

## STUDENT HEALTH QUESTIONNAIRE

Personal History (to be completed by the student, please answer all questions)

Last Name (Please print) Bentley      First Name Tossia      Middle Initial \_\_\_\_\_  
 Street Address 340 E 54<sup>th</sup> Street      City Elmwood Park      State NJ      Zip Code 07407  
 Date of Birth      Month 5      Day 18      Year 88  
 Home Phone 201-773-6943  
 Cell 913-405-7122  
 Work \_\_\_\_\_  
 Email Address tossiabentley@yahoo.com  
 Emergency Contact: Name LORNA Moulton      Relationship Mother

Personal Medical History (check the conditions that apply to you)

|  |               |                       |                      |
|--|---------------|-----------------------|----------------------|
| Anemia <input checked="" type="checkbox"/>       | Epilepsy      | Insomnia              | Pregnancy            |
| Arthritis  | Fainting      | Kidney Disease        | Rheumatic Fever      |
| Asthma   | Fatigue       | Measles               | Scarlet Fever        |
| Chronic Bronchitis                               | Head Injuries | Mononucleosis         | Surgery(major)       |
| Cold(frequent)                                   | Heart Disease | Mumps                 | Tuberculosis         |
| Convulsive Disorder                              | Hepatitis     | Neurological Disorder | Allergies (describe) |
| Diabetes   | Hernia        | Pleurisy              |                      |
| Dysmenorrhea <input checked="" type="checkbox"/> | Hypertension  | Poliomyelitis         |                      |

Serious Illness (es)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information contained herein is accurate and discloses any pertinent information concerning my health and/or limitations. I understand that Eastwick College will rely on this information and that it is my responsibility to notify the program director and/or clinical coordinator, in writing, of any change in the status of my health.

Student's Signature T. Bentley      Date 9.10.15

## STUDENT HEALTH MEDICAL FORM

The following section must be completed by a physician or healthcare provider:

Patient's Name Bentley Tossca Date of Birth: 5/18/1988  
Height: 5'7" Weight: 174 Blood Pressure 120/80 Pulse: 76/min Respiration: 14/min Temp: 99°  
Allergies: NKA  
Vision: Without Glasses: Right: 20/20 Left: 20/20 Correction: Right     /20 Left:     /20

### General Appearance:

| Review of Systems  | Normal | Abnormal Comments |
|--------------------|--------|-------------------|
| Abdomen            | ✓      |                   |
| Back               | ✓      |                   |
| Chest              | ✓      |                   |
| Ears               | ✓      |                   |
| Extremities        | ✓      |                   |
| Eyes               | ✓      |                   |
| Genitalia          | ✓      |                   |
| Glands             | ✓      |                   |
| Head/Neck          | ✓      |                   |
| Heart              | ✓      |                   |
| Lungs              | ✓      |                   |
| Mouth/Teeth/Throat | ✓      |                   |
| Neurological       | ✓      |                   |
| Nose               | ✓      |                   |
| Skin               | ✓      |                   |

List medications taken regularly: none

Explain:

## REQUIRED VACCINATIONS AND TESTS

All results must be documented on this page and copies of all laboratory tests and chest x-rays stapled to this form

|  |                      |  |
|--|----------------------|--|
| Rubella Titer – German Measles   | Date: 8/22/15        | Result Values: <sup>missing</sup> 46 (Immune)      |
| Rubeola Titer – Regular Measles  | Date: 8/22/15        | Result Values: 0.45                                |
| Mumps Titer:   | Date: 8/22/15        | Result Values: 2.17                                |
| Varicella Screen – Chickenpox  | Date: 8/22/15        | Result Values: Immune                              |
| If needed, re-immunization   | Date:                | Re-immunization result value:                      |
| Hepatitis B Series   | Date Dose 1: 7/24/02 | Given by:  |
| Note: if written documentation of series dates is not provided, a positive Hepatitis titer is required | Date Dose 2: 9/24/02 | Given by:  |
|  | Date Dose 3: 3/18/03 | Given by:  |
|  |                      |  |
| Hepatitis B Surface AB Titer:  | Date: 8/22/15        | Result Values: <sup>missing</sup> Immune > 1000.00 |
| Tetanus Toxoid: (in past 10 years)   | Date: 9/10/15        | Result Values: given @ CBS by Ardi                 |
| Urine Toxicology Screening <u>10 PANEL</u>   | Date: 8/22/15        | Result Status and Values: neg see copy             |
| Influenza Vaccination  | Date: 9/10/15        | Given by: Ardi Desai                               |

