MENNONITE COLLEGE OF NURSING
Illinois State University

Health and Safety Compliance Requirements for Fall 2017 RN BSN Students

Dear RN BSN Student:

This is your packet of information relating to health, safety, and compliance requirements for ALL students who are entering Mennonite College of Nursing at Illinois State University in Fall 2017. This packet contains very important health information with specific deadlines. Most requirements are due July 1, 2017. At the very latest, Mennonite College of Nursing must receive any outstanding requirements by three weeks prior to your enrollment in either of the following courses:

NUR 330 – Public Health Nursing
NUR 341 – Leadership Dimensions in Nursing

- Pages 2 – 7 include a Checklist with detailed descriptions and due dates for each health, safety, and compliance requirement.
- Page 8 is the *Mennonite College of Nursing – Student Health Services Disclosure Consent* form.
- Page 9 is the *Mennonite College of Nursing Verification of HIPAA and OSHA Compliance Training.*
- Pages 10 includes instructions for initiating the Criminal Background Check and Drug Test.
- Pages 11 – 12 is the *Mennonite College of Nursing at Illinois State University Policy on Criminal Background Checks.*
- Page 13 is the *Criminal Background Investigation Disclosure Consent Form.*

It is important to complete these requirements during the specified timeframes and by the prescribed deadlines. Failure to do so by the designated due dates may result in subsequent registration blocks, a minimum $50.00 administrative compliance fee, and an inability to participate in clinical/practicum/residency activities until the deficiencies are complete. Should you have questions about these requirements, please contact mcstudenthealth@ilstu.edu.

Sincerely,

Janeen Mollenhauer, M.S., LCPC
Assistant, Dean, Student and Faculty Services
Mennonite College of Nursing
Illinois State University

Mennonite College of Nursing

Health Requirements Checklist

Snapshot of Deadlines

Fall 2017 RN-BSN Students		
	Documentation Deadline	**Requirement**
☐	**7/1/2017**	Mennonite College of Nursing (MCN) – Student Health Services (SHS) Disclosure Consent Form
☐	**7/1/2017**	Criminal Background Investigation Disclosure Consent Form
☐	**7/1/2017** (background check to be completed between June 1 – June 30)	Criminal Background Check
☐	**7/1/2017** (drug test to be completed between June 1 – June 30)	Drug Test
☐	**7/1/2017**	Hepatitis B Injection Series or Hepatitis B Surface Antibody Titer Lab Report
☐	**7/1/2017**	MMRs
☐	**7/1/2017**	Rubella Immunoglobulin G (IgG) Titer Lab Report
☐	**7/1/2017**	Varicella Immunoglobulin G (IgG) Titer Lab Report
☐	**7/1/2017**	TDAP documentation
☐	**7/1/2017**	Healthcare Provider CPR Course
☐	**7/1/2017**	Two Step Tuberculosis Skin Test
☐	**9/30/2017**	Influenza Vaccination
☐	**10/31/2017**	MCN Verification of HIPAA and OSHA Compliance Training
☐	**10/31/2017**	Second round of Hepatitis B Injection Series (if needed) ***at least the first 2 must be completed to be able to register and participate in your clinicals***
☐	**10/31/2017**	Follow-up MMR injections (if needed)
☐	**10/31/2017**	Follow-up Varicella injections (if needed)

Mennonite College of Nursing

Mennonite College of Nursing (MCN) – Student Health Services (SHS) Disclosure Consent Form

Due by 7/1/2017

All students who register for one or more credit hour and pay a Student Health Services (SHS) fee are entitled to use all of the services at the on-campus clinical for the entire semester. The Student Insurance plan is not needed to access care at SHS. There will be an $11 front door fee assessed to the user's University account for each visit. Eligible students can obtain most medical care at no additional cost. For more information on eligibility for services at SHS, contact the SHS Business Office at 309-438-8793.

In order to work collaboratively with the Illinois State University Student Health Services (SHS) regarding the completion of student immunization requirements, students must authorize the release of protected health information by MCN for this purpose. Students must sign the consent form in this packet and return it to the College. SHS Health Information Management (HIM) also needs a consent signed to share information in return to MCN. This consent can be signed at the SHS HIM department.

