

**PHLEBOTOMY Program  
Internship Requirements**



*The immunizations required are standards set by the Minnesota Department of Health and Human Services and Centers for Disease Control and Prevention.*

Name: \_\_\_\_\_

**Important: List dates below for each requirement and provide medical documentation.**

Vaccination	Information/Notes
<b>Measles (Red Measles, Rubeola)</b>	Documentation of immunity is <b>REQUIRED</b> by: <ul style="list-style-type: none"> <li>• Physician diagnosis of disease <b>OR</b></li> <li>• Dates of two (2) doses of measles or MMR vaccine after one year of age <b>OR</b></li> <li>• Report of immune titer proving immunity</li> </ul> <p><i>Dates Completed</i> _____</p>
<b>Mumps</b>	Documentation of immunity is <b>REQUIRED</b> by: <ul style="list-style-type: none"> <li>• Date of two (2) mumps or MMR vaccine <b>OR</b></li> <li>• Report of immune titer proving immunity</li> </ul> <p><i>Dates Completed</i> _____</p>
<b>Rubella (German Measles)</b>	Documentation of immunity is <b>REQUIRED</b> by: <ul style="list-style-type: none"> <li>• Date of one (1) MR or MMR vaccine <b>OR</b></li> <li>• Report of immune titer proving immunity</li> </ul> <p><i>Date Completed</i> _____</p>
<b>Tetanus/Diphtheria (TD)</b>	<b>One (1) dose of adult Tdap</b> within the last 10 years  <i>Date Completed</i> _____
<b>Influenza</b>	<b>Required annual</b> vaccination (exception for summer internship students)  <i>Date Completed</i> _____
<b>Chicken Pox (Varicella)</b>	Documentation of immunity is <b>REQUIRED</b> by: <ul style="list-style-type: none"> <li>• Dates of two (2) Varicella injections <b>OR</b></li> <li>• Report of immune titer proving immunity</li> </ul> <p><i>Dates Completed</i> _____</p>

<b>Hepatitis B (HBV)</b>	<p>Documentation of immunity is <b>REQUIRED</b> by:</p> <ul style="list-style-type: none"> <li>Dates of three (3) doses of the vaccination series. (The first two are given one month apart followed by the third dose five months after the second)</li> <li>or</li> <li>Report of immune titer proving immunity</li> </ul> <p><i>Dates Completed</i> _____</p>
<b>Tuberculosis (TB)</b>	<p><b>Report of negative TB blood test within one year of clinical</b></p> <ul style="list-style-type: none"> <li>QuantiFERON®-TB Gold test (QFT-G), QuantiFERON®-TB Gold In-Tube test (GFT-GIT) OR T-SPOT®.</li> </ul> <p>If the test is positive, the individual must have a negative chest x-ray within six months prior to beginning clinical experience. An X-ray may be required more frequently depending on your clinical site.</p> <p><i>Date Completed</i> _____</p>
<b>COVID-19</b>	<p>Documentation of immunization is required (A, B or C):</p> <p>A. Pfizer-BioNTech (two doses) First: Second:  B. Moderna (two doses) First: Second:  C. Johnson &amp; Johnson Date:</p>
<b>American Heart Association (AHA) Basic Life Support (BLS) Provider Certification</b>	<ul style="list-style-type: none"> <li>Current certificate (<b>Only AHA cards are accepted</b>)</li> <li>OR</li> <li>Must be registered in the AHA BLS Provider course. BLS certificate must be <b>provided one week PRIOR</b> to starting the internship. See <a href="#">AHA's</a> website for more information and to find approved classes.</li> </ul> <p><i>Date Completed</i> _____</p>
<b>Background Check</b>	<ul style="list-style-type: none"> <li>Must successfully complete and pass the required background check(s).</li> </ul> <p><i>College will run study once you are registered.</i></p>
<b>High School Diploma/ GED</b>	<p>Date earned _____</p>

Submit the form and documentation once all required areas are complete.

By signing this form I acknowledge that I understand the requirements for the 100 hour Phlebotomy Internship and have submitted all required documentation. I authorize the college to share this information with my clinical site.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_