

IMMUNIZATON / EXPIRATION DATES

Paramedic Program

Name _____

Student ID _____

IMMUNIZATIONS

Comments

Mumps	Titer	Dose 1	Dose 2		
Rubeola / Measles	Titer	Dose 1	Dose 2		
Rubella	Titer	Dose 1	Dose 2		
Varicella	Titer	Dose 1	Dose 2		
Hep B	Titer	Dose 1	Dose 2	Dose 3	
Tdap					
Influenza					
Declination					

TB Shot: / /	Due Date	Chest X-ray + or -	
Read: / / + -	/ /	Date:	

EXPIRATION DATES:

Driver's License		
Vehicle Insurance		
CPR - BLS/AHA		
EMT Certification		

I verify that I have turned in all documentation required by the Paramedic Program and I am aware that keeping these records current is my responsibility.

Student signature

Date

I have received all required documentation necessary for this student to enter the clinical portion of the Paramedic Program.

Department designee

Date