The National Institute for Medical Assistant Advancement

INFECTION CONTROL REQUIREMENTS

This paperwork aids your health care office in noting the appropriate tests we require to have on file. Please, do not fill out this sheet yourself. Once your provider has filled in the appropriate dates, please have them sign the page, and stamp the address of the office onto this sheet.

Patient Name:_____ Date of Birth: _____

Disease specific screening/immunization required

Td/Tdap

Td or Tdap within the last 10 years
Name of Vaccine: _____ Date: _____

MEASLES

1. If born prior to 1957 no vaccine/proof of immunity required.

2. If born 1957 or later, two doses of vaccine required:

Date of first dose:_____

Date of second dose:_____

OR- Student may choose to present blood titer proof of immunity in place of vaccine
Titer level:_____Date: _____

HEPATITIS B

Name of vaccine: _____
Dates of vaccination series: **1.** _____
2. _____
3. _____

OR HEPLISAV-B
1. _____
2. _____

OR- Student may choose to present blood titer proof of immunity in place of vaccine:

Titer level:_____ Date:_____

TUBERCULOSIS

Tuberculosis screening required. **Please see other attachment to fill in appropriate information for TB testing.**

VARICELLA

Dates of vaccination series administered after the age of 12 months, and with each does a minimum of 4-12 weeks apart:

1. _____
2. _____

OR
Titer Level:_____Date: _____

OR

Documented evidence of disease:
Date:

Stamp Here:

NAME OF PROVIDER: _____
OFFICE ADDRESS: _____
PHONE NUMBER: _____
SIGNATURE: _____ **Today's Date:** _____

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INFECTION CONTROL REQUIREMENTS
Influenza and COVID-19

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Patient Name:_____ Date of Birth: _____

INFLUENZA Vaccine administered during the current flu season (Due by December 1st)

Date of Most Recent Dose: _____

COVID-19 Please enter the manufacturer and dose received by the patient for each item listed:

Dose #	Date	Manufacturer & Dose Amount
1st Dose		
2nd Dose		
Other		
Other		
Other		

Comments:

Stamp Here:

NAME OF PROVIDER: _____
OFFICE ADDRESS: _____
PHONE NUMBER: _____
SIGNATURE: _____

Today's Date: _____