☐ **MCN – SHS Disclosure Consent Form (page 8)**

Mennonite College of Nursing Verification of HIPAA and OSHA Training

Due by 10/31/2017

All MCN students enrolled in courses are required to train annually for HIPAA and OSHA Compliance. If student is employed with a facility that requires and provides this training, please fill out the form to indicate when and where the training was received. If student has not completed HIPAA and OSHA training, the verification should be completed accordingly and returned to the OSFS office for Health and Safety Compliance. Student will receive instructions detailing the completion of this training and will complete another form when training is completed to return to the OSFS office for Health and Safety Compliance. **If student will be taking NUR 330 or NUR 341 in Fall 2017, this form must be received by 7/1/2017. All others are due 10/31/2017.**

☐ **MCN Verification of HIPAA and OSHA Compliance Training (page 9)**

Criminal Background Check and Drug Testing

Complete NO SOONER than 6/1/2017 and NO LATER than 6/30/2017
Disclosure Consent form and CANTS form due by 7/1/2017

Every student must obtain a criminal background check and drug test through the College-designated vendor. Criminal background checks and drug tests completed outside the designated timeframe will not be accepted. Students should begin this process immediately, as the results can take a lengthy period of time to obtain.

Students with disqualifying legal charges and/or positive drug tests will not be allowed to start the nursing major – ***no exceptions.***

☐ **Authorization for Criminal Background Investigation Disclosure Consent form (page 13)**

☐ **Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS) form (this will print from the Verify Students website)**

☐ **Criminal Background Check and Drug Test**

*The **ONLY** acceptable method of completing this is by following the detailed instructions included in this packet (page 10). Please be sure to refer to the policy relating to the criminal background check process, found on pages 11-12 in this packet)*

--continued on next page--

- Log on to www.verifystudents.com.

- Complete the form entitled "*Authorization for Background Check – Child Abuse and Neglect Tracking System (CANTS)*". This CANTS form must be completed and submitted to MCN as soon as possible, as the results of the background check can take a lengthy period of time to obtain. On your behalf, MCN will send your CANTS form to DCFS for processing. This allows for a faster turnaround. Please do ***not*** alter the address in the bottom left corner of the form, which indicates to DCFS that the results should be sent to Corporate Screening Services, Inc. DCFS will ***not*** accept electronic signatures.
- You will be directed to obtain a drug test at an approved clinic closest to your requested zip code. After paying online, you will be expected to complete the drug test *within three days.*
- Results from the criminal background check and drug test are communicated electronically by the vendor to the College.

Hepatitis B Injection series *or* Hepatitis B Titer

Start now
Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

All students must obtain a series of three Hepatitis B injections OR provide proof of immunity via titer. *If you obtain the Hepatitis B injections, at least the first two injections of the series* must be completed in order to be able to participate in clinical/practicum/residency activities. Timely completion of the series is required.

☐ **Documentation of dates of all three injections of the series**

You may have completed the series as a child. If so, this can be found on your immunization record and will be acceptable to submit.

or

☐ **Positive Hepatitis B Surface Antibody Titer Lab Report**

Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

If your Hepatitis B surface antibody titer result is "Negative," "Not Immune," or "Non-reactive," you will need to complete another full round of the Hepatitis B injection series.

☐ **Documentation of dates of all three injections of the series**

A guideline to the Hepatitis B schedule:

- Injection #1 – can be obtained immediately
  *Date obtained*_____
- Injection #2 – to be obtained 1 month after Injection #1
  *Date obtained*_____
- Injection #3 – to be obtained 6 months after Injection #1
  *Date obtained*_____

☐ **Hepatitis B Surface Antibody Titer Lab Report**

1-2 months after completing the Hepatitis B series, another Hepatitis B surface antibody titer should be drawn.

Measles, Mumps, and Rubella Vaccinations *and* Rubella Titer

Start now
Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

All students are expected to provide proof of immunization against Measles, Mumps, and Rubella, as well as obtain a quantitative IgG antibody blood titer to provide proof of immunity to Rubella. Even if you have been immunized or show evidence of having had this disease, you will need to obtain this titer – ***no exceptions***.

