Professional & Workforce Training

ANOKA TECHNICAL COLLEGE

ANOKA-RAMSEY COMMUNITY COLLEGE

Health Requirements Record

Name:

Instructions: The following immunizations/screening tests are required for clinical placement. Requirements may change as dictated by your clinical site. Complete the following record and include clinical documentation. Sign the bottom of the second page.

Rubeola (Red Measles) (Complete a or b)

a. Dates of MR or MMR Vaccination
   First:
   Second:
b. Date of Rubeola Titer indicating immunity:

Mumps (Complete a or b)

a. Dates of M or MMR Vaccination
   First:
   Second:
b. Date of Mumps Titer indicating immunity:

Rubella (German Measles) (Complete a or b)

a. Dates of MR or MMR Vaccination
   First:
   Second:
b. Date of Rubella Titer indicating immunity:

Varicella (Chicken Pox) (Complete a or b)

a. Dates of Vaccination
   First:
   Second:
b. Date of Varicella Titer indicating immunity:

Pertussis and Tetanus

Date of adult dose within the last 10 years:

Influenza (each year)

Date of vaccination:

Hepatitis B (Complete a, b, or c)

a. Dates of HBV Vaccination
   First:
   Second:
   Third:

b. Date of Hepatitis B Titer indicating immunity:

c. I understand that I may have contact with blood or bodily fluids at clinical that could contain Hepatits B. I have discussed vaccination against hepatitis with a physician and made the decision to decline receiving the hepatitis vaccine series.

Signed: Date:

Tuberculosis Testing (within last 12 months)

***A. 2-step skin test OR tuberculosis blood assay test* (Complete 1 or 2)**

1. First skin test, Date: Result:

   Second skin test, Date: Result:

2. Negative TB blood test date:

B. If prior positive skin test or blood test, a negative chest x-ray within the last 12 months is required

Date of Chest X-ray Negative for active tuberculosis:

I certify that I have no signs or symptoms (cough, blood streaked sputum, unplanned loss of weight, night sweats, fever and/or loss of appetite) of Pulmonary Tuberculosis.

Signed: Date:

COVID-19 (Complete A, B or C)

A.	Pfizer-BioNTech (two doses)	First:	Second:
B.	Moderna (two doses)	First:	Second:
C.	Johnson & Johnson	Date:	

By signing below, I authorize Anoka Technical College and Anoka-Ramsey Community College to release my medical records and background study to a clinical site, if requested.

Signed: Date: