Three Rivers Community College
Non-credit Allied Health Programs

HEALTH FORM

Please circle program
CNA
Central Sterile Processing Technician
EMT
Dental II
Phlebotomy Technician
Pharmacy Technician Externship

This form must be completed and signed by your Health Care Provider.
Return form to TRCC Workforce Education Office.

Students must sign the back of this form in order to be enrolled.

Questions: Contact (860)215-9246 or email Jmueller@threerivers.edu

Name

Address

Date of Birth Phone number

On (date)_____I examined this student and found him/her to be in good health. He/she is free of any communicable disease, can lift 50 pounds and has no known deficits that would interfere with the ability to participate in a clinical setting.

Pregnant: Yes No (please circle)

Healthcare Provider Signature: **STAMP**

Phone number:

Comments:

IMMUNIZATIONS - Required for all **CNA, Dental, Central Sterile Processing Technician, Phlebotomy Technician, EMT & Pharmacy Tech Externship Students**

	DATE	**RESULT**
1 MMR (one must be given after 1980)		
MMR #1		
MMR #2		
2 Rubella Screening		
Rubella serum test for immunity		
Rubella immunization		
3 Measles Screening		
Measles serum test for immunity		
Measles immunization		
4 Mumps Screening		
Mumps serum test for immunity		
Mumps immunization		
5 Varicella (Chicken Pox) History		
Varicella Vaccine #1		
Varicella Vaccine #2		
Varicella antibody test		
History of disease		
6 Tetanus vaccine (must be given within last 10 years)		
7 Hepatitis B Vaccine series	#1 #2 #3	
Hep B test for immunity		
8 Seasonal Influenza Vaccine		

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Non-Credit Allied Health Programs

Student Name _____

COVID-19 VACCINATION

Students enrolling in a Allied Health Program that includes a clinical, **MUST** be fully vaccinated in order to attend.

Booster dose is REQUIRED at this time. Students must provide a copy of their COVID-19 vaccination card. *

Dose #1 Date:

Dose #2 Date:

Booster Date:

ANNUAL TUBERCULOSIS SCREENING

Students in the **CNA program & Dental** are required to have a **One Step Tuberculosis Skin Test.**

Students in the **Phlebotomy Technician, EMT, Central Sterile Processing Technician**, **Pharmacy Technician Externship** program must have a **Two Step Skin Test.** Tuberculosis screening must be done **within 12 months** of admission to the program. Previous BCG Vaccine does not exempt student from tuberculosis screening. A QuantiFERON blood test is an acceptable alternative to skin testing.

	Date	Results	Date/Signature
TB Skin Test #1	_____	_____	_____
TB Skin Test #2 (Phlebotomy, Pharmacy EMT, & CSPT students only)	_____	_____	_____
or TB Blood Test (QFT-G)	_____	_____	
Chest x-ray (if above testing is positive)	_____	_____	

HEPATITIS B WAIVER

Hepatitis B vaccination is optional. You should discuss this option with your primary care provider and either begin the vaccination series or sign the waiver below.

I waive Hepatitis B vaccination at this time.

Student Signature _____ Date _____

MEDICAL INSURANCE

Medical Insurance is required for all students. I certify that I carry a current Medical Insurance Policy

Student Signature _____ Date _____

I hereby authorize Three Rivers Community College to release a copy of my health record to externship site agencies.

Student Signature_____ Date_____