**Mantoux Tuberculin Skin Test – Documentation of a two-step TB test, which includes 2 Mantoux tests given within 1 to 3 weeks of each other within the past 3 months, is required.**

|    |   |  |
|----|---|--|
| #1 | Date Given: 8/18/15   | Date Read: 8/20/15   |
|    | Negative (Non-Reaction): 0 mm   | Read By: (signature required) <i>[Signature]</i>   |
|    | Positive (Reaction) _____ mm  |  |
|    |   |  |
| #2 | Date Given: 8/24/15   | Date Read: 8/26/15   |
|    | Negative (Non-Reaction): 0 mm   | Read By: (signature required) <i>[Signature]</i>   |
|    | Positive (Reaction) _____ mm  |  |
|    |   |  |
|    | Chest X-ray: (for positive reactors only. Note X-ray must have been taken within the previous 3 months) | Date: (report must be attached)<br>Results: (circle one) <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE |

*Rosanna Modesto MD*  
Healthcare Professional/Physician's Signature

*[Signature]*

x 8/22/15  
Date

Healthcare Address Stamp

ROSANNA MODESTO MD  
778 TEANECK RD  
TEANECK NJ 07066

(201) 837-7662



**HackensackUMC Hackensack University Medical Center**

**Department of Pathology**

30 Prospect Avenue  
Hackensack, New Jersey 07601  
Phone: (551) 996-4860

Patient: **BENTLEY, TOSSIA A** Service: LAB (Laboratory)  
Age/Sex/DOB: 27 years / Female / 5/18/1988 Location: LAB  
Med. Rec. #: 0367600 CSN: 5008043469 Physician: Modesto, Rosanna  
HAR: 2001465366

Copies to:

**Virology Serology**

| Result              | Procedure | Units | Reference Range | Collected Date/Time | Received Date/Time  | Reported Date/Time  | Ordering Provider |
|---------------------|-----------|-------|-----------------|---------------------|---------------------|---------------------|-------------------|
| 2.17 <sup>***</sup> | Mumps IgG |       | >=0.50          | 8/22/2015 08:38 EDT | 8/22/2015 09:14 EDT | 8/26/2015 22:45 EDT | Modesto, Rosanna  |

**Interpretive Data**

- \*1: Mumps IgG
- Immune: >=0.50
- Equivocal: >=0.35-<0.50
- Non-Immune: <0.35

It is necessary to confirm all specimens with equivocal results using fresh specimen. The new specimen should be collected within one week of testing the original specimen.

**Performing Locations**

- \*1: This test was performed at:  
HACK Virology, Clinical Virology Lab, 30 Prospect Avenue, Room 1942, Hackensack, NJ, 07601- , USA

LEGEND: c=Corrected, \*=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, @=Performing Lab



HackensackUMC Hackensack University Medical Center

Department of Pathology

30 Prospect Avenue
Hackensack, New Jersey 07601
Phone: (551) 996-4860

Patient: BENTLEY, TOSSIA A
Age/Sex/DOB: 27 years / Female / 5/18/1988
Med. Rec. #: 0367600 CSN: 5008043469
Service: LAB (Laboratory)
Location: LAB
Physician: Modesto, Rosanna
HAR: 2001465366

Copies to:

Virology Serology

Table with 8 columns: Result, Procedure, Units, Reference Range, Collected Date/Time, Received Date/Time, Reported Date/Time, Ordering Provider. Row 1: 0.45 L^1, Meas IgG, >=0.70, 8/22/2015 08:38 EDT, 8/22/2015 09:14 EDT, 8/26/2015 21:18 EDT, Modesto, Rosanna

Interpretive Data

^1: Meas IgG
Immune: >=0.70
Equivocal: >=0.50-<0.70
Non-Immune: <0.50

It is necessary to confirm all specimens with equivocal results using fresh specimen. The new specimen should be collected within one week of testing the original specimen.

