

M E M O R A N D U M

To: Miami Valley CTC EMT Students
From: Charlie Chinn, Public Safety Coordinator
Date: February 23, 1999
Subject: Chicken Pox Vaccination

There has been a change in the immunization requirements for clinical sites. Specifically, Children's Hospital now requires that all students be screened for Chicken Pox. Please complete this form and return it to the Public Safety offices in the Adult Education Office **BEFORE** you do any clinical time at Children's. You will **NOT** be able to do clinical time at Children's until this form is complete.



Please print.

Student Name: _____
Last Name First Name M.I.

Date Form Completed: ____ / ____ / ____

Have you ever had Chicken Pox? YES Year you had Chicken Pox _____
 NO
 Unsure

If you answer NO or UNSURE, please take this form to your family physician.

To be completed by this student's physician's group.

If this person has not had or is unsure if they have had Chicken Pox, please verify their status with a varicella titer. If this individual is not immune, please offer this person vaccination against varicella. Vaccination or proof of immunization is required before students may complete clinical time at Children's Hospital.

Titer Level: _____

Vaccination Given on: ____ / ____ / ____

Physician Group: _____

MIAMI VALLEY CAREER TECHNOLOGY CENTER

STUDENT HEALTH CERTIFICATE

This certificate must be completed and signed by a licensed physician (Doctor of Medicine or Doctor of Osteopathy). All applicants must complete this form and return it before clinicals may be started in the Greater Dayton Area Hospitals. Examining physician should check health status and ability to participate in physical activities.

NAME OF APPLICANT: _____

LAST

FIRST

MIDDLE INITIAL

HEALTH STATUS:

_____ Free of Communicable Disease and in good physical health, able to lift and carry up to 100 pounds, good eyesight and color vision (necessary for examining patients as well as for driving). Corrective lens are permissible.

_____ Emotionally stable and psychologically adaptable (being an EMT is emotionally stressful).

_____ Has a physical or psychological abnormality, defect, or disease which might interfere with the student's attendance or ability to function as an EMERGENCY MEDICAL TECHNICIAN and is listed as follows: _____

THIS CONDITION IS TEMPORARY/PERMANENT. IF TEMPORARY, DATE OF RELEASE: _____

THE FOLLOWING IMMUNIZATIONS/TESTS ARE REQUIRED:

1. PPD SKIN TEST (REQUIRED ANNUALLY) DATE: _____
(WITHIN LAST YEAR) RESULTS: _____
2. MMR IMMUNIZATION DATE(S): _____
TITRE DATE: _____ RESULTS: _____
3. TETANUS, DIPHTHERIA Initial series dates: _____
DATE OF LAST BOOSTER: _____ (Within 10 years).
4. HEPATITIS B VACCINE DATES _____

SIGNATURE OF PHYSICIAN

DATE

PRINTED NAME OF PHYSICIAN