



2019

IMMUNIZATION / FLU SHOT VERIFICATION FORM

All students and observers who have contact with patients at Loyola University Medical Center and Loyola EMS System affiliate agencies and institutions must comply with LUMC Hospital Infection Control policies.

Incomplete immunization information will preclude enrollment into the EMT Program.

Form with fields for Last name, First Name, and MI.

Please attach copies of all laboratory test results

TUBERCULIN TEST section with instructions and checkboxes for Negative/Positive results and a date field.

BLOOD TITERS section with instructions and checkboxes for Immune/Not Immune for Measles, Rubella, Mumps, Varicella, and Hepatitis B, each with a date field.

HEPATITIS B section with instructions and three dose fields for Dose 1, Dose 2, and Dose 3.

TD (TETANUS/DIPHERIA) section with instructions and a date field.

SEASONAL FLU SHOT section with a date field.

Signature of Heathcare Provider and Date fields.