☐ **Documentation of dates of two Measles, Mumps, and Rubella (MMR) injections after one year of age and after 12/31/1967**

If you have already submitted this information to ISU SHS, you must request that SHS HIM send this to MCN. Alternatively, you may submit this information to MCN and MCN will share this documentation with SHS HIM. *Keep in mind that SHS HIM needs this documentation within the first 10 calendar days of the fall term.*

If you have not had two MMR injections, you are considered in compliance with the MMR requirement if you have had all of the following:

- Two Measles immunizations
  after one year of age and after 12/31/1967
- One Mumps immunization
  after one year of age and after 12/31/1967
- One Rubella immunization
  after one year of age and after 12/31/1968

If you cannot produce proof of two MMR injections, you are considered in compliance with the MMR requirement if you can provide all of the following:

- Positive Measles (Rubeola) IgG titer
- Positive Mumps IgG titer
- Positive Rubella IgG titer

☐ **Rubella Immunoglobulin G (IgG) Titer Lab Report**

Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

If your Rubella IgG titer result is "Negative," "Not Immune," or "Equivocal," you will need to complete two follow-up MMR injections even if you have received them in the past.

☐ **Documentation of dates of two follow-up MMR injections**

- Injection #1 – can be obtained immediately
  *Date obtained*_____
- Injection #2 – to be obtained 1 month after Injection #1
  *Date obtained*_____
- *No additional titer is required after completing the follow-up injections.*

Varicella Titer

Start now
Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

All students are expected to obtain a quantitative IgG antibody blood titer to provide proof of immunity to Varicella. Even if you have been immunized or show evidence of having had this disease, you will need to obtain this titer – ***no exceptions***.

☐ **Varicella Immunoglobulin G (IgG) Titer Lab Report**

Titer lab reports must show your name, date of the titer, and numerical values and reference ranges. A clear statement regarding your immunity is acceptable provided that the name, credentials, and signature of the healthcare provider who assessed the result is also documented.

If your Varicella IgG titer result is "Negative," "Not Immune," or "Equivocal," you will need to complete two follow-up Varicella injections even if you have received them in the past or have had Chicken Pox.

☐ **Documentation of dates of two follow-up Varicella injections**

- Injection #1 – can be obtained immediately
  *Date obtained*_____
- Injection #2 – to be obtained 1 month after Injection #1
  *Date obtained*_____
- *No additional titer is required after completing the follow-up injections.*

Tetanus-Diphtheria-Pertussis Vaccination

Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

Students must have obtained a Tetanus-Diphtheria-Pertussis (TDAP) vaccination since 2007. Re-vaccination of TDAP is required every 10 years.

☐ **Documentation of date of Tetanus-Diphtheria-Pertussis (TDAP) injection 2007 or later**

You may have submitted proof of a Tetanus-Diphtheria (Td) injection to ISU SHS upon admission. Please note that if you have not had the TDAP, you will need this for MCN. If you submitted proof of having received the TDAP to ISU SHS, you must request that SHS HIM send this to MCN. Alternatively, you may submit this information to MCN and MCN will share this documentation with SHS HIM. *Keep in mind that SHS HIM needs this documentation within the first 10 calendar days of the fall term.*

Healthcare Provider CPR Course

Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

To comply with student requirements of local hospitals, ***all students*** are required to complete one of two approved CPR courses, which is valid for two years.

When researching CPR courses, please be sure to verify the course is ***CERTIFIED*** by either the American Heart Association or the American Red Cross and includes an in-person skills check. Students may contact local hospitals, fire departments, the American Heart Association or the American Red Cross for courses offered in their area.

☐ **Documentation of completion of Healthcare Provider CPR course**

*The **ONLY** acceptable courses are the following:*

- American Heart Association: Basic Life Support (BLS) for the Healthcare Provider
  or
- American Red Cross: CPR/AED for Professional Rescuers and Health Care Providers

Tuberculosis Test

Documentation due by 7/1/2017
or by three weeks prior to enrollment in NUR 330 or NUR 341

All students are expected to complete a Tuberculosis exposure screening test from a primary care provider, health department, or occupational health clinic. ***ALL STUDENTS*** *are required to have a TB test annually*.

