



# Student/Observer Health Clearance

Dates of Internship: \_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## REQUIRED/MANDATORY

### I. MMR: (2) VACCINES REQUIRED

\_\_\_\_\_ (Date)  
\_\_\_\_\_ (Date)

**OR**

Measles Titer: \_\_\_\_\_ (Result and Date)\*

Mumps Titer: \_\_\_\_\_ (Result and Date)\*

Rubella titer: \_\_\_\_\_ (Result and Date)\*

**\*Attach Serology Results**

### II. Varicella: (2) vaccines required

\_\_\_\_\_ (Date)  
\_\_\_\_\_ (Date)

**OR**

Varicella Titer: \_\_\_\_\_ (Result and Date)

**\*Attach Serology Results**

**OR**

Physician documented history of chicken pox or zoster \_\_\_\_\_ (Date) \_\_\_\_\_

### III. Documentation of the results of two-step TST result and date or a negative Quantiferon TB Gold test (QFT-G). (Attach results)

1. \_\_\_\_\_ (Date) MM (Results)      2. \_\_\_\_\_ (Date) MM (Results)

**OR** Quantiferon TB Gold Test (Date): \_\_\_\_\_ **\*Attach Results:** \_\_\_\_\_

Check box if documented history of positive TST/Quantiferon TB Gold test. TB testing is waived and copy of chest x-ray report is required.

Complete TB symptom assessment below.

Persistent fever       Yes    No

Night sweats       Yes    No

Cough lasting > 3 weeks       Yes    No

Bloody sputnum       Yes    No

Any other unusual symptoms \_\_\_\_\_

Unexplained weight loss       Yes    No

Fatigue       Yes    No

Hoarseness       Yes    No

Chest pain       Yes    No

If history positive, were you ever treated?    Yes    No



## RECOMMENDED

**Td/Tdap Booster:** \_\_\_\_\_ (Date) \_\_\_\_\_

**Hepatitis B Vaccine:**      **#1.**      \_\_\_\_\_ (Date)

**#2.**      \_\_\_\_\_ (Date)

**#3.**      \_\_\_\_\_ (Date)

**Influenza Vaccine :** \_\_\_\_\_ (Date of current season)

**COVID Vaccine #1:** \_\_\_\_\_ (Date)      **#2:** \_\_\_\_\_ (Date)

**Last COVID Booster:** \_\_\_\_\_ (Date)

**Name of Healthcare Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Healthcare Provider\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*License#:** \_\_\_\_\_

*\*Required*