HEALTH RECORD VERIFICATION
College – 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 1need 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:_____

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. T**he person verifying **CANNOT** be the same as the name at the top of this form.

Verified by:_____ Date:_____

School/Agency:_____

Revised 7-07-2011