

Use this worksheet as a guide to ensure that you have documentation of each requirement. Upload this document into myClinicalExchange. Only supporting documents (lab results, immunization records, signed healthcare provider form, etc.) for each requirement should be uploaded. Additional information regarding acceptable documentation for each requirement can be found on the website. MCCCDC requires all students to meet the placement requirements as set up by our program's most stringent clinical partner. We do this for ease of random placement.

To meet requirement:

1. Date of 1<sup>st</sup> injection \_\_\_\_\_ Date of 2<sup>nd</sup> injection \_\_\_\_\_
2. Date of single-dose injection \_\_\_\_\_
3. Provide a signed declination form for medical or religious reasons.

To meet requirement:

1. MMR vaccination: Dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_
2. Date & titer results:  
Booster: \_\_\_\_\_  
Measles: \_\_\_\_\_  
Mumps: \_\_\_\_\_  
Rubella: \_\_\_\_\_

To meet requirement:

1. Varicella vaccination dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_
2. Date & results of varicella IgG titer: Date: \_\_\_\_\_ Result: \_\_\_\_\_, Booster: \_\_\_\_\_

To meet requirement: Tdap

vaccine: Date: \_\_\_\_\_  
Td booster: Date: \_\_\_\_\_

To meet requirement:

1. Negative 2-step TB Skin Test (TBST), including date of administration, date read, result, and name and signature of healthcare provider.  
Initial Test (#1) Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: Negative or Positive  
Boosted Test (#2) Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: Negative or Positive
2. Annual 1-step TBST (accepted only from continuing students who have submitted initial 2-step TBST)  
Date: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: Negative or Positive
3. Negative blood test (Either QuantiFERON or TSpot)  
QuantiFERON Date: \_\_\_\_\_  
T-Spot Date: \_\_\_\_\_
4. Negative chest X-ray

5. Documentation of a negative chest X-ray (x-ray report) or negative QuantiFERON result and completed Tuberculosis Screening Questionnaire (available in \_\_\_\_\_).

Date: \_\_\_\_\_

To meet requirement:

1. Positive HbsAb titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

1. Proof of 2 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_

OR

2.

3. Proof of 3 Hepatitis B vaccinations

Hepatitis B vaccine/dates: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

4. Hepatitis B declination- students who choose to decline Hepatitis B vaccine series must submit a HBV Vaccination Declination form.

To meet requirement:

Documentation of current annual flu vaccine Date: \_\_\_\_\_

It is essential that allied health students be able