PHOENIX COLLEGE
HEALTH ENHANCEMENT DEPARTMENT
PROGRAM IMMUNIZATIONS AND HEALTH DECLARATION

Student Name:_______________________________________ Date:____________________________

Address:____ Home Phone:______________________

City, State, Zip:_____________________________________ Work/Cell Phone:__________________

I. Immunizations

A. MMR (Measles, Mumps, Rubella): Adults entering health care professions must have documented proof of two MMRs in lifetime **or** one within last five years **or** proof of immunity.

1st MMR Date:___________________________ 2nd MMR Date:___________________________________

OR Results of Titer Measles:________________ Mumps:_____________ Rubella:_____________

B. Varicella (Chickenpox): Proof of positive IgG titer (HISTORY OF DISEASE IS NOT ADEQUATE).

Date of testing:___________________________ If negative, proof of vaccination.

Result:__________________________________ Date:_____________________________

C. Tuberculosis: Annual skin test, administered within last six (6) months. If positive, date of follow-up:

Skin test:_________________________ Pos.__________ Date:______________________

Date:____________________________ Neg._________ Results:____________________

D. Hepatitis B: Documented evidence of completed series or positive antibody titer. If beginning the series, first injection must be prior to beginning clinical experiences and the series completed within six (6) months.

Date of 1st injection:______________________________ Titer Date:________________________

Date of 2nd injection:_____________________________

Date of 3rd injection:_____________________________

E. Tetanus Diphtheria (Td): Proof of receiving within ten (10) years.

Date:____________________________

II. Health Declaration*

It is essential that students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to physically lift or assist patients, stand for several hours at a time and perform bending activities. The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.

I believe the student_______WILL________WILL NOT be able to function in a clinical setting.

If not, explain:____

Licensed/Certified Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name:__________________________ Title:_____________________________

Signature:___________________________ Date:_____________________________

Address:____________________________ Phone:____________________________

*The health program director may require a new health declaration should any alteration in the student's health occur.