



Health Report Form

The following information is required before registration (with the exception of EMT/ Paramedic). 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 a program below:

- EMT
- PARAMEDIC
- MEDICAL ASSISTANT
- PHLEBOTOMY TECHNICIAN

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: