(Attachment C)

Affinity HEALTH SYSTEM
STUDENT HEALTH REQUIREMENTS REPORT FORM

** For those educational facilities that already have in place a "computerized" health work database, please feel free to send in your form as long as the information provided is the same as below.

Student Name:	**School:**
The following immunization information is mandatory!	
Mantoux TB Skin Test (required annually)	Step 1 TB Test Date:_____ Step 1 TB Test Date Read _____ Step 1 Result _____mm Step 2 TB Test Date: _____ Step 2 TB Test Date Read _____ Step 2 Result _____mm If Positive, date of last chest x-ray and symptoms review _____
MMR Measles/Mumps/Rubella Vaccine **MMR - 1 dose must be given after 1980** **2 MMR's are required OR dates and results of titers.**	Date of Vaccines **#1**_____ **#2** _____ **OR** Rubella Titer Date: _____ Immune Non-Immune Rubeola Titer Date: _____ Immune Non-Immune Mumps Titer Date: _____ Immune Non-Immune
Chicken Pox (Varicella)	History of Disease Yes No Date of "Documented" Disease _____ **or** Dates(s) of Vaccine #1 _____ #2 _____ **or** Date of Titer _____ Immune Non-Immune

Health requirement & policies apply to all students in patient care areas. **It is the student's responsibility to submit copies of immunization records and/or lab results to verify the information listed above.** The only time it is not necessary to include records would be if the school nurse has filed in the form. To the best of my knowledge, I do not currently have a communicable disease or health condition that would put myself or the patients/clients at risk.

_____ _____

Student signature Date

I have reviewed the above information and found it to be accurate. It is also on file within our institution.

_____ _____ _____

Reviewer signature **Please print reviewer signature** Date
(School Health Nurse)

Revised: 8/5/03