

## IMMUNIZATON / EXPIRATION DATES

### Paramedic Program

Name \_\_\_\_\_

Student ID \_\_\_\_\_

#### IMMUNIZATIONS

#### Comments

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

<b>TB</b> 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