

## LSHCA Job Shadowing High School HEALTH REQUIREMENTS FORM

**Copies of immunization records and/or lab results are needed to verify the information listed below; please be sure to include them when turning in this signed form.**

**The following immunization information is mandatory and must be completed in full.**

- **2 of 3 MMR's (Measles, Mumps Rubella) or a Titer**
- **Proof of TB(tuberculosis) skin test & negative results**
- **Proof of Varicella (Chicken Pox) – either documentation of history of the disease, 2 vaccines or a Titer**
- **Flu Vaccine (October 1<sup>st</sup> – April 1<sup>st</sup>)**
- **Hepatitis B**
- **Tdap (Tetanus, Diphtheria and Pertussis)**

*Health requirement & policies apply to all students in patient care areas. It is the student's responsibility to submit accurate and timely information. To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.*

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Student signature

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Date

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Parent signature (if student is under age 18)

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Date

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Educational representative

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Date