

PARAMEDIC CLEARANCE PACKET

Student Name: _____ **G#:** _____

Contact Number: _____

OFFICE USE ONLY

Immunizations:

- | | | |
|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> PPD Step-1 | <input type="checkbox"/> PPD Step-2 | <input type="checkbox"/> Hep B |
| <input type="checkbox"/> T-Dap | <input type="checkbox"/> MMR | |
| <input type="checkbox"/> Influenza (Flu shot) | <input type="checkbox"/> Varicella | |

Document:

- Signs & symptoms form

Lab Test:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> MMR Titer | <input type="checkbox"/> Chest x-ray |
| <input type="checkbox"/> Varicella Titer | |
| <input type="checkbox"/> Hepatitis B Titer | |
| <input type="checkbox"/> Quantiferon TB-Gold | |

Radiology:

Pkg Drop Off at SHC: Date: _____ Reviewed by: _____

- Immunization Card Included No Immunization Card

Called Student for Pkg Pickup:

Date: _____ Confirmed Pickup

- No Answer /
Left Voicemail Other

Date: _____ Confirmed Pickup

- No Answer /
Left Voicemail Other

Date: _____ Confirmed Pickup

- No Answer /
Left Voicemail Other

Physical Appointment:

- Required Not Required

Date: _____

Time: _____

Notes:
