



SECTION	REQUIREMENT	Ensure all requirements are complete with records and certificates included

**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*

name

Section B

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e. Hepatitis B:

Option A:

Option B:

NOTE:

**Pre-Placement Health Form**  
**SECTION A: Health Care Requirements (Mandatory)**

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TUBERCULOSIS SCREENING	Date Administered	Health Care Provider Initials	Date Read
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**Pre-Placement Health Form**  
**SECTION B: Non-Medical Requirements (Mandatory)**

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