EXERCISE SCIENCE HEALTH AND SAFETY REQUIREMENTS

Guidelines

All Health and Safety requirements must be completed BEFORE EXSC 341, 342, 481, 482, 483 or 499 can be approved and holds can be released for the courses.

All requirements MUST be turned in at the same time in a packet, along with a completed Undergraduate Health and Safety form.

All requirements must be in the order below. Copies of the requirements must be on an 8½ X 11 sheet of paper with both sides of cards copied.

Requirements

1. Hepatitis B Vaccination
2. PPD (Tuberculosis) Skin Test
3. First Aid Certification
4. CPR Certification
5. Bloodborne Pathogens Online Training

Turn in the documentation along with any other health and Safety requirements to:
EXSC Office
Blatt PE Center
1300 Wheat St, Room 102
Columbia, SC 29208

Forms MUST be checked off and signed by office personnel.

Keep in Mind

The packet needs to be turned in during the semester prior to the semester you plan to take one of the courses listed above.

Keep the original copies of your medical records. Make and turn in copies of your records. COPIES WILL NOT BE MADE FROM PREVIOUS SEMESTERS.

PPD Skin Test and Bloodborne Pathogens Online Training are valid for one year from test dates and must be current through the end of the semester.

CPR certifications may be valid for 1-2 years, while First Aid certifications may be valid for 2-3 years from the test date and must be current through the end of the semester.

The Hepatitis B Vaccination had no expiration date in relations to taking the courses.

Submissions after the deadline WILL NOT be accepted. You will not be eligible for your practicum course without completing these requirements.
**Hepatitis B Vaccination**

OSHA requires immunization against Hepatitis B in fulfillment of the requirements that all persons at risk of exposure to bloodborne pathogens should be protected against such risk. This is typically given as a three dose series as a child or prior to arriving on campus. At a minimum, you must have your second dose of the vaccination completed by the due date or you will not be allowed to register for the course.

**Local Clinics**
Thomson Student Health Center  
1409 Devine St.  
Columbia, SC 29208  
Phone: (803) 777-3175

MinuteClinic inside  
CVS/Pharmacy Store #  
830  
900 Assembly St.  
Columbia, SC 29201  
Phone: (866) 389-2727

Doctors Express  
3304 Forest Drive  
Columbia, SC 29204  
Phone: (803) 787-3901

To find another clinic that will administer the Hepatitis vaccine please use [http://www.vaccines.gov](http://www.vaccines.gov).

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**Tuberculosis Screening**

In order to enroll in one of the above courses, students must have annual tuberculosis (TB) screening results on file. The skin test, which screens for TB, typically requires an initial test followed by a visit to check the results. The requirement must be completed by the end of the due date or you will not be allowed to register for any of the above courses. A TB test is good for only one year. TB Tests will need to be renewed each year.

**Testing Sites**
Thomson Student Health Center  
1409 Devine St.  
Columbia, SC 29208  
Phone: (803) 777-3175

MinuteClinic inside  
CVS/Pharmacy Store #  
830  
900 Assembly St.  
Columbia, SC 29201  
Phone: (866) 389-2727

Doctors Express  
3304 Forest Drive  
Columbia, SC 29204  
Phone: (803) 787-3901

To find another clinic that will administer the Hepatitis vaccine please use [http://www.vaccines.gov](http://www.vaccines.gov).

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**First Aid Certification & Adult, Infant and Child CPR Certification**

Only American Red Cross and American Heart Association certifications will be accepted. You must provide a copy of the front and back of your certification cards no later than the end of the due date or you will not be allowed to register for the course.

**Locations**
American Red Cross of Central South Carolina  
2751 Bull St.  
Columbia, SC 29201  
Phone: (803) 540-1200

Thomson Student Health Center  
1409 Devine St.  
Columbia, SC 29208  
Phone: (803) 777-3175

ATC Healthcare Services  
3935 Sunset Blvd  
Columbia, SC 29169  
Phone: (803) 796-9612

To find other certification class, please visit [http://www.redcross.org/](http://www.redcross.org/) or [http://www.heart.org/HEARTORG/](http://www.heart.org/HEARTORG/)

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**Bloodborne Pathogens**

This course reviews safe handling practices for working with blood, blood products, or other potentially infectious materials. The University of South Carolina Health and Safety Unit offers an online course you can access via the internet that allows you to review the material and take a short test at the end of the tutorial.

**Instructions**
- Go to [http://ehs.sc.edu/modules/BBP/bbp_intro.htm](http://ehs.sc.edu/modules/BBP/bbp_intro.htm) to begin the training course.
- Read through the tutorial on bloodborne pathogens.
- Click on Post-test and sign in using your blackboard logon information.
- Fill in the necessary fields at beginning of the test.
- Answer all of the questions and click “send quiz and record.”
- Print two copies of the certificate of completion with the rest of the required documents. Keep the other copy for your records.
EXERCISE SCIENCE HEALTH AND SAFETY REQUIREMENTS

Undergraduate Health and Safety Form

Student Name: _____________________________
VIP ID: ___________________________________
Email Address: ______________________________
Phone Number: ______________________________
Track: HF  SF  MD
Course Number: 341  342  481  482  483  499
Semester: Fall  Spring  Summer
Year Taking Course: 20 ___

Hepatitis B Vaccination
Date of Dose 1: ___________________________
Date of Dose 2: ___________________________
Date of Dose 3: ___________________________
or
Titer Date: ___________________________
Results: ________________________________

PPD (Tuberculosis) Skin Test
Date: ________________________________
Results: ______________________________
Date: ___________________________
Results: ______________________________

First Aid Certification
Date Acquired: _____________________
Exp. Date: ____________________________

Adult, Infant and Child CPR Certification
Date Acquired: _____________________
Exp. Date: ____________________________

Bloodborne Pathogens Training
Date: ________________________________

Office Signature
______________________________________
Date
_________________________________________