

Medical Provider Certification

Healthcare provider name (print) student name (print) as completed the following immunization/test requirements for observation: For observation in clinical and non-clinical areas Completed two dose series of MMR vaccine OR positive measles, mumps, rubella titer Completed two dose series varicella vaccine OR positive varicella titer Two-step TB skin test within the past 12 months OR Negative chest X-ray, Tspot blood test, or QuantiFERON Gold blood test Completed three dose series of Hepatitis B vaccine if working in exposure prone area. Received or declined as per OSHA 29 CFR 1910.1030. Current flu vaccination (required between September and March) Medical provider name Print name Signature Medical provider office name Phone	_	
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