

HEALTH FORM

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

This form must be completed and signed by your Health Care Provider.
 Return form to MxCC Continuing Education Office Snow Hall 414.

Email:MX-WorkforceDevelopment@mxcc.edu

Address _____

Date of Birth _____ Phone number _____

Name _____

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

Pregnant: Yes No (please circle)

Healthcare Provider

STAMP

Signature: _____

Phone number: _____

Comments: _____

IMMUNIZATIONS - Required for all CNA, PCT and Phlebotomy Technician Students
Veterinary Assistant students do not need to submit immunization information

	<u>DATE</u>	<u>RESULT</u>
1 MMR (one must be given after 1980)		
MMR #1	_____	
MMR #2	_____	
2 Rubella Screening		
Rubella serum test for immunity	_____	_____
Rubella immunization	_____	_____
3 Measles Screening		
Measles serum test for immunity	_____	_____
Measles immunization	_____	_____
4 Mumps Screening		
Mumps serum test for immunity	_____	_____
Mumps immunization	_____	_____
5 Varicella (Chicken Pox) History		
Varicella Vaccine #1	_____	
Varicella Vaccine #2	_____	
Varicella antibody test	_____	_____
History of disease	_____	
6 Tetanus vaccine (must be given within last 10 years)	_____	
7 Hepatitis B Vaccine series	#1	#2
Hep B test for immunity	_____	_____
8 Seasonal Influenza Vaccine (Required Spring & Fall semesters)		_____

Student Name _____

ANNUAL TUBERCULOSIS SCREENING

Students in the CNA program are required to have a One Step Tuberculosis Skin Test.
Students in the PCT and Phlebotomy Technician programs must have a Two Step Skin Test.

Tuberculosis screening must be done **within 12 months** of admission to the program.
Previous BCG Vaccine does not exempt student from tuberculosis screening.
A QuantiFERON blood test is an acceptable alternative to skin testing

	Date	Results	Date/Signature
TB Skin Test #1	_____	_____	_____
TB Skin Test #2 (Phlebotomy students only)	_____	_____	_____
or			
TB Blood Test (QFT-G)	_____	_____	
Chest x-ray (if above testing is positive)	_____	_____	

HEPATITS B WAIVER

Hepatitis B vaccination is optional. You should discuss this option with your primary care provider and either begin the vaccination series or sign the waiver below.

I waive Hepatitis B vaccination at this time.

Student Signature _____ Date _____

MEDICAL INSURANCE

Medical Insurance is required for all students.
I certify that I carry a current Medical Insurance Policy

Student Signature _____ Date _____