



ADVANCED CAREER IMMERSION EXPERIENCE

NAME (PRINT) _____ DOB: _____

Student and Volunteer Requirement Checklist

This is a checklist that must be completed and kept on file with PROOF/DOCUMENTATION of each of the following:

1. Mantoux/PPD/ TB Skin Test

Must be dated within one year of date of shadow day/ internship start date.

Must include:

Date Administered

Date Read

Lot#

Expiration Date

Results

Health Provider Signature

If positive

Date of PPD/Mantoux/TB

Report of chest x-ray

Was it reported to Dept. of Health

Please Note: Previous history of BCG vaccine does not qualify as assertion of a "positive" reaction. Actual testing must be documented.

2. Immunization Record

Combination MMR vaccine (required 2 doses) on or after the 1st birthday **OR**

Vaccination documentation of two doses of live Measles vaccine on/after the 1st birthday:

Vaccination documentation of two doses of live Mumps vaccine on/after the 1st birthday:

Vaccination documentation of one dose of Rubella (German measles) vaccine on/after the 1st birthday.

Varicella Vaccinations (2 injections required) **OR** medically documented date of disease **OR** documented immunity by Varicella titer.

3. Influenza Vaccine

All students must show documented proof of the Flu vaccine. If you received the flu vaccine from September 1, 2016- April, 2017, you will be covered until **6/30/17**. If you did not receive your flu vaccine during that time period, you are required to get one.

4. Physical Exam – Clinical Evaluation of Physical Examination

Must be dated within one year of date of shadow day/ internship start date.

Physical exam must include a health provider signature.

Sports, School Physicals or Drs. Script are not accepted. Must be the full physical exam report, usually referred to as a "Health Report" or "Progress Note."

5. Not mandatory but preferred: Hepatitis B Vaccine and Td/Tdap information.