

Name _____

Medication Aide

- Driver License / Identification Card
- Social Security Card
- CNA Certificate
- Must be employed in a facility for 90 days as a CNA/or Correctional Institution as an unlicensed direct care staff
- 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.