Performing Locations

\*1: This test was performed at:
HACK Virology, Clinical Virology Lab, 30 Prospect Avenue, Room 1942, Hackensack, NJ, 07601- USA

LEGEND: c=Corrected, \*=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, @=Performing Lab



**HackensackUMC Hackensack University Medical Center**

Pathology

**Department of Pathology**

30 Prospect Avenue  
Hackensack, New Jersey 07601  
Phone: (551) 996-4860

Patient: **BENTLEY, TOSSIA A** Service: LAB (Laboratory)  
Age/Sex/DOB: 27 years / Female / 5/18/1988 Location: LAB  
Med. Rec. #: 0367600 CSN: 5008043469 Physician: Modesto, Rosanna  
HAR: 2001465366

Copies to:

**Virology Serology**

| Result           | Procedure | Units | Reference Range | Collected Date/Time    | Received Date/Time     | Reported Date/Time     | Ordering Provider |
|------------------|-----------|-------|-----------------|------------------------|------------------------|------------------------|-------------------|
| 48 <sup>*1</sup> | Rub IgG   | UI/mL | >=10            | 8/22/2015<br>08:38 EDT | 8/22/2015<br>09:14 EDT | 8/26/2015<br>15:25 EDT | Modesto, Rosanna  |

**Interpretive Data**

<sup>\*1</sup>: Rub IgG  
Immune: >=10  
Equivocal: >=5-<10  
Non-Immune: <5

It is necessary to confirm all specimens with equivocal results using fresh specimen. The new specimen should be collected within one week of testing the original specimen.

**Performing Locations**

<sup>\*1</sup>: This test was performed at:  
HACK Virology, Clinical Virology Lab, 30 Prospect Avenue, Room 1942, Hackensack, NJ, 07601- , USA

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Report Printed Date/Time

8/26/2015 16:01 EDT

Report Request ID:

7357644

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Hackensack University Medical Center

Modesto, Rosanna  
36 Prospect Avenue

Hackensack, NJ 07601-

**TotalLab**

The TotalLab at Hackensack UMC  
30 Prospect Avenue  
Hackensack, NJ 07601  
Phone: (877) 868-2522  
Fax: (201) 441-9252

Patient Name

**BENTLEY, TOSSIA A**

|                   |                      |          |        |           |
|-------------------|----------------------|----------|--------|-----------|
| Med Rec Number    | Location             | Age      | Sex    | DOB       |
| 0367600           | LAB                  | 27 years | Female | 5/18/1988 |
| Patient Phone     | Lab Reference Number |          |        |           |
| (973)<br>246-6942 | 5008043469           |          |        |           |

Page 1 of 2

**Virology Serology**

| Result                  | Procedure | Units | Reference Range | Collected Date/Time    | Received Date/Time     | Reported Date/Time     | Ordering Provider   |
|-------------------------|-----------|-------|-----------------|------------------------|------------------------|------------------------|---------------------|
| >=1.8 <sup>1</sup> #1@1 | VZV IgG   |       | Immune          | 8/22/2015<br>08:38 EDT | 8/22/2015<br>09:14 EDT | 8/28/2015<br>22:37 EDT | Modesto,<br>Rosanna |
| 2.17 <sup>*2</sup> #1   | Mumps IgG |       | >=0.50          | 8/22/2015<br>08:38 EDT | 8/22/2015<br>09:14 EDT | 8/26/2015<br>22:45 EDT | Modesto,<br>Rosanna |
| 0.45 <sup>L#3</sup> @1  | Meas IgG  |       | >=0.70          | 8/22/2015<br>08:38 EDT | 8/22/2015<br>09:14 EDT | 8/26/2015<br>21.18 EDT | Modesto,<br>Rosanna |
| 48 <sup>#4</sup> @1     | Rub IgG   | U/mL  | >=10            | 8/22/2015<br>08:38 EDT | 8/22/2015<br>09:14 EDT | 8/26/2015<br>15.25 EDT | Modesto,<br>Rosanna |

Result Comments

#1: VZV IgG  
This test was performed using the VZV IgG IFA methodology.  
Interpretive Values:  
Immune: >= 1:8,  
Not Immune: <1:8.

Interpretive Data

#1: VZV IgG  
Immune: >=0.90  
Equivocal: >=0.60-<0.90  
Non-Immune: <0.60  
It is necessary to confirm all specimens with equivocal results using fresh specimen. The new specimen should be collected within one week of testing the original specimen.

#2: Mumps IgG  
Immune: >=0.50  
Equivocal: >=0.35-<0.50  
Non-Immune: <0.35  
It is necessary to confirm all specimens with equivocal results using fresh specimen. The new specimen should be collected within one week of testing the original specimen.