☐ **Documentation of Two-Step TB Skin Test from within a year of the beginning of the fall term**

This consists of 4 appointments:

- Test 1 administered
- Test 1 read – 48-72 hours after Test 1 administered
- Test 2 administered – 1-3 weeks after Test 1 administered
- Test 2 read – 48-72 hours after Test 2 administered.

or

☐ **Documentation of an older Two-Step TB Skin Test AND Documentation of subsequent annual One-Step TB Skin Test updates**

or

☐ **Documentation of One-Step TB Skin Tests from the last three years**

---Documentation of TB Skin Tests must include the dates administered and read, and the results. If you have had a Two-Step TB Skin Test in the past, please contact me to determine if you will need a Two-Step or One-Step.---

or

☐ **Quantiferon Gold TB Test Lab Report from within a year of the beginning of the fall term**

or

☐ **T-SPOT.TB Test Lab Report from within a year of the beginning of the fall term**

Influenza Vaccination

Documentation due by 9/30/2017

All students are required to receive the influenza vaccine when it becomes available during flu season *each year*. In September or early October, students should anticipate scheduling this at a provider of one's choice.

☐ **Documentation of influenza vaccination**

Documentation may be submitted in person, by mail, fax, or email to:

Office of Student and Faculty Services
Mennonite College of Nursing
Illinois State University
112 Edwards Hall
Campus Box 5810
Normal, IL 61790-5810

Phone: 309-438-7400
Fax: 309-438-0591
Email: mcnstudenthealth@ilstu.edu

MENNONITE COLLEGE OF NURSING
Illinois State University

Mennonite College of Nursing – Student Health Services
Disclosure Consent Form

I, (print name) _____, give permission to Mennonite College of Nursing at Illinois State University to provide all or part of the protected health information in my medical record to designated representatives of Illinois State University Student Health Services for the purpose of verifying the completion of student health requirements. A photocopy of this release is as valid as the original.

I understand that I may revoke this authorization at any time by giving written notice of my revocation to the individual listed below. I understand that revocation of this authorization will *not* affect any action you took in reliance on this authorization before you received my written notice of revocation.

I understand that this authorization is not reciprocal and that I must sign a separate authorization form at the Health Information Management Department at Illinois State University Student Health Services giving permission for each specific item of health information to be released to Mennonite College of Nursing.

I have had full opportunity to read and consider the contents of this authorization, and I understand that by signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form.

_____ _____
Student Signature Date

Return to:

Office of Student and Faculty Services
Mennonite College of Nursing
Illinois State University
112 Edwards Hall
Campus Box 5810
Normal, IL 61790-5810
Fax: 309-438-0591
Email: mcnstudenthealth@ilstu.edu

ILLINOIS STATE UNIVERSITY
Mennonite College of Nursing

Mennonite College of Nursing

Verification of HIPAA and OSHA Compliance Training

Please check one:

☐ I am currently enrolled in the FNP Program.

☐ I am currently enrolled in the PhD Program.

☐ I am currently enrolled in the NSA Program.

☐ I am currently enrolled in the DNP Program.

☐ I am currently enrolled in the RN BSN Program.

I, _____ (print name), confirm that I have received compliance training in accordance with the required standards of HIPAA and OSHA. I will adhere to the HIPAA and OSHA currency requirements for the duration of my Graduate Program with Mennonite College of Nursing. I understand that yearly compliance will be required.

Please indicate with a check mark below that you have completed compliance training:

☐ HIPAA (Health Insurance Portability and Accountability Act) _____
(Facility) (Date)

☐ OSHA (Occupational Health and Safety Act)_____
(Facility) (Date)

I, _____ (print name), <u>have not</u> received compliance training in accordance with the required standards for HIPAA and OSHA. I agree to receive the required training as recommended by Mennonite College of Nursing. You will receive further instruction for meeting the requirements. I understand that yearly compliance will be required.

