HEALTH RECORD VERIFICATION
Professional – Experienced Based Learning Experience

NAME: ___________________________________ Business ____________________________

INSTRUCTIONS: Written documentation showing compliance with immunization and tuberculosis screening is required prior to a student internship. An official record of immunizations (pink book) or laboratory results from a health care provider are required for verification of immunity.

MEASLES, MUMPS, RUBELLA (MMR) Immune status must be confirmed by:
2 - MMR immunizations after the first birthday. Dates: #1 __________ #2 __________

NOTE: If the student has not had 2 MMRs after the first birthday, please notify the Staff Development Coordinator at Salina Regional Health Center.

CHICKENPOX: Immune status must be confirmed by one of the following.
___ Positive verification from relative: Approximate date: __________ Relationship: __________
___ Varicella vaccine (documentation required): Date #1: Date #2: __________
___ Varicella titer (documentation required) Date: Results: __________
___ Unknown

HEPATITIS B SERIES: Not currently required.
Health, dental, and emergency care personnel are among the highest groups at risk of becoming infected with Hepatitis B; therefore, routine vaccination is required of health care providers. Some organizations may ask for verification of Hepatitis B vaccination OR require vaccination prior to a student internship. The vaccination involves three injections over six months; this course needs to be completed for maximum protection. Please indicate whether or not you have previously completed Hepatitis B vaccination.

Hepatitis B vaccination series: Date of injections #1 __________ #2 __________ #3 __________

INFLUENZA VACCINE: Professional Observers at Salina Regional Health Center between the dates of November 1 and April 1 need a current influenza vaccine or will wear a mask for each patient encounter. Date: __________

VERIFICATION BY A HEALTH PROFESSIONAL IS REQUIRED
Immunizations must be verified by a school nurse, doctor, Health Department, etc. The person verifying CANNOT be the same as the name at the top of the form.

Verified by: __________________________ Date: __________________________

School/Agency: __________________________________________________________________

TUBERCULOSIS: A tuberculin skin test is required within the last 12 months.
Date: __________________________ Results: __________________________

VERIFICATION BY A HEALTH PROFESSIONAL IS REQUIRED
Immunizations must be verified by a school nurse, doctor, Health Department, etc. The person verifying CANNOT be the same as the name at the top of this form.

Verified by: __________________________ Date: __________________________

School/Agency: __________________________________________________________________