

University of Wisconsin-La Crosse Medical Dosimetry Program Immunization & Personal Data Form

Obtain and attach a hard copy of your immunization record (a copy of your record(s) showing all vaccines you received as a child and adult), **Hepatitis B, MMR, & Varicella titer results/lab reports** (only if required to have by your clinical site), **TB test results, influenza vaccine record, CPR certification card, and current health insurance card.** Make sure you have record of each of the immunization requirements listed below. Complete the form. Keep a copy of this form and all required records for yourself and submit this completed form and a copy of the required records and attachments to the Health Professions Department (4035 Health Science Center). See last page for ways to submit.

Name: _____ Birthdate: _____

UW-L Medical Dosimetry Class of: _____ Phone Number: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Please note: Providing self-reported dates and results is not sufficient. Official documentation from a healthcare professional or organization or state registry of your immunization record, titer results/lab reports, & TB test results is required.

Helpful link:

For more information on locating your immunization/vaccination record, see the following site:

<https://www.cdc.gov/vaccines/hcp/admin/immuniz-records.html>

VACCINE	REQUIREMENTS	DATE COMPLETED
Hepatitis B	<p style="text-align: center;">Immunization (3 doses)</p> <p>*If not previously immunized, you must plan to receive the immunization series & show proof of an immune titer</p>	<p>Hep. B dose #1: _____</p> <p>Hep. B dose #2: _____</p> <p>Hep. B dose #3: _____</p>
Measles (Rubeola), Mumps, Rubella (German Measles) (MMR)	Immunization (2 doses)	<p>Dose #1: _____</p> <p>Dose #2: _____</p>
Polio	Immunization (3 doses)	Polio vaccine dates:
Tetanus, Diphtheria, Pertussis (Tdap, TD)	<p>Immunization (at least 2 doses; <u>at least 1 TDAP</u>) AND evidence of booster within last 10 years</p>	<p>Vaccine dates:</p> <p>Booster within last 10 years:</p>

<p style="text-align: center;">Varicella (Chicken Pox)</p>	<p style="text-align: center;">Immunization by vaccine OR history of disease</p>	<p>Varicella vaccine dates: _____ _____ OR History of disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: center;">Tuberculosis (TB)</p>	<p>*A TB test dated within the past year is required. After that, TB tests are to be updated annually while in the program.</p> <p>*Acceptable tests: *TB skin test *TB blood test</p> <p>*A chest x-ray is required within last 6 months if a TB test result is positive</p>	<p>TB (PPD) skin test #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 Type: _____ Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>Positive result: Chest x-ray within last 6 months: _____</p>

ADDITIONAL REQUIREMENTS:

Health Insurance - Obtain and attach a copy of your current health insurance card and complete the health insurance information on the next page.

Influenza Vaccine (annual, seasonal vaccine) - If not already documented on your current immunization record, obtain record/documentation of your annual, seasonal influenza vaccine.

American Heart Association Basic Life Support (BLS) for Healthcare Professionals CPR Certification
Obtain a copy of your current American Heart Association Basic Life Support (BLS) for Healthcare Professionals CPR certification. Please note expiration date of it.

Issue date:

Expiration/Renewal date:

Titers for Hepatitis B, Measles, Mumps, Rubella, and Varicella - It is not a requirement of the UW-L Medical Dosimetry Program to have titers completed for Hepatitis B, Measles, Mumps, Rubella, and Varicella. Some clinical sites, however, may require titers be drawn. If titers are a requirement of your clinical site, be sure to attach the titer lab results to this form. If a titer lab result is negative/non-immune, please consult your physician for follow-up instructions and keep the Health Professions Department clinical education assistant updated. Be sure to submit any booster records to the Health Professions Department clinical education assistant.

Students are responsible for checking with their assigned clinical site at least 2 months prior to the clinical rotation to determine if additional screening or information is required. Submit copies of any additional screening results or requirements with this completed form/to the Health Professions Department (4035 Health Science Center).

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home/Cell Phone: _____ Work Phone: _____

Health insurance:

Company: _____

Group Number: _____

Subscriber Number: _____

Phone Number: _____

***Please attach a copy of your insurance card to this form.**

University of Wisconsin-La Crosse Medical Dosimetry Program Permission to Release Records Form

It is the responsibility of the student to retain immunization records, TB test results, any titer results/lab reports, and additional documentation (such as CPR certification proof) and to provide documentation as requested by the clinical facility. The student is responsible for knowing and complying with the requirements of the clinical facility to which they are assigned.

A clinical facility may request copies of a student's immunization records, TB test results, background check results, and other additional documentation from staff within the Health Professions Department at UW-La Crosse.

My signature below hereby authorizes staff within the Health Professions Department at UW-La Crosse to release, if requested by a clinical facility, copies of my immunization records, TB test results, background check results, and any other additional documentation/records (such as CPR certification proof) requested.

Student Name (printed)

Date

Student Name (signature)

You may submit all documents through:

- Email to awiste@uwlax.edu (attachments must be scanned; photos of documents are not acceptable),
- Fax (fax number: 608-785-8460), or
- U.S. mail, addressed to: Angela Wiste

USA 2 - Clinical Education Support
University of Wisconsin-La Crosse
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La Crosse, WI 54601