LEGEND: c=Corrected, \*=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, @=Performing Lab

HACKENSACK UNIVERSITY MEDICAL CENTER

DEPARTMENT OF PATHOLOGY - DEPARTMENT OF SPECIAL DIAGNOSTIC IMMUNOLOGY - DEPARTMENT OF VIROLOGY

Report Printed Date/Time 9/11/2015 11:59 EDT

Report Request ID: 7436778



**HackensackUMC Hackensack University Medical Center**

Pathology

**Department of Pathology**

30 Prospect Avenue

Hackensack, New Jersey 07601

Phone: (551) 986-4860

**Patient: BENTLEY, TOSSIA A**  
**Age/Sex/DOB: 27 years / Female / 5/18/1988**  
**Med. Rec. #: 0367600 CSN: 5008043469**  
**Service: LAB (Laboratory)**  
**Location: LAB**  
**Physician: Modesto, Rosanna**  
**HAR: 2001465366**

Copies to:

**Chemistry**

**Routine Chemistry**

Collected Date 8/22/2015  
Collected Time 08:38 EDT

| Procedure              |                         | Units  | Reference Range |
|------------------------|-------------------------|--------|-----------------|
| Glucose Random         | 81                      | mg/dL  | 70-140          |
| BUN                    | 15                      | mg/dL  | 5-24            |
| Creatinine             | 0.9                     | mg/dL  | 0.3-1.5         |
| Sodium Lvl             | 138                     | mEq/L  | 134-146         |
| Potassium Lvl          | 5.0                     | mEq/L  | 3.5-5.2         |
| Chloride               | 106                     | mEq/L  | 95-108          |
| CO2                    | 24                      | mEq/L  | 24-32           |
| AGAP                   | 13                      |        | 8-16            |
| Calcium Lvl            | 9.9                     | mg/dL  | 8.4-10.2        |
| Chol                   | 119                     | mg/dL  | 0-200           |
| HDL                    | 61                      | mg/dL  | 35-150          |
| LDL                    | 48                      | mg/dL  | 0-129           |
| Trig                   | 51 <sup>L</sup>         | mg/dL  | 60-160          |
| Total Protein          | 7.6 <sup>**</sup>       | gm/dL  | 6.0-8.3         |
| Albumin Lvl            | 4.4                     | gm/dL  | 3.5-5.6         |
| A/G Ratio              | 1.3                     |        | 1.1-2.2         |
| AST                    | 24                      | IU/L   | 8-43            |
| Alk Phos               | 36 <sup>L</sup>         | IU/L   | 43-122          |
| Bili Total             | 0.3 <sup>L</sup>        | mg/dL  | 0.6-1.0         |
| ALT                    | 27                      | IU/L   | 0-45            |
| eGFR if African Am     | 91.03 <sup>**2</sup>    |        |                 |
| eGFR if Non African Am | 75.11 <sup>**2</sup>    |        |                 |
| Hgb A1c                | 5.4 <sup>**3</sup>      | %      | 4.1-5.5         |
| T4                     | 7.2                     | mcg/dL | 4.0-14.0        |
| TSH                    | 2.036                   | UIU/mL | 0.500-5.000     |
| Hep Bs Ab              | >1000.00 <sup>**4</sup> | mIU/mL |                 |

LEGEND: c=Corrected, \*=Abnormal, C=Critical, L=Low, H=High, f=Footnote, #=Interpretive Data, @=Performing Lab

Report Printed Date/Time

8/22/2015 12:01 EDT

Report Request ID:

7337701

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BENTLY TOSSIA  
340 EAST 54TH  
ELMWOOD PARK, NJ 07407



Pharmacy Extrabucks Rewards  
**BENTLY, TOSSIA**  
BOOSTRIX TDAP VACCINE VIAL

BENTLY, TOSSIA  
340 EAST 54TH  
ELMWOOD PARK, NJ 07407  
Rx# 0605481 00

HAMMER, STACEY R  
110 MARLTON AVE  
MORRISTOWN, NJ 08853124  
PH353589 1933

0.5ML = 1 VIAL  
( 1 VIAL )

