Allied Health Programs

Physician's Health Verification form

Student's Name:_____ Training Program:_____

PHYSICIAN'S OFFICE MUST COMPLETE THIS FORM

Facility Stamp

The above named student was seen by me on _____ (Date).

Physician's name: _____

Address:_____

Phone number: _____

At this time, there is no indication this student has a communicable disease or health condition that would create a hazard to themselves, classmates, or patients. The student is able to meet the minimum physical standards of the allied health program noted above, which includes at a minimum: performing repetitive manual movements, ability to lift 50+ lbs, and bladder control and ability to stand for 4+ hours at a time. **My signature below indicates agreement with the above statement.**

Physician's Signature: _____ (Required – Original or Electronic Accepted)

Physician's Office Must Complete the Following

1. **Influenza Vaccination:** Date:_____ Or sign declaration form.
   Required when attending the program for clinical externship between September and April.

2. **Tuberculosis (TB) Clearance:** Date_____ Result_____ **(Chest X-Ray is required for pos. results)**
   Check the type of TB test given: ☐ PPD ☐ Quantiferon ☐ Chest X-Ray

3. **TDaP** Vaccination: Date _____
   (Tetanus, Diphtheria & Pertussis; need booster every 10 years)

4. **Hepatitis B** ***TITER:*** Date _____ Result _____
   Vaccination*: Dates 1st_____ 2nd_____ 3rd_____
   Hepatitis B is a series of 3 shots that takes 6-9 months to complete. Proof of immunity or completion of all 3 shots is required for most programs.

5. **MMR** (Measles/Rubeola, Mumps, Rubella) ***TITER:*** Date _____ Result _____
   Vaccination*: Date _____

6. **Varicella** (Chicken Pox) ***TITER:*** Date _____ Result _____
   Vaccination*: Date _____

***Vaccinations are required if titer results indicate no immunity.**

7. **COVID-19:** Vaccination Date(s): 1st_____ 2nd _____ Booster_____
   Check Type: ☐ Moderna ☐ Pfizer ☐ J&J

Note: Medical documents to be completed no more than **3 months** before start of class.