



Immunization Checklist: This form cannot be used as documentation!

Use this checklist to verify completion of immunization requirements. Students must submit provider documentation of all immunizations and titers. Immunization records must include lot#, expiration date, injection site and provider and student information. Lab reports required on all titers. If titer is equivocal or negative, it is mandatory to repeat the series.

Name: _____ DOB: _____

PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

COMPLETED	REQUIRED ITEMS	GENERAL NOTES	APPOINTMENT (IF APPLICABLE)
PHYSICAL EXAMINATION:			
<input type="checkbox"/>	Primary Care Physician	Download Physical Form NMWC FORMS & FEES www.allegany.edu/nmwc	
<input type="checkbox"/>	Nurse Managed Wellness Clinic		
TUBERCULOSIS SCREENING:			
<input type="checkbox"/>	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
<input type="checkbox"/>	Blood Test (QuantiFERON or T-Spot)	Positive, indeterminate & borderline test results require submission of a Chest X-ray report.	
IMMUNIZATION DOCUMENTATION:			
<input type="checkbox"/>	Tdap (Tetanus, diptheria and pertusis)	Within 10 years	
<input type="checkbox"/>	MMR	(Documentation of 2 vaccinations)	
	OR Blood titer for immunity status		
<input type="checkbox"/>	Varicella	(Documentation of 2 vaccinations)	
	OR Blood titer for immunity status		
<input type="checkbox"/>	Heptatitis B	(Documentation of 3 vaccination series)	
	AND / OR Blood titer		
<input type="checkbox"/>	Seasonal Flu Vaccination	Sept. – Mar. yearly	
<input type="checkbox"/>	Nine Panel Drug Screen Required for Respiratory Therapy Students Only		
ALLIED HEALTH REQUIREMENT:			
<input type="checkbox"/>	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 Anna Kephart at x5670 to schedule your appointment
MEDICAL INSURANCE:			
<input type="checkbox"/>	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:			
<input type="checkbox"/>	All students participating in a clinical setting must provide proof of current certification.	AHA Basic Life Support (BLS) for Health Care Providers certification.	

**Check the website for specific information regarding immunizations and testing
www.allegany.edu/nmwc**