

**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.*

Vaccination	Information/Notes
<b>Measles (Red Measles, Rubella)</b>	<p><i>If born before 1957:</i></p> <ul style="list-style-type: none"> <li>• Date of two measles or MMR vaccine <b>or</b></li> <li>• Report of immune titer proving immunity</li> <li>• Documentation of immunity is <b>REQUIRED</b></li> </ul> <p><i>If born in or after 1957:</i></p> <ul style="list-style-type: none"> <li>• Physician diagnosis of disease <b>or</b></li> <li>• Dates of two doses of measles or MMR vaccine after one year of age <b>OR</b></li> <li>• Report of immune titer proving immunity</li> <li>• Documentation of immunity is <b>REQUIRED</b></li> </ul> <p><i>Completed _____</i></p>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>• Date of two (2) mumps or MMR vaccine <b>OR</b></li> <li>• Documentation of immunity is <b>REQUIRED</b></li> </ul> <p><i>Completed _____</i></p>
<b>Rubella (German Measles)</b>	<ul style="list-style-type: none"> <li>• Date of one MR or MMR vaccine <b>OR</b></li> <li>• Report of immune titer proving immunity</li> <li>• Documentation of immunity is <b>REQUIRED</b></li> </ul> <p><i>Completed _____</i></p>
<b>Tetanus/Diphtheria (TD)</b>	<ul style="list-style-type: none"> <li>• Date of booster vaccination, <b>REGARDLESS OF DATE OF BIRTH</b>. This must have been received within the last 10 years.</li> <li>• <b>One (1) dose of adult Tdap</b></li> </ul> <p><i>Completed _____</i></p>
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>• Date(s) of vaccination(s). The Hepatitis B vaccine is given in a series of three doses. The first two are given one month apart followed by the third dose five months after the second <b>or</b></li> <li>• Signed declination letter <b>or</b></li> <li>• Report of positive antibody (if secondary to disease, a signed declination letter is required)</li> <li>• Documentation of immunity is <b>REQUIRED</b></li> </ul> <p><i>Completed _____</i></p>

<b>Tuberculin Test</b>	<p><b>TB blood tests</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><b>Documentation Requirements</b></p> <ul style="list-style-type: none"> <li>• If the test is positive, the individual must have one of the following:</li> <li>• a negative chest x-ray within six months prior to beginning clinical experience. This test may be required more frequently by clinical site requirements.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• a negative blood test as is listed above</li> </ul> <p>Completed _____</p>
<b>Chicken Pox (Varicella)</b>	<ul style="list-style-type: none"> <li>• History of positive titer</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Date of two (2) Varicella injections</li> <li>• (Documentation of immunity is <b>REQUIRED</b>)</li> </ul> <p>Completed _____</p>
<b>Influenza</b>	<ul style="list-style-type: none"> <li>• Annual vaccination or declination (exception for summer externship students)</li> </ul> <p>Completed _____</p>
<b>CPR CARD</b>	<ul style="list-style-type: none"> <li>• Current copy of the American Heart Association Basic Life Support (BLS) for Health Care Provider CPR card</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ Must be currently registered in the BLS Health Care Provider course. Copy of BLS card must be <b>provided one week PRIOR</b> to starting the internship.</li> </ul> <p>Completed _____</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>Completed _____</p>

**The above requirements are to be successfully completed and documents are to be submitted to the Phlebotomy instructor no later than**

**9:00 pm | Friday | December 13, 2019**

**\*\*DELAYING YOUR IMMUNIZATIONS/LAB DRAWS/CPR and/or Background Check will result in you NOT going out on your 100-hour internship and will not get a refund.**

By signing this form, I acknowledge that I have received and understand the requirements for the 100 draw/hour Phlebotomy Internship.

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

Date \_\_\_\_\_