

Please circle program

Certified Nurse Aide
Central Sterile Processing Technician
Dental
Phlebotomy Technician

This form must be **completed** and **signed** by your Health Care Provider.
Return form to CTSTATE-Three Rivers Workforce Education Office.

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

Questions: Contact (860)215-9246 or email dsurridge@trcc.comnet.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

STAMP

Signature: _____

Phone number: _____

Comments: _____

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

	<u>DATE</u>	<u>RESULT</u>
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
Hep B test for immunity	_____	_____
8 Seasonal Influenza Vaccine		_____

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 proof of their COVID-19 vaccination. ****

Dose #1 Date:

Dose #2 Date:

Booster Date:

ANNUAL TUBERCULOSIS SCREENING

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

Students in the **Central Sterile Processing Technician, Certified Nurse Aide, or Phlebotomy Technician** 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 (CSPT, CNA & Phleb students only)	_____	_____	_____
or			
TB Blood Test (QFT-G)	_____	_____	
Chest x-ray (if above testing is positive)	_____	_____	

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 _____