

Name _____

Dental Assisting

- Driver License / Identification Card
- Social Security Card
- Reading Test
- High School Diploma/GED or Transcript
- Tetanus/Diphtheria
- Rubella
- Rubeola
- Rubeola or MMR
- Mumps
- Hepatitis B Series
- Polio (Not required but would be recommended if immunity does not exist).
- Chicken Pox (Varicella) (Shot or letter w/date)
- Tuberculosis Skin Test (within last 6 months)

✓ Check marks indicate we have documents.

Please provide the missing information as soon as possible.