



CPR Certification / Immunization Data Checklist

Student Name _____

- Healthcare Provider CPR (American Red Cross or American Heart Association ONLY)
 - Expiration Date: _____

- Td (Tetanus and diphtheria)
 - Date of last booster: _____

- HA (Hepatitis A Recombinant Vaccine)
 - Date of initial dose: _____
 - Date of second dose: _____

- HB (Hepatitis B Recombinant Vaccine) Three IM doses:
 - Date of initial dose: _____
 - Date of second dose: _____
 - Date of third dose: _____

- MMR (Measles, Mumps, Rubella Vaccination)
 - Date of first dose: _____
 - Date of second dose: _____

- VZV (Varicella Zoster Live Virus Vaccine)
 - Date of initial dose: _____
 - Date of second dose: _____
 - Date of Signed Waiver: _____

- PPD (Purified Protein Derivative)
 - Initial Test Date: _____
 - Reading: _____

- Healthcare provider statement
- Health History Form
- Physical Requirements
- Documentation of medical insurance

I understand that these immunizations/certifications are required. Failure to comply and/or maintain a current health record may prevent me from attending the clinical experience activities.

Name: _____ Date: _____

Signature: _____

Submit this completed form with the requested documentation to the admissions office.