



## Immunization, BLS and Health Insurance Acknowledgement Form

### Immunizations

As part of the DS application process, you are required to have the following immunization. If you do not have record of the vaccine, then you must get a titer (blood test) or revaccinated. See below for exceptions.

With your application, you must upload a copy of all immunizations.	Initials
I am agreeing that I have paper documentation of immunization to <b>Measles, Mumps, Rubella (MMR)</b> as evidenced by receiving a series of <u>two</u> vaccines OR a titer.	
I am agreeing that I have paper documentation of immunization to <b>Varicella (VAR) (AKA: Chicken Pox)</b> as evidenced by receiving a vaccine OR a titer. (Having chicken pox is not enough to determine immunity)	
I am agreeing that I have paper documentation of immunization to <b>Tetanus, diphtheria, &amp; acellular (TDAP, DTP)</b> <u>within the last 10 years</u> as evidenced by receiving a vaccine OR a titer. I also understand that the requirement is that every 10 years, I must receive another vaccine or titer to ensure immunity.	
I am agreeing that I have paper documentation indicating a negative test for <b>Tuberculosis (TB)</b> within the last year as evidenced by receiving a negative skin test OR negative chest x-ray. I also understand that the requirement is that <u>every year</u> , I must receive another skin test OR chest x-ray to ensure I test negative for TB.	
I am agreeing that I have paper documentation of immunization to <b>Hepatitis B (HEPB)</b> as evidenced by receiving <u>at least the first two vaccines</u> in a series of 3 vaccines, receiving all three vaccines <u>within the last 20 years</u> OR a titer. I also understand that the requirement is that every 20 years, I must receive another vaccine or titer to ensure immunity.	
<u>If I was born on or after 1995</u> , then I agree that I have paper documentation of immunization to <b>Meningococcal Meningitis (MV)</b> as evidenced by receiving a vaccine OR a titer. (Otherwise put N/A)	
<b>(Not required for admittance)</b> I am agreeing that I have paper documentation of immunization to <b>Influenza (IIV, LAIV)</b> as evidenced by receiving a vaccine in the last year. <u>OR</u> I am agreeing to receive the <b>Influenza (IIV, LAIV)</b> vaccine once yearly during flu season (Sept-April), while in the program.	

- Information on immunizations requirements and exemptions can be located on the Registrar’s webpage of the Parker University website.
- Clinical sites have the right to refuse students who have asked for exemptions from immunization for personal and religious reasons and may delay graduation. These cases will be handled individually.

### CPR/Basic Life Support

- You are required to have current certification in **American Heart Association Basic Life Support**. No exceptions! **If you have CPR certification from another entity, it will not be accepted. Please upload a copy of CPR card/certification for proof.**

### Health Insurance

- You are required to carry current health insurance throughout the program. **Please upload a copy of the front and back of your insurance card.**

Student name (print) \_\_\_\_\_

Date \_\_\_\_\_

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