Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name

Student I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 EMT 🞏 FIRE SCIENCE

FORM 1B

**EMT/Fire Science Student**

**Vaccination/TB Course Verification Instructions**

Evidence of the following immunizations and TB information are required for class. A fuller description of this list is located on the back of this check off paper and you may refer to your syllabus and the EMT/Fire Science webpage. Health Services tries to be available for services to enrolled students who have paid their health fee, 1 to 2 weeks prior to the actual start of a semester. Contact Student Health at 619-388-7881. Please bring to class the following immunization records, documents or copies medical examinations for the items listed below:

|  |  |  |
| --- | --- | --- |
| When  Complete | EMT/FIRE SCIENCES REQUIREMENTS  Some of these requirements are offered at as low a cost as possible, but the student is responsible for payment of services. | **ENTER the dates when vaccines,**  **tests or titer**  **results received.** |
|  | 1) Proof of **three** doses of Hepatitis B vaccine **or** a positive Hepatitis B titer. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | * 2) Proof of **two** doses of MMR vaccine **or** a positive MMR Titer. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 3) Proof of **one** adult dose of Tdap vaccine within the last **10 years**. |  |
|  | 4) Proof of **two** doses of Varicella (Chicken Pox) vaccine **or** a positive  Varicella Titer. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | * 5) Proof of a current annual Influenza vaccination. |  |
|  | * 6) TB Clearance. Proof of a negative TB skin test **or** * proof of a negative Quantiferon lab test **or** * if previous history of a positive TB result-obtain medical clearance. |  |
|  | * 7) Proof of Covid vaccination and dose required by manufacture- * Select \_\_\_\_Janssen \_\_\_\_Moderna \_\_\_\_Pfizer | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please bring the original and copies of your documents to the health services, other medical providers for clearance.*

*The completed form and copies will be held by your instructor for the duration of the class to help meet clinical*

*rotation needs or regulatory guidelines. Please collect your originals/copies of documents at the end of course.*

FOR USE BY STAFF

Staff or Medical can verify list. Please initial documents reviewed.

Information to help explain 1st page items:

A **titer** is a Lab test where blood is drawn and tested. A positive titer shows evidence of immunity. Please request your provider interpret your lab value in writing by stating it as either immune or not immune, as medical personnel may not be present to interpret the lab values.

1. **Hepatitis B:** Hepatitis B Vaccine

* Provide documentation of **three** doses of Hepatitis B Vaccine at the proper intervals on an approved immunization record or Proof of immunity via a blood titer test.

1. **MMR:** A combination vaccine including Measles, Mumps, and Rubella

* Provide documentation of **two** doses of MMR, at the proper intervals and documented on an approved immunization record or Proof of immunity via a blood titer test.

1. **Tdap:** Tetanus/Diphtheria and Acellular Pertussis (Whooping Cough)

* Provide documentation of **one** dose of Tdap vaccination on an approved immunization record within the last **10 years and which will not expire during the course of the class.**

1. **Varicella:** (Chicken Pox)

* Provide documentation of **two** doses of Varicella vaccine at the proper intervals on an approved immunization record or Proof of immunity via a blood titer test.

1. **Influenza Annual / Seasonal Vaccination**: Administered flu vaccine that is intended for the current year’s influenza season (typically Aug. 1st through March of a year)

* Provide documentation of one annual influenza Vaccination (Flu shot) if available- Requirement in summer may be lifted due to seasonal expirations.

**TB clearance:**  *Tuberculosis (TB) infection is most often evaluated by a Tuberculin Skin Test (TST) which requires two office visits 48-72 hours apart.*

1. Provide documentation of either:

* Negative TB skin test or a Negative Quantiferon (blood) test that is dated within 1 month from the start date of the class.
* A Positive TB skin result or a Positive Quantiferon test requires clearance from your primary Doctor or Practitioner or Student Health Services, bring your documentation on prior TB history and or tests.

**Medical Provider**: The following methods are based on college course work and related regulations. Please mark which of the following methods were used for clearance:

* + History of a positive TB TST, with concurrent Negative CXR related to TB within 6 months of the positive TST, and a recent (4 month or less) surveillance form indicating low risk.
  + A Positive Quantiferon test is followed up with a negative TB related CXR within 6 months of this blood work and a recent (4 months or less) surveillance form indicating low risk.

1. **Covid-19:** (Sars-CoV)

* Provide documentation of **one or two** doses of Covid-19 vaccine at the proper intervals as described by the manufacture. Clinical rotation sites currently require this vaccination.