PARKER UNIVERSITY
College of Health Sciences
Diagnostic Cardiovascular Sonography

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 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.	
I am agreeing that I have paper documentation of immunization to **Tetanus, diphtheria, & acellular (TDAP, DTP)** within the last 10 years 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 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) or a titer,** as evidenced by receiving all three vaccines within the last 20 years. 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	
If I am 22 years or younger by the application deadline, 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 **5 years**. (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.**

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.**

_____ _____

Prospective Student Name (Print) Date

_____ _____

Prospective Student Signature Date