

**HEALTH RECORD VERIFICATION**  
**High School – Experienced Based Learning Experience**

NAME: \_\_\_\_\_ School \_\_\_\_\_

**INSTRUCTIONS: Written documentation showing compliance with immunization and tuberculosis screening is required prior to a student internship. An official record of immunizations (pink book) or laboratory results from a health care provider are required for verification of immunity.**

**MEASLES, MUMPS, ,RUBELLA (MMR) Immune status must be confirmed by:**  
2 - MMR immunizations after the first birthday. Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_

NOTE: If the student has not had 2 MMRs after the first birthday, please notify the Education Coordinator at Salina Regional Health Center.

**CHICKENPOX: Immune status must be confirmed by one of the following.**  
\_\_\_\_ Positive verification from relative: Approximate date: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_ Varicella vaccine (documentation required): Date #1: \_\_\_\_\_ Date #2: \_\_\_\_\_  
\_\_\_\_ Varicella titer (documentation required) Date: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_ Uncertain

**HEPATITIS B SERIES: Not currently required.**  
Health, dental, and emergency care personnel are among the highest groups at risk of becoming infected with Hepatitis B; therefore, routine vaccination is required of health care providers. Some organizations may ask for verification of Hepatitis B vaccination **OR** require vaccination prior to a student internship. **The vaccination involves three injections over six months;** this course needs to be completed for maximum protection. **Please indicate whether or not you have previously completed Hepatitis B vaccination.**

Hepatitis B vaccination series: Date of injections #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**INFLUENZA VACCINE:** Students at Salina Regional Health Center between the dates of November 1 and April 1 need a current influenza vaccine or will wear a mask for each patient encounter. Those with a vaccine will receive a verification sticker for their name-badge. Date: \_\_\_\_\_

**VERIFICATION BY A HEALTH PROFESSIONAL IS REQUIRED**  
Immunizations must be verified by a **school nurse, doctor, Health Department, etc.** The person verifying **CANNOT** be the same as the name at the top of the form.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

School/Agency: \_\_\_\_\_

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**TUBERCULOSIS: A tuberculin skin test is required within the last 12 months.**

Date: \_\_\_\_\_ Results: \_\_\_\_\_

**VERIFICATION BY A HEALTH PROFESSIONAL IS REQUIRED**  
Immunizations must be verified by a **school nurse, doctor, Health Department, etc.** The person verifying **CANNOT** be the same as the name at the top of this form.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

School/Agency: \_\_\_\_\_