Rx# 0605481 00 TP-27245  
Date: 09/10/2015

**BE**

09/10/2015

**CVS/pharmacy #5427** Ph:

28-00 BROADWAY (RT. 4)  
FAIR LAWN, NJ  
07410

**BENTLY, TOSSIA**

340 EAST 54TH, ELMWOOD PARK, NJ 07407  
Ph: 973.405-7122 DOB: 05-88

**BOOSTRIX TDAP VACCINE VIAL**

ELANOSMITHKLINE  
TO BE ADMINISTERED BY PHARMACIST F

NDC:58160-0842-11 Days Supply: 1 Refills: 0

Prschr: **STACEY R HAMMER**

TP: 27245

GR: NL4741

AUTH#: 0030754893

VA  
BE

BENTLY, TOSSIA  
340 EAST 54TH  
ELMWOOD PARK, NJ 07407



Pharmacy Extrabucks Rewards

002351

**Sign u  
for text**

**Find out the  
prescriptio**

Quick. Easy. Convenie  
of the pharmacy team

\*Standard text message

BENTLY, TOSSIA  
340 EAST 54TH  
ELMWOOD PARK, NJ 07407  
Rx# 0605480 00

HAMMER, STACEY R  
110 MARTIN AVE  
MORRISTOWN, NJ 08871  
PH: 973.331.1433

**BENTLY, TOSSIA**  
AFLURIA 2015-2016 SYRINGE

Rx# 0605480 00 TP: 27245  
Date: 09/10/2015

3E  
3/10/2015

PROMISED: 04:17p  
09-10-2015  
# Scripts: 01

VS/pharmacy #5427 Ph: 201.475-8311  
00 BROADWAY (RT. 4)  
R LAWN, NJ  
110

CUSTOMER RECEIPT



ENTLY, TOSSIA  
0 EAST 54TH, ELMWOOD PARK, NJ 07407  
973.405-7122 DOB: 05-88  
LURIA 2015-2016 SYRINGE  
L BIOTHERAPIE  
SE AS DIRECTED

Date: 09/10/2015 DAW: 0  
Rx: 0605480 00

INS: \$20.00

C:33332-0015-01 Days Supply: 1 Refills: 0 Qty: 0.5 ML  
scbr: STACEY R HAMMER  
27245 GR: NL4741  
TH#: 0030754869

PAY: \$0.00

Caps: Y

VACCINE UHC MEDICAL  
BENEFIT

351

# Sign up now for text alerts!

Find out the instant your  
prescription is ready.\*

Quick. Easy. Convenient. Just tell a member  
of the pharmacy team you'd like to sign up.

\*Standard text message and data rates may apply.

015796RX011

IF YOU HAVE ANY QUESTIONS ABOUT YOUR MEDICATION,  
PLEASE CONTACT YOUR PHARMACIST:  
Arti Desai, RPh

09/10/2015  
Prescriber: STACEY R HAMMER  
Refills: 0

BENTLY, TOSSIA  
340 EAST 84TH  
ELMWOOD PARK, NJ 07407  
Ph: 873.406-7122

**AFLURIA 2015-2016 SYRINGE**  
150L Afluria H1N1/09

USE AS DIRECTED

**INFLUENZA VIRUS VACCINE PRESERVATIVE FREE - INTRAMUSCULAR - (IN-Fluo-En-za)**

**COMMON BRAND NAME(S):**

Afluria, Fluairix, Flublok, Fluicelvac, Flulaval, Fluivirin, Fluzone

**USES:**

This vaccine is used to prevent infection by the influenza ("flu") virus. It is also called the seasonal flu shot. Influenza can cause serious illness (rarely death), especially in people at high risk from the infection (such as young children, the elderly, and people with chronic health problems). Vaccines work by causing the body to produce its own protection (antibodies) against the virus. Vaccination is the best method for preventing infection and decreasing the seriousness of illness if you become infected. The brand and dose of vaccine you receive depends on your age. Influenza vaccination is not recommended in infants less than 6 months old. As with any vaccine, it may not fully protect everyone who receives it. Since different types of flu viruses cause infection every flu season, usually a new vaccine is produced and given for each flu season.

**HOW TO USE:**

Read the Vaccine Information Statement available from your health care professional before receiving the vaccine. If you have any questions, ask your health care professional. The vaccine is usually given by injection into a muscle by a health care professional. Adults and children usually receive the injection in the upper arm, and infants receive it in the upper thigh. The vaccination is usually given in the time from September to November when the number of cases of influenza virus begins to increase (the start of "flu season"). Only one dose is required for people aged 9 years and older. Children under 9 years of age may receive a second dose depending on when the first dose was given. Discuss the dose schedule with your doctor.

