SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included
Section A – Medical		

# Section A – Medical Requirements (Completed and signed by Health Care Provider)

\*Not required for Health Information Management (HIM) \*\*Not required for HIM and Pharmacy Technology

#### Section B

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# **Pre-Placement Health Form**

### **Health Care Provider Instructions**

Health Care Provider Instructions for Mandatory Medical Requirements						
	Section A					
	Vaccination of Specific Populations					
	•					
	•					
	•					
a.	Tuberculosis (TB) Screening * within <u>6 months</u> :					
b.	Measles, Mumps, and Rubella (MMR) considered immune with one of the following:					

Option A:
Option B:
NOTE:

e. Hepatitis B:

# **Pre-Placement Health Form**

SECTION A: Health Care Requirements (Mandatory)

TUBERCULOSIS SCREENING	Date Administered	Health Care Provider Initials	Date Read

# **Pre-Placement Health Form**

SECTION B: Non-Medical Requirements (Mandatory)