirus) (1, 2, 3, 4)	11/15/11, 11/15/12, 11/15/13, 11/15/14	[Signature]	Yes
3. Hib (Haemophilus influenzae type b) (1, 2, 3, 4)	11/15/11, 11/15/12, 11/15/13, 11/15/14	[Signature]	Yes
4. Mumps (Mumps virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
5. Measles (Measles virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
6. Rubella (Rubella virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
7. Varicella (Chickenpox) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
8. Hepatitis B (Hepatitis B virus) (1, 2, 3)	11/15/11, 11/15/12, 11/15/13	[Signature]	Yes
9. Tetanus (Tetanus toxin) (1, 2, 3)	11/15/11, 11/15/12, 11/15/13	[Signature]	Yes
10. Pertussis (Whooping cough) (1, 2, 3)	11/15/11, 11/15/12, 11/15/13	[Signature]	Yes
11. Meningococcal (Meningococcus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
12. Hepatitis A (Hepatitis A virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
13. Typhoid (Typhoid fever) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
14. Yellow fever (Yellow fever virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
15. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
16. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
17. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
18. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
19. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
20. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
21. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
22. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
23. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
24. Ebola (Ebola virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
25. Marburg (Marburg virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
26. Rift Valley Fever (Rift Valley Fever virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
27. Crimean-Congo Hemorrhagic Fever (Crimean-Congo Hemorrhagic Fever virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
28. Tick-borne Encephalitis (Tick-borne Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
29. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
30. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
31. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
32. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
33. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
34. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
35. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
36. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
37. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
38. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
39. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
40. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
41. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
42. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
43. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
44. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
45. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
46. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
47. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
48. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
49. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
50. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
51. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
52. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
53. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
54. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
55. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
56. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
57. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
58. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
59. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
60. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
61. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
62. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
63. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
64. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
65. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
66. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
67. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
68. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
69. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
70. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
71. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
72. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
73. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
74. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
75. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
76. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
77. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
78. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
79. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
80. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
81. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
82. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
83. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
84. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
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87. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
88. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
89. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
90. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
91. Chikungunya (Chikungunya virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
92. Zika (Zika virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
93. Rabies (Rabies virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
94. Smallpox (Smallpox virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
95. Hepatitis C (Hepatitis C virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
96. HIV (Human Immunodeficiency Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
97. Malaria (Malaria parasite) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
98. Japanese Encephalitis (Japanese Encephalitis virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
99. West Nile Virus (West Nile Virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes
100. Dengue (Dengue virus) (1, 2)	11/15/11, 11/15/12	[Signature]	Yes

Examining Practitioner: [Signature] Date of Examination: 6/15/14

Name: NORTH SHORE MEDICAL GROUP Address: 58 Southern Blvd., New Canaan, CT 06840 Phone: (631) 659-1700



Uploading Documents



Physical Examination- Lab Results

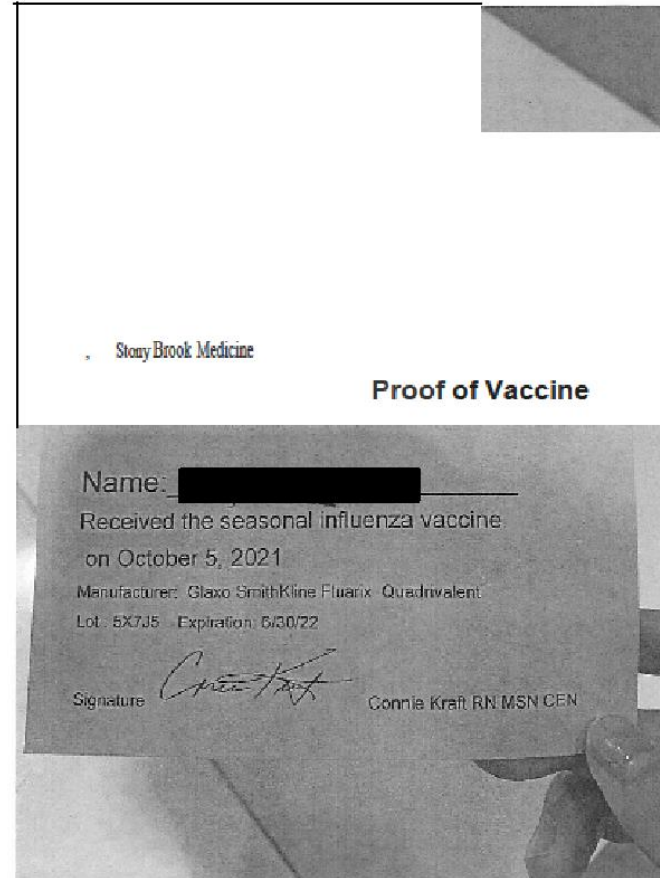
ORDERED: 06/10/2021 12:00 AM-0400 GMT BY
 ENTERED: 06/15/2021 09:45 AM-0400 GMT BY OTHERLAB
 REPORT DATE: 06/14/2021 06:05 PM-0400 GMT
 OBSERVE DATE: 06/10/2021 10:17 AM-0400 GMT
 PROVIDER: 003 NASC, STACI
 TEST: VARICELLA ZOSTER ABS, IGG/IGM
 ACCESSION #: 161E0480670

