

University of Wisconsin-La Crosse
Health Professions Department
PERSONAL DATA SHEET/IMMUNIZATIONS

Once you have completed this form, **make a copy for your records** and return the original to the 4th floor Health Professions Department. Forms may also be faxed to (608) 785-8460. As some of this information is similar to the Student Health Center "Immunization Form" required of all UW-L students, it would be useful to complete these forms simultaneously.

Name _____ Gender _____

Permanent Home Address _____

Birthdate: _____ Phone Number: _____ and/or Cell Phone _____

In case of Emergency, notify:

Name _____ Relationship: _____

Address _____

Home Phone/Cell _____ Work Phone: _____

Health Insurance:

Company: _____

Group Number: _____ Subscriber Number: _____

Professional Student Malpractice Liability: Yes X No _____ Company: MARSH Affinity Group Services a service of SEABURY & SMITH

REQUIREMENTS	DATE COMPLETED	Notes
Physical Exam		
MMR (Measles, Mumps, Rubella) (2 documented MMR vaccines or Rubella Titer indicating immunity)-some sites/facilities may require documented lab results of immunity.	First Dose: _____ Second Dose: _____ Titer: _____	Lab results of a positive titer may be required by some clinical facilities.
Varicella Zoster Titer (Chicken Pox) indicating immunity	First Dose: _____ Second Dose: _____	
2-step TB skin test (PPD) {indicate (-)} or Chest X-ray within last 6 months.	Step I: _____ Step II: _____	Provide the Health Professions with a current copy of your TB results. Note-some clinical facilities may vary these requirements.
Tetanus/Diphtheria with evidence of tetanus booster within last 10 years.		
Hepatitis B-titer results indicating immunity or vaccine	Dose one: _____ Dose Two: _____ Dose Three _____	
CPR Certification or Recertification (dates CPR is current) Students must successfully complete Health Care Professional Level CPR certification throughout the duration of the program.		Provide the Health Professions Dept with a copy of your current CPR Card.

Note: It is the responsibility of the student to retain records and to provide documentation as requested by the clinical facility and to provide the Health Professions with a copy of this form and current TB and CPR records. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

Signature of Student

Date

Nov 2011 revised