

Date _____

I, _____ certify that _____
Healthcare provider name (print) student name (print)

has 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 _____

Address _____

Provider Stamp