

Applicant Name: _____

The above named applicant underwent a physical examination on _____ and was found able to physically function in the student Surgical Technologist role.

He/she is free from following communicable disease as indicated below and the attached lab results.

1. Rubella (German measles or 3-day measles): Documentation of one of the following is required:

- a. Receipt of one live rubella vaccination on or after first birthday: Date: _____
- b. Laboratory evidence of immunity: Date: _____
Results: _____ If negative, date of vaccination: _____

2. Measles (Rubeola or regular Measles):

If born **before 1957**, documentation of one of the following is required:

- a. Receipt of live measles vaccination: Date: _____
- b. History of measles disease: Date: _____
- c. Laboratory evidence of immunity (equivocal level is considered susceptible): Date: _____
Results: _____

If born **after 1957**, documentation of one of the following is required:

- a. Receipt of two doses of live vaccine on or after first birthday spaced at least one month apart:
- b. 1st Vaccine date: _____ 2nd Vaccine date: _____

3. Mumps

If born **before 1957**, may be considered immune

If born **after 1957**, documentation of one of the following is required:

- a. Receipt of one dose of live vaccine on or after first birthday: Date: _____
- b. Physician diagnosed mumps: Date: _____
- c. Laboratory evidence of immunity (equivocal level is considered susceptible) Date: _____
Results: _____

(continued reverse)

4. Varicella (Chickenpox): Documentation is required of one of the following:

- a. Recipient of two doses of live attenuated Varicella vaccine spaced 4 to 8 weeks apart

1st Vaccine date: _____ 2nd Vaccine date: _____

- b. History of Varicella (Chickenpox): _____ Date: _____

- c. Laboratory evidence of immunity (equivocal level is considered susceptible): _____ Date: _____

Results: _____

5. Td (tetanus/diphtheria) vaccination within ten (10) years. _____ Date: _____

6. Mantoux Tuberculin (TB) skin test within twelve (12) months.

Date: _____ Result in millimeters: _____

Two step PPD: 1st Step Date: _____ Results: _____

2nd Step Date: _____ Results: _____

If positive, chest X-ray: _____ Date: _____ Results: _____

Treatment: _____

Review of active TB signs and symptoms (within 12 months) YES _____

Treatment: _____

7. Students can reasonably anticipate coming into contact with blood and/or other body fluids during their clinical experience. For this reason, Hepatitis B Vaccine is strongly recommended.

Initial vaccination date: _____ 2nd vac.: _____ 3rd vac.: _____

I have declined Hepatitis B Vaccine. Applicant Signature: _____

Signature of health care provider verifying the above information:

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____
