ATLANTIC CAPE COMMUNITY COLLEGE | HEALTH PROFESSIONS INSTITUTE

Health Report Form

The following information is required before registration. Please bring this form with you to your primary care provider to ensure that you meet all requirements. Please Print.

Student Name:

Student Address:

Student Phone Number:

Provide a check mark indicating program:

☐ EMT

☐ Paramedic

☐ Phlebotomy Technician

☐ Certified Clinical Medical Assistant

☐ Other

Provide Dates of completion for each of the following Requirements:

Requirements	**Date Completed**
Health Assessment/Physical Examination	
Drug Screening (Basic 5 Panel Urine) note whether +/-	
Hepatitis B (Proof of Completed Vaccination Series or Proof of Immunity via Lab Result):	
T-dap – (Proof of Vaccination within 5 Years):	
MMR (Proof of 2 Vaccinations or Proof of Immunity via Lab results):	
Varicella (Proof of 2 Vaccinations or Proof of Immunity via Lab results)	
TB Test (2-Step) note whether +/-	
COVID-19 Vaccine	
Flu Vaccine (will be required to get current flu vaccine prior to going out on clinical):	

Note: The physical exam, drug screening and all proof of immunizations/vaccinations must be performed no sooner than 2 months prior to first date of class. Clinical sites may require any of these health prerequisites to be performed again prior to your internship.

If Female: Are you currently pregnant? If yes, due date:

Do you feel the student can fulfill the obligations of the program chosen?

Physician's Signature: Date:

Physician's Name:

Physician's Address: