Clinical Requirements

Step 1- A recent pl done recently (June	•	-			•	er. If a physical has been apleting this form.	
Physical examinati VA Medical Cente	for clinical rotations at Sunnyview, spital.						
Please state any abcarrying out duties						ns the student may have in	
I do herby certify that on (date)I examined physically able to care for elderly patients and that the student has no communicable disconnected that the student has no communicable disc						and found him/her disease.	
Physician's Signatu	ure						
Please print physic							
Address							
Phone number							
MUST HAVE TWone-step your second			<mark>ceived a tw</mark>	<mark>o-step you</mark>	r first year at th	e vo-tech you only need a	
TB test date	Date test	was read	Results		Signature		
Step 3- Obtain a fluwill not be permitted			our clinica	al site. Any	student who does	s not have a current vaccine	
Date given	Vac	Vaccine		Lot #		Signature	
Step 4- this inform	ation can be fil	lled out by	a doctor's o	office or pa	rent using a vacc	ine log.	
Vaccine		Date		Signature of individual filling out vaccine history.			
Last Tetanus vaccine							
Last MMR vaccin	ne						
Varicella vaccine	or reliable hist	ory					
Hepatitis B							
List 3 dates the vaccine was given							