

Name _____ School _____ Academic Year _____ Urine Drug Screen _____ Background Check _____ Clinical Orientation Module _____ BLS for HCP exp. date _____	<p style="text-align: center;">Immunizations: Annual: TB _____ (date)</p> One time requirement (dates): HepB _____ Varicella _____ Mumps _____ Rubeola _____ Rubella _____ (date) Diphtheria/Tetanus _____ Faculty Verification <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Signature/Date</th> <th style="width: 50%;">School Term</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Signature/Date	School Term						
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