

UW-La Crosse

Athletic Training Program Required Immunizations Form

Name: _____ Date of Birth: _____ Class of: _____

Please complete the form and **attach a copy of your immunization record and TB skin test results. Providing self-reported dates and results is not sufficient.** Official documentation from a healthcare professional or organization of your immunization record & TB skin test results is required. Keep a copy of this form and the required records for yourself and turn in the original form and copy of required records to the Athletic Training Program. (214 Mitchell Hall or cgillette@uwlax.edu)

DISEASE	REQUIREMENTS	DATE COMPLETED
Hepatitis B	Immunization (must complete either the 2 or 3 dose series)	Indicate which series was completed: <input type="checkbox"/> 2 dose series <input type="checkbox"/> 3 dose series Hep. B dose #1: _____ Hep. B dose #2: _____ Hep. B dose #3: _____
MMR (Measles (Rubeola), Mumps, Rubella (German Measles))	Immunization (2 doses)	MMR vaccine dates: MMR Dose #1: _____ MMR Dose #2: _____
Polio	At least 3 doses of polio vaccine required	Type of vaccine: <input type="checkbox"/> Oral <input type="checkbox"/> Injection Polio vaccine dates: _____
Tetanus/Diphtheria/Pertussis	Immunization (at least 5 doses of Dtap or at <u>least 1 Tdap</u>) AND evidence of Td booster within last 10 years	Tdap Vaccine dates: _____ Td Booster date within last 10 years: _____
Varicella (Chicken Pox)	Immunization (2 doses) OR Immune Titer (must have had varicella after 1 year of age)	Varicella dose #1: _____ Varicella dose #2: _____ OR Varicella Titer: _____ <input type="checkbox"/> Immune <input type="checkbox"/> Not Immune

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COVID-19 Vaccination	<p>* Covid vaccination is required for clinical rotation participation.</p> <p>It is imperative that you are aware of and adhere to the current policies of the clinical site where you are training, as they may supersede the program's policies. Failure to provide proof of vaccination, or supplemental information as dictated by the clinical site will prohibit you from clinical training at the site. The program is not able to re-assign you to another clinical site.</p>	<p>Medical Documentation of Full Covid-19 Vaccination Series including any boosters</p> <p>Type(s): _____ Date(s): _____ _____</p> <p>Exemptions: Medical and religious exemptions may or may not be granted at the discretion of the clinical base site.</p>
Tuberculosis (TB)	<p>A TB skin test is required annually for the program. A 2-Step TB skin test is required initially or, if you have had a 2-Step within the past 12 months, a single step test may be done.</p> <p>Know that a repeat 2-step TB skin test may be required by clinical site(s).</p> <p>*A TB blood test is also acceptable</p>	<p>TB (PPD) skin test</p> <p>#1 result date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>#2 result date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>TB Blood Test</p> <p>Type: _____ Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p>

It is the responsibility of the student to retain records and to provide documentation as requested by the clinical facility and to provide the Athletic Training Program with a copy of this form, his/her immunization records, titer lab results, and TB skin test results. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

I hereby authorize the Athletic Training Program at UW-La Crosse to release, if requested, this form and its attachments to clinical facilities.

Student Name (printed)

Date

Student Name (signature)