Please indicate the training you must receive with a check mark below:

☐ HIPAA (Health Insurance Portability and Accountability Act)

☐ OSHA (Occupational Health and Safety Act)

Signature_____

Date_____

UID #_____

Return to:

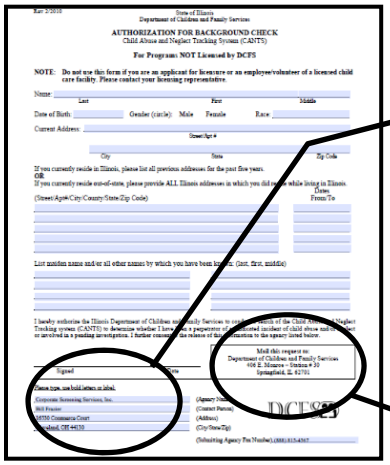
Office of Student and Faculty Services
Mennonite College of Nursing
Illinois State University
112 Edwards Hall
Campus Box 5810
Normal, IL 61790-5810

Fax: 309-438-0591
Email: mcnstudenthealth@ilstu.edu

MENNONITE COLLEGE OF NURSING
Illinois State University

Criminal Background Check and Drug Screen Instructions

1. Log onto www.verifystudents.com
   - A valid email address is REQUIRED.
   - You must be near a printer to print necessary forms.
   - Have your credit card/debit card (Visa/MasterCard/American Express/Discover) information ready. Your credit card/debit card will be charged **$98.00** for the service.
   - Use this special promotional code: **MENNONITECOLLEGRNBSNBGDS**
   - A unique login will be emailed to you. This will allow you to log back into www.verifystudents.com.
2. Complete profile & e-sign forms as they appear.
3. ***The Child Abuse and Neglect Tracking System (CANTS)*" Form will need a <u>written signature</u>** (sample below):


AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Program: NOT Licensed by DCFS

<u>Please ensure this section of the form includes the following information:</u>

888-815-4567
verifications@corporatescreening.com

Corporate Screening Services, Inc.
Bill Frazier
16530 Commerce Court
Cleveland, OH 44130

Submit the CANTS Form to MCN NOT TO DCFS!!

We will submit your CANTS form to the Illinois Department of Children and Family Services (DCFS) on your behalf.
Submit form to:
Office of Student and Faculty Services
Fax: 309-438-0591
Email: mcnstudenthealth@ilstu.edu

4. Schedule your drug test and print your *Clearstar authorization form* (sample below)—which will be emailed to you. You will only have 3 business days to complete your drug test.

Authorization Form
REGISTRATION NUMBER:

5. Go to collection site listed on your *Clearstar authorization form.* Take this form and a government-issued picture identification (e.g., driver's license) to collection site.

Mennonite College of Nursing at Illinois State University
Policy on Criminal Background Checks

Criminal background checks are becoming standard requirements by many healthcare institutions. Because the clinical experience is an essential component of the curriculum, if you are unable to participate, you could not successfully complete the curriculum. Criminal background checks and fingerprinting are required in many states to apply for licensure. All Mennonite College of Nursing students will be required to complete criminal background checks prior to enrollment. Students who have been convicted of committing or attempting to commit certain crimes specified in the Health Care Worker Background Check Act (225 ILCS 46/25, et seq.) (hereinafter "the Act") may be ineligible to continue in the nursing program. Students who do not give permission to conduct the criminal background check will be barred from enrollment in the nursing program at Mennonite College of Nursing.

Policy:

Mennonite College of Nursing will require that ALL undergraduate and graduate students complete criminal background checks. The criminal background checks will be conducted through a company selected by Mennonite College of Nursing (which may be an online company). Students will pay the cost associated with the background check process. Students receiving a positive criminal background check whose offense prohibits them from being hired by a health care employer under the Act must obtain a waiver from the Illinois Department of Public Health (IDPH) to continue in the nursing program.

Procedure:

1. Upon acceptance to the nursing program, students will be provided detailed information regarding the procedure for completing this requirement.

2. Students will be required to sign a consent form (Authorization for Criminal Background Investigation and Disclosure/Consent Form) that allows the college to conduct the criminal background check and to release results of criminal background checks to clinical agencies upon their request. Failure to sign the consent and provide all necessary information shall result in the student being unable to begin or progress in the nursing program.

3. The criminal background check must be completed by the chosen company no sooner than 60 days prior to enrollment in the nursing program. Students may NOT use similar reports on file at other agencies to satisfy this requirement.

4. Background checks must be completed by the dates specified. Additional checks may be required if: 1) clinical agencies require criminal background checks more frequently or 2) the nursing student interrupts his/her program for one semester or longer. In such cases, the student will be required to have another criminal background check. The college of nursing reserves the right to require an additional background check during the program at the college's discretion.

