



Immunization, BLS and Health Insurance Acknowledgement Form

Immunizations

As part of the DS application process, you are required to have the following immunization.

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 <u>two</u> 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.	
I am agreeing that I have paper documentation of immunization to Tetanus, diphtheria, & acellular (TDAP, DTP) <u>within the last 10 years</u> as 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 <u>every year</u> , 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) or a titer , as evidenced by receiving all three vaccines <u>within the last 20 years</u> . I also understand that every 20 years, I must receive another vaccine or titer to ensure immunity. If a student has acquired two of the three required vaccines by the application deadline, the student will be permitted to apply, but will have to complete the course before clinicals	
<u>If I am 22 years or younger by the application deadline</u> , then I agree that I have paper documentation of immunization to Meningococcal Meningitis (MV) as evidenced by receiving a vaccine OR a titer within the last <u>5 years</u> . (If you will be older than 22 years, write 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.	

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.**

Prospective Student Name (Print)

Date

Prospective Student Signature

Date