



## II. IMMUNIZATIONS

REQUIREMENTS	DOCUMENTATION
All clinical students <b>must</b> provide proof of immunity by lab titer (with lab results attached) or vaccination dates for the following:	Vaccination records must be submitted on appropriate letterhead or with MD signature.
A. Rubeola (Measles) Documentation of 2 vaccines	A. Rubeola (MMR) #1 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ #2 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ <p style="text-align: center;">OR</p> <b>Lab Report of Titer Attached with Reference Ranges</b>
B. Rubella (German Measles) Documentation of 2 vaccines	B. Rubella (MMR) #1 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ #2 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ <p style="text-align: center;">OR</p> <b>Lab Report of Titer Attached with Reference Ranges</b>
C. Mumps Documentation of 2 vaccines	C. Mumps (MMR) #1 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ #2 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ <p style="text-align: center;">OR</p> <b>Lab Report of Titer Attached with Reference Ranges</b>
D. Varicella (Chicken Pox) Documentation of 2 vaccines	D. Varicella (Chicken Pox) #1 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ #2 Vaccination Date: _____ Mfg./Lot/ Exp. Date: _____ _____ Administered by: _____ <p style="text-align: center;">OR</p> <b>Lab Report of Titer Attached with Reference Ranges</b>
E. Hepatitis B Series	E. Hepatitis B Series

<p>If Hepatitis B Series completed, copy of documentation of series, and post vaccination antibody titer results attached. If never received series, consent or refusal of series will be obtained at time of orientation.</p>	<p>Date: _____ Attach copy of completed series with lab report of antibody results attached.</p>
<p>F. Meningococcal Meningitis <b>Dorm Students Only</b></p>	<p>F. Meningococcal Vaccine Date: _____</p>

**III. OTHER LABATORY STUDIES**

<p>All Radiography, Nuclear Medicine, and Radiation Therapy students must submit lab copies of CBC with Platelet Count which was completed within 1 month of first clinical date in the Medical Center</p>	<p>Attached Lab Studies</p>
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**IV. PHYSICAL EXAMINATION**

<p>All clinical students must have a physical examination by his/her personal physician. All areas of the History and Physical examination forms <b>must</b> be completed including clearance from the physician and his/her signature.</p>	<p>Attach completed History &amp; Physical form.</p>
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