



Allied Health Requirements for Clinical Rotations

Immunization Checklist: *This form cannot be used as documentation!*

Use this checklist to complete immunization requirements. Students must submit provider documentation of all immunizations and titers. Immunization records must include lot#, expiration date, injection site with provider and student information. Lab reports required on all titers. If titer is equivocal or negative, booster vaccination(s) may be required.

Name: _____ DOB: _____

PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

COMPLETED	REQUIRED ITEMS	GENERAL NOTES	APPOINTMENT (IF APPLICABLE)
PHYSICAL EXAMINATION:			
D	Primary Care Physician OR Nurse Managed Wellness Clinic	Download Physical Form NMWC FORMS & FEES www.allegany.edu/nmwvc	
TUBERCULOSIS SCREENING:			
D	2-Step Tuberculin Skin Test (TST)	TB documentation must include lot #, expiration date, injection site and actual MM of induration (range not accepted)	Within Past 12 months
D	OR Blood Test (QuantiferON or T-Spot)	Positive, indeterminate & borderline test results require submission of a Chest X-ray report.	
IMMUNIZATION DOCUMENTATION:			
D	Tdap (Tetanus, diphtheria and pertussis)	Within 10 years	
D	MMR	(Documentation of 2 vaccinations)	
	OR Blood titer for immunity status		
D	Varicella	(Documentation of 2 vaccinations)	
	OR Blood titer for immunity status		
D	Hepatitis B	(Documentation of 2 or 3 vaccination series; OR signed Hepatitis B declination form	
	AND / OR Blood titer		
D	Seasonal Flu Vaccination	Sept. – Mar. yearly	
D	COVID-19 Vaccination <i>If required by program</i>	Moderna x2, or Pfizer x2, or Janssen x1	
D	Nine Panel Drug Screen <i>If required by program</i>		
ALLIED HEALTH REQUIREMENT:			
D	Allied Health Review Appointment <i>Please bring your immunization records to your scheduled appointment with our Nurse Managed Wellness Clinic Nurse Practitioner.</i>	All student health records will be electronically stored in the NMWC to meet compliance requirements for health career programs.	Call NMWC at x5670 to schedule your appointment
MEDICAL INSURANCE:			
D	All students participating in a clinical setting must provide proof of medical insurance.	If you do not have insurance, you will be required to purchase health insurance.	Please provide your health insurance card for documentation.
CPR CERTIFICATION:			
D	All students participating in a clinical setting must provide proof of current certification.	AHA Basic Life Support (BLS) for Health Care Providers certification	