5. Results of Criminal Background checks must be submitted to the College of Nursing. Results will be confidentially maintained by the College of Nursing separately from their academic record. Results will be maintained until the student graduates from the University.

6. The student is responsible for all fees for background checks. Costs may be subject to change and are beyond the control of the University or the College of Nursing.

Management of Results:

1. The Assistant Dean or designee will access the electronic report from the selected company.

2. A student whose background check results in a status of "no record" may enroll in clinical/ practicum/ residency placement and continue in the nursing program.

3. A student whose background check results in a positive history (a background check that results in a criminal history) will be notified by the Assistant Dean or designee as soon as possible. Students may view their own results on the vendor website.

4. The Assistant Dean or designee will meet with the student to verify whether the criminal record is valid or invalid.

5. If the student believes that a record or conviction is erroneous, the student may request a fingerprint-based background check. The student is responsible for the cost of fees for fingerprint checks. If the fingerprint check reveals no criminal convictions, the student may continue in the nursing program and enroll in clinical/ practicum/ residency courses. **Results must be received prior to the beginning of the semester for the student to remain enrolled.**

6. If the student knows and/or the conviction is found to be valid and the offense is on the "crimes that disqualify" list from IDPH, the student will be required to secure a waiver from IDPH.

7. The student is responsible for contacting IDPH (217-782-2913) for instructions and application for waiver. **The process for a waiver may take several weeks or longer. The student may not enroll in nursing courses prior to attaining the waiver.**

8. The IDPH waiver must be submitted to the Assistant Dean upon receipt.

9. The student may be allowed to continue in the program only after the IDPH waiver has been received by the Assistant Dean. Enrollment will be based on program capacity and availability of courses. If a waiver is not granted, the student will be withdrawn from the nursing program.

10. The college is not responsible for any student being ineligible for coursework, continued enrollment in the program, or subsequent licensure as a registered nurse.

11. The student is responsible for keeping the college updated on any and all changes in his/her criminal background status. False information or failure to disclose correct information at any time may be a basis for dismissal from the program.

Criminal Background Investigation
Disclosure Consent Form

I hereby authorize The Board of Trustees of Illinois State University, on behalf of its Mennonite College of Nursing, (hereafter "Mennonite College of Nursing") or any qualified agent, or clinical facility to receive a copy of my criminal history background. This criminal background investigation must be conducted and is for the purpose of assisting Mennonite College of Nursing and clinical facilities in evaluating my suitability for clinical experiences. The release of information pertaining to this criminal background investigation to those persons necessary to determine my suitability to participate in the clinical education experience is expressly authorized.

I understand that information contained in the criminal background report may result in my being denied a clinical experience and may result in dismissal from the nursing program. If negative information is contained in my report, I understand that I will be notified by Mennonite College of Nursing and I have the right to contest the accuracy of the report.

If a facility refuses the student access to the clinical experience at its facility, Mennonite College of Nursing will make reasonable efforts to find an alternative site for the student to complete the clinical experience. A student who cannot be reasonably assigned will be dismissed from the program.

I hereby give Mennonite College of Nursing permission to obtain and release criminal background information to facilities to which I may be assigned for clinical experience prior to beginning the assignment. I hereby release The Board of Trustees of Illinois State University and Mennonite College of Nursing, its trustees, employees, agents, and assigns, from any and all claims including but not limited to, claims of defamation, invasion of privacy, negligence or any other damages resulting from or pertaining to the collection and dissemination of this information. I understand that I am responsible for all costs associated with this process.

I also agree that any future criminal convictions will be reported immediately to the Mennonite College of Nursing Assistant Dean. Failure to report future criminal convictions may result in program dismissal.

My signature below certifies that all information given is true and reliable. Any false information given or refusal to adhere to the clinical background investigation will result in dismissal from the nursing program.

_____ _____

Printed Full Name Signature

_____

Date

Please sign and return this form to:

Office of Student and Faculty Services
Mennonite College of Nursing
Illinois State University
112 Edwards Hall
Campus Box 5810
Normal, IL 61790-5810
Fax: 309-438-0591
Email: mcnstudenthealth@ilstu.edu