**SIDE EFFECTS:**

Soreness/redness/swelling/bruising at the injection site may occur and may last for up to 1-2 days. Fever, muscle aches, headache or weakness may also occur. If any of these effects continue beyond 2 days or become bothersome, tell your doctor. Infrequently, temporary symptoms such as fainting/dizziness/lightheadedness, vision changes, numbness/tingling, or seizure-like movements have happened after vaccine injections. Tell your health care provider right away if you have any of these symptoms soon after receiving an injection. Sitting or lying down may relieve symptoms. Remember that your health care professional has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. Tell your doctor right away if any of these rare but very serious side effects occur: mental/mood changes, seizures. A very serious allergic reaction to this drug is rare. However, get medical help right away if you notice any symptoms of a serious allergic reaction, including: rash, severe dizziness, itching/swelling (especially of the face/tongue/throat), trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. Contact the doctor for medical advice about side effects. The following numbers do not provide medical advice, but in the US you may report side effects to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7867. In Canada, you may call the Vaccine Safety Section at Public Health Agency of Canada at 1-866-844-0018.

**PRECAUTIONS:**

Before receiving this vaccination, tell your health care professional if you are allergic to it; or to any other vaccines; or if you have any other allergies. This product may contain inactive ingredients (such as latex, eggshell, chicken products found in some brands), which can cause allergic reactions or other problems. Talk to your pharmacist for more details. Before you receive this vaccine, tell your health care professional your medical history, especially if: any fever, uncontrolled seizures or other nervous system disorder (such as encephalopathy), bleeding disorders (such as hemophilia, thrombocytopenia), history of Guillain-Barre syndrome, immune system disorders (such as autoimmune disorders, radiation treatment), seizures (such as epilepsy controlled by medication, febrile seizures) or history of other nervous system disorders, vaccination history including previous reactions to any vaccines. During pregnancy, this vaccine should be used only when clearly needed. However, flu vaccination is usually recommended during pregnancy. Discuss the risks and benefits with your doctor. It is unknown if this vaccine passes into breast milk. Consult your doctor before breast-feeding.

**DRUG INTERACTIONS:**

Drug interactions may change how your medications work or increase your risk for serious side effects. This document does not contain all possible drug interactions. Keep a list of all the products you use (including prescription/over-the-counter drugs and herbal products) and share it with your doctor and pharmacist. Do not start, stop, or change the dosage of any medicines without your doctor's approval. Some products that may interact with this vaccine include: "blood thinners" (such as warfarin, heparin), corticosteroids (such as hydrocortisone, prednisone), cancer chemotherapy, immunosuppressants (such as cyclosporine, tacrolimus).

**OVERDOSE:**

Not applicable

R: The side effects listed above are not all of the possible risks that could be caused by this medication, please consult with your physician about the uses, precautions and risks of the health. This information is obtained from First Databank for use as an educational aid.

Ph: 201.475-8311  
www.cvs.com

28-00 Broadway (Rt. 4)  
Fair Lawn, NJ  
07410

Healthcare  
Provider



Tossia Bently

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (AED) Program.

08/29/2015

08/2017

Issue Date

Recommended Renewal Date

Tossia Bently  
340 E. 54th street  
Elimwood Park, NJ 07407

Training Center Name Holy Name-Comm Train Ctr NJ 00551  
718 Teaneck Rd, Teaneck NJ 07666  
TC Info [www.simulationlearning.org](http://www.simulationlearning.org) 201-227-6254  
Course Location Eastwick College, Nutley Campus

Instructor Name Donald Lembo 101100590581 ID #

Holder's Signature

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1802

Peel the wallet card off the sheet and fold it over.

This card contains unique security features to protect against forgery.  
This card can be inserted into either a number 10 window or regular envelope.  
If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.



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steve@instantverificationinc.com - Interlaken, New Jersey 07712 - 732.740.1863 - www.instantverificationinc.com

September 15, 2015

Eastwick College  
10 South Franklin Turnpike  
Ramsey, New Jersey 07446

Background Investigation Report

Name of Applicant: **Tossia Bentley**  
Date of Birth: **05/18/1988**  
Social Security #: **148-11-6219**

Criminal Court History

A comprehensive examination of Municipal and Superior Courts in the jurisdiction(s) listed below shows no Felony or Misdemeanor convictions found based on the information provided.

Jurisdiction(s):

State of New Jersey - 21 County Search (Felony & Misdemeanor)  
Nationwide Federal Criminal Search (All 94 Federal District Courts)  
Nationwide Criminal Database Search  
Nationwide Sex Offender Registry Search

No Criminal Record Found

