

HEALTH FORM

<i>Please circle program</i>	CNA
	PCT
	Phlebotomy
	Veterinary Assistant

This form must be completed and signed by your Health Care Provider.
Return form to MxCC with your program application and registration form.

Questions: Contact Diane Bordonaro RN at (860)343-5716
or email dbordonaro@mxcc.edu

Name _____
 Address _____
 Date of Birth _____ Phone number _____

On (date) _____ I examined this student and found him/her to be in good health. He/she can lift 50 pounds, has full use of all extremities, and has no known deficits that would interfere with the ability to participate in a clinical setting.

Pregnant: Yes No (please circle)

STAMP



Signature: _____
 Phone number: _____
 Comments: _____

IMMUNIZATIONS - Required for all CNA, PCT and Phlebotomy Students

Veterinary Assistant students do not need to submit immunization information, Flu Vaccine or PPD

Please provide the information below:

MMR Dose # 1 _____ MMR Dose # 2 _____
 Or measles titer _____ and rubella titer _____
results/ date results/ date

Varicella Dose #1 _____ Varicella Dose #2 _____

Or history of chicken pox disease (date) _____

Or Varicella titer _____
results/ date

Hepatitis #1 _____ Hepatitis #2 _____ Hepatitis #3 _____

Or signed waiver

I waive Hepatitis B vaccine at this time: _____
Student Signature Date

Flu Vaccine Required if Attending Fall or Spring semesters Date _____

Tuberculosis Testing - must be done within 12 months of 1st class

PPD Date _____ Results _____ mm Date read _____

Or QuantiFERON Test Date _____ Results _____

Students with a positive TB test must provide documentation of a chest x-ray and any treatment.

Previous BCG vaccine does not exempt student from tuberculosis testing.