SPECIMEN TYPE:
 COLLECTION DATE: SPECIMEN COND.:
 SPECIMEN ACTION CODE:

OBSERVATION	RESULT	UNITS	REF. RANGE	ABNORMAL FLAG	STATUS
VARICELLA ZOSTER IGG	<135		Immune >165	I	F
			Negative <135		
			Equivocal 135 - 165		
			Positive >165		
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.					
VARICELLA-ZOSTER AB, <0.91 IGM			0.00-0.90		F
			Negative <0.91		
			Borderline 0.91 - 1.09		
			Positive >1.09		

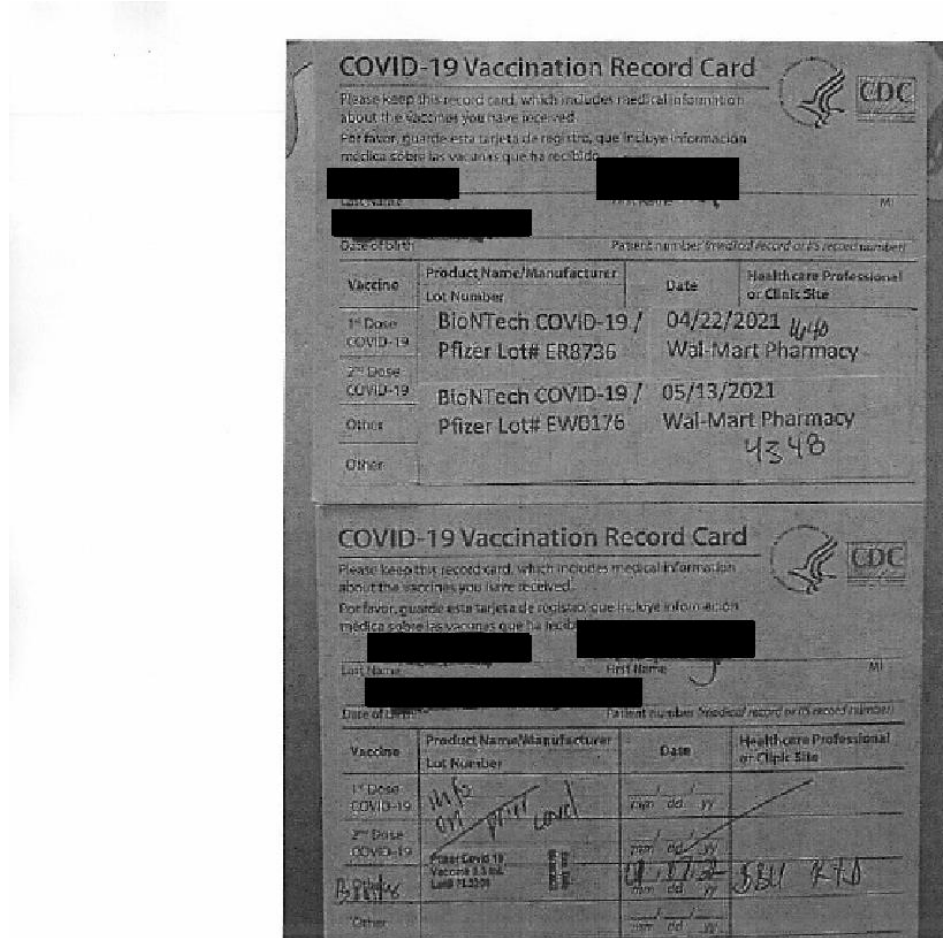
Uploading Documents Stony Brook School of Health Professions

Flu Vaccine



Uploading Documents

COVID Vaccine and Booster



Questions