



**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)
	<b>PHYSICAL EXAMINATION:</b>		
<input type="checkbox"/>	Primary Care Physician	Download Physical Form NMWC FORMS & FEES www.allegany.edu/nmwc	
<input type="checkbox"/>	Nurse Managed Wellness Clinic		
<input type="checkbox"/>	Medical Clearance for N95 Fit Testing <i>If required by program</i>		
	<b>TUBERCULOSIS SCREENING:</b>		
<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.	
	<b>IMMUNIZATION DOCUMENTATION:</b>		
<input type="checkbox"/>	Tdap (Tetanus, diptheria and pertusis)	Within 10 years	
<input type="checkbox"/>	MMR	(Documentation of 2 vaccinations)	
<input type="checkbox"/>	<b>OR</b> Blood titer for immunity status		
<input type="checkbox"/>	Varicella	(Documentation of 2 vaccinations)	
<input type="checkbox"/>	<b>OR</b> Blood titer for immunity status		
<input type="checkbox"/>	Hepatitis B	(Documentation of 3 vaccination series)	
<input type="checkbox"/>	<b>AND / OR</b> Blood titer		
<input type="checkbox"/>	Seasonal Flu Vaccination	Sept. – Mar. yearly	
<input type="checkbox"/>	Nine Panel Drug Screen <i>If required by program</i>		
	<b>ALLIED HEALTH REQUIREMENT:</b>		
<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
	<b>MEDICAL INSURANCE:</b>		
<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.
	<b>CPR CERTIFICATION:</b>		
<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 [www.allegany.edu/nmwc](http://www.allegany.edu/nmwc) for specific information regarding immunizations and testing.