



Name of Student: _____ DOB _____ SS _____
Gender _____ Phone _____
Address _____ City _____ ST _____ Zip _____
College: _____ Date _____

Health Occupation Program: (Check what applies)

Resident _____ **Emergency Medical Technology** _____ **Physical Therapist Assistant** _____
Clinical Laboratory Sciences _____ **Radiological Technology** _____
Surgical Technology _____ **Nursing** _____ **Physician's Assistant** _____

**TO BE COMPLETED BY THE DESIGNATED PERSON
OF ABOVE HEALTH OCCUPATION PROGRAM**

Students in clinical rotations at Medical Center Hospital must provide this proof of these exams and immunizations to their respective program director. Without proof of the following exams the student will not be allowed to participate in their clinical at Medical Center Hospital.

The following tests are required:

Urine Drug Screen (Negative) _____ Date _____

Tuberculosis Screening: Date Given: _____ Results Date: _____

Diphtheria/Tetanus (every 10 years) Date: _____

Hepatitis B Vaccines dates #1 _____ #2 _____ #3 _____

Hepatitis B Screen: (Immune) _____ Date: _____

Polio (Original Series) Date: _____

MMR Date: _____ (Must have 2 vaccines if born on or after Jan. 1, 1957)

Rubella (Immune Status) Date: _____

Chicken Pox Date: _____ (Confirmed disease, vaccine or serological confirmation)

The above tests have been verified and are within acceptable limits, indicating the student has met Medical Center Hospital requirements for entry to the clinical portion of his/her training.

Student files are maintained in the Emergency Medical Technology Department at Odessa College. Files are available upon written request and release by the student.

Date _____ Signature _____

LeeDon Martin, LP, BA, AAS
Chairman & Asst. Prof.-EMT/Fire Technology
Odessa College