

**Immunization, BLS and Health Insurance Acknowledgement Form**

**Immunizations**

As part of the DCS application process, you are required to have the following immunization. If you do not have record of the vaccine, then you must get a titer (blood test) or revaccinated. See below for exceptions.

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| **With your application, you must upload a copy of all immunizations.** | **Initials** |
| I am agreeing that I have paper documentation of immunization to **Measles, Mumps, Rubella (MMR)** as evidenced by receiving a series of two vaccines OR a titer. |  |
| I am agreeing that I have paper documentation of immunization to **Varicella (VAR) (AKA: Chicken Pox)** as evidenced by receiving a vaccine OR a titer. (Having chicken pox is not enough to determine immunity) |  |
| I am agreeing that I have paper documentation of immunization to **Tetanus, diphtheria, & acellular (TDAP, DTP)** within the last 10 yearsas evidenced by receiving a vaccine OR a titer. I also understand that the requirement is that every 10 years, I must receive another vaccine or titer to ensure immunity. |  |
| I am agreeing that I have paper documentation indicating a negative test for **Tuberculosis (TB)** within the last year as evidenced by receiving a negative skin test OR negative chest x-ray. I also understand that the requirement is that every year, I must receive another skin test OR chest x-ray to ensure I test negative for TB. |  |
| I am agreeing that I have paper documentation of immunization to **Hepatitis B (HEPB)** as evidenced by receiving at least the first two vaccines in a series of 3 vaccines, receiving all three vaccines within the last 20 years OR a titer. I also understand that the requirement is that every 20 years, I must receive another vaccine or titer to ensure immunity. |  |
| If I was born on or after 1995, then Iagree that I have paper documentation of immunization to **Meningococcal Meningitis (MV)** as evidenced by receiving a vaccine OR a titer. (Otherwise put N/A) |  |
| **(Not required for admittance)**  I am agreeing that I have paper documentation of immunization to **Influenza (IIV, LAIV)** as evidenced by receiving a vaccine in the last year.  OR  I am agreeing to receive the **Influenza (IIV, LAIV)** vaccine once yearly during flu season (Sept-April), while in the program. |  |

* Information on immunizations requirements and exemptions can be located on the Registrar’s webpage of the Parker University website.
* Clinical sites have the right to refuse students who have asked for exemptions from immunization for personal and religious reasons and may delay graduation. These cases will be handled individually.

**CPR/Basic Life Support**

* You are required to have current certification in **American Heart Association Basic Life Support**. No exceptions! **If you have CPR certification from another entity, it will not be accepted. Please upload a copy of CPR card/certification for proof.**

**Health Insurance**

* You are required to carry current health insurance throughout the program. **Please upload a copy of the front and back of your insurance card.**

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**Student name (print) Date**

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