



IMMUNIZATION 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-Paramedic Program.

Last name	First Name	MI
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Please attach copies of all laboratory test results

TUBERCULIN TEST		
PPD skin test is valid for <u>one year</u> from date read. Student must have a valid test result on file throughout the duration of the course		
PPD (Mantoux)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	Date <u> </u> / <u> </u> / <u> </u> month/day/year
If skin test is positive, chest x-ray required every 4 years.		

BLOOD TITERS		
If blood test result does not show immunity for any of the following, attach copy of follow-up immunization record.		
Measles (Rubeola)	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date <u> </u> / <u> </u> / <u> </u> month/day/year
Rubella	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date <u> </u> / <u> </u> / <u> </u> month/day/year
Mumps	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date <u> </u> / <u> </u> / <u> </u> month/day/year
Varicella	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date <u> </u> / <u> </u> / <u> </u> month/day/year
Hepatitis B	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	Date <u> </u> / <u> </u> / <u> </u> month/day/year

HEPATITIS B		
If you have not had the Hepatitis B series, or blood test does not show immunity, you should begin this process as soon as possible. The Hepatitis B series takes four to six months to complete.		
Dose 1 <u> </u> / <u> </u> / <u> </u> month/day/year	Dose 2 <u> </u> / <u> </u> / <u> </u> month/day/year	Dose 3 <u> </u> / <u> </u> / <u> </u> month/day/year

Td (TETANUS/ DIPHTHERIA)	
Must be within ten years of the first day of the course.	Date <u> </u> / <u> </u> / <u> </u> month/day/year

Signature of Healthcare Provider	Date
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NOTE: In addition to the above immunizations, students accepted into the EMT-Paramedic Program will be required to show proof of the Seasonal Influenza Vaccine once it becomes available.