

Use this worksheet as a guide to ensure that you have documentation of each requirement. Upload this document into _____ or myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded.

Additional information regarding acceptable documentation for each requirement can be found on the _____ website. MCCCDC requires all students to meet the placement requirements as set up by our program's most stringent clinical partner. We do this for ease of random placement.

To meet requirement:

1. Date of 1st injection _____ Date of 2nd injection _____
2. Date of single-dose injection _____
3. Provide a signed declination form for medical or religious reasons.

To meet requirement:

1. MMR vaccination: Dates: #1 _____ #2 _____
2. Date & titer results:
Booster: _____
Measles: _____
Mumps: _____
Rubella: _____

To meet requirement:

1. Varicella vaccination dates: #1 _____ #2 _____
2. Date & results of varicella IgG titer: Date: _____ Result: _____, Booster: _____

To meet requirement: Tdap

vaccine: Date: _____
Td booster: Date: _____

To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.
Initial Test (#1) Date: _____ Date Read: _____ Results: Negative or Positive
Boosted Test (#2) Date: _____ Date Read: _____ Results: Negative or Positive
2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)
Date: _____ Date Read: _____ Results: Negative or Positive
3. Negative blood test (Either QuantiFERON or TSpot)
QuantiFERON Date: _____
T-Spot Date: _____
4. Negative chest X-ray

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in _____).

Date: _____

To meet requirement:

1. Positive HbsAb titer Date: _____ Result: _____

1. Proof of 2 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1 _____ #2 _____

OR

2.

3. Proof of 3 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1 _____ #2 _____ #3 _____

4. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.

To meet requirement:

Documentation of current annual flu vaccine Date: _____

It is essential that allied health students be able