

## 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:

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www.allegany.edu/nmwc

## PROOF OF THE FOLLOWING IMMUNIZATIONS IS REQUIRED PRIOR TO CLINICALS

| COMPLETED | REQUIRED ITEMS  | GENERAL NOTES  | APPOINTMENT (IF APPLICABLE)                                  |
|-----------|---|--|--|
|           | PHYSICAL EXAMINATION:   |  |  |
|           | Primary Care Physician <b>OR</b>  | Download Physical Form<br>NMWC FORMS & FEES  |  |
|           | Nurse Managed Wellness Clinic   | www.allegany.edu/nmwc  |  |
|           | Medical Clearance for N95 Fit Testing<br>If required by program   |  |  |
|           | TUBERCULOSIS SCREENING:   |  |  |
|           | 2-Step Tuberculin Skin Test (TST)<br>OR   | TB documentation must include lot #,<br>expiration date, injection site and actual<br>MM of induration (range not accepted)            | Within Past 12 months  |
|           | Blood Test (QuantiFERON or T-Spot)  | Positive, indeterminate & borderline test results require submission of a Chest X-ray report.  |  |
|           | IMMUNIZATION DOCUMENTATION:   |  |  |
|           | Tdap (Tetanus, diptheria and pertusis)  | Within 10 years  |  |
|           | MMR   | (Documentation of 2 vaccinations)  |  |
|           | <b><u>OR</u></b> Blood titer for immunity status  |  |  |
|           | Varicella   | (Documentation of 2 vaccinations)  |  |
|           | <b><u>OR</u></b> Blood titer for immunity status  |  |  |
|           | Heptatitis B  | (Documentation of 3 vaccination series)  |  |
|           | AND / OR Blood titer  |  |  |
|           | Seasonal Flu Vaccination  | Sept. – Mar. yearly  |  |
|           | COVID-19 Vaccination<br>If required by program  | Moderna x2, or Pfizer x2, or Janssen x1  |  |
|           | Nine Panel Drug Screen<br>If required by program  |  |  |
|           | ALLIED HEALTH REQUIREMENT:  |  |  |
|           | Allied Health Review Appointment<br>Please bring your immunization records to your<br>scheduled appointment with our Nurse Managed<br>Wellness Clinic Nurse Practitioner. | All student health records will be electronically<br>stored in the NMWC to meet compliance<br>requirements for health career programs. | Call Anna Kephart at x5670<br>to schedule your appointment   |
|           | MEDICAL INSURANCE:  |  |  |
|           | 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:  |  |  |
|           | All students participating in a clinical setting must provide proof of current certification.   | AHA Basic Life Support (BLS) for Health Care<br>Providers certification.   |  |