

Applicant Name: \_\_\_\_\_

The above named applicant underwent a physical examination on \_\_\_\_\_ and was found able to physically function in the student Surgical Technologist role.

He/she is free from following communicable disease as indicated below and the attached lab results.

**1. Rubella** (German measles or 3-day measles): Documentation of one of the following is required:

- a. Receipt of one live rubella vaccination on or after first birthday: Date: \_\_\_\_\_
  - b. Laboratory evidence of immunity: Date: \_\_\_\_\_
- Results: \_\_\_\_\_ If negative, date of vaccination: \_\_\_\_\_

**2. Measles** (Rubeola or regular Measles):

If born **before 1957**, documentation of one of the following is required:

- a. Receipt of live measles vaccination: Date: \_\_\_\_\_
  - b. History of measles disease: Date: \_\_\_\_\_
  - c. Laboratory evidence of immunity (equivocal level is considered susceptible): Date: \_\_\_\_\_
- Results: \_\_\_\_\_

If born **after 1957**, documentation of one of the following is required:

- a. Receipt of two doses of live vaccine on or after first birthday spaced at least one month apart:
- b. 1st Vaccine date: \_\_\_\_\_ 2nd Vaccine date: \_\_\_\_\_

**3. Mumps**

If born **before 1957**, may be considered immune

If born **after 1957**, documentation of one of the following is required:

- a. Receipt of one dose of live vaccine on or after first birthday: Date: \_\_\_\_\_
  - b. Physician diagnosed mumps: Date: \_\_\_\_\_
  - c. Laboratory evidence of immunity (equivocal level is considered susceptible) Date: \_\_\_\_\_
- Results: \_\_\_\_\_

*(continued reverse)*

---

**4. Varicella (Chickenpox):** Documentation is required of one of the following:

- a. Recipient of two doses of live attenuated Varicella vaccine spaced 4 to 8 weeks apart

1st Vaccine date: \_\_\_\_\_ 2nd Vaccine date: \_\_\_\_\_

- b. History of Varicella (Chickenpox): \_\_\_\_\_ Date: \_\_\_\_\_

- c. Laboratory evidence of immunity (equivocal level is considered susceptible): \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

**5. Td (tetanus/diphtheria) vaccination** within ten (10) years. \_\_\_\_\_ Date: \_\_\_\_\_

**6. Mantoux Tuberculin (TB) skin test** within twelve (12) months.

Date: \_\_\_\_\_ Result in millimeters: \_\_\_\_\_

Two step PPD: 1st Step Date: \_\_\_\_\_ Results: \_\_\_\_\_

2nd Step Date: \_\_\_\_\_ Results: \_\_\_\_\_

If positive, chest X-ray: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Treatment: \_\_\_\_\_

Review of active TB signs and symptoms (within 12 months) YES \_\_\_\_\_

Treatment: \_\_\_\_\_

**7. Students can reasonably anticipate coming into contact with blood and/or other body fluids during their clinical experience. For this reason, Hepatitis B Vaccine is strongly recommended.**

Initial vaccination date: \_\_\_\_\_ 2nd vac.: \_\_\_\_\_ 3rd vac.: \_\_\_\_\_

I have declined Hepatitis B Vaccine. Applicant Signature: \_\_\_\_\_

**Signature of health care provider verifying the above information:**

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

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---