



Occupational Therapy Assistant Program Health Records

Instructions:

Please fill out the form on the next page in its entirety.

When you upload the form, you must also upload all records (immunization, CPR, health insurance, etc.) at the same time. If you have trouble, then please email your forms to Carrie Miles at cmiles@parker.edu. ALL records must be in electronic form and will not be accepted on paper.

Vaccinations:

You are required to have all necessary vaccinations as indicated per program policy. Most need to have been completed PRIOR to an interview or admittance into the program. If you have had the vaccine, then you may get a blood test or titer to determine if you have immunity. If you do, then we need the record of this titer, otherwise you will have to get the vaccine. See below for details.

Measles, Mumps, Rubella (MMR) Given in a series of two shots
Varicella (VAR) (AKA: Chicken Pox) -You must have the vaccine OR a titer -Having chicken pox is not enough to determine immunity
Tetanus, diphtheria, & acellular (TDAP, DTP) -Has to be within the last 8 years as they are only good for 10 years and you need it to be current throughout the program
Tuberculosis (TB) -Please completed within 3 months of application due date -If completed prior, must be within one year and you will need another one while in the program as they are required every year. -A negative skin test or negative chest x-ray is acceptable
Hepatitis B (HEPB) -Given in a series of three shots -Must have at least started the series (one dose)
Meningitis (MV) -If born prior to 1995, you are not required to have this. -If born on or after 1995, you must have proof of vaccination.
Influenza (IIV, LAIV) -You will receive while in the program, during flu season, not required for admittance -Flu vaccine performed once yearly during flu season (Sept.-April)

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.**

Health Insurance

You are required to carry current health insurance throughout the program.

YOU are responsible for monitoring that all of the above remain current during the program.

Full Legal Name: _____

DOB: _____



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Requirements	Specifics	OFFICE USE ONLY		
		Current	Renewals	Renewed
		Initial when verified with official records.	List expiration dates needing to be renewed while in program.	Report renewal dates as confirmed by records.
Measles, Mumps, Rubella (MMR)	Date #1: Date #2: OR Titer:			
Varicella (VAR) (AKA: Chicken Pox)	Date: Titer:			
Tetanus, diphtheria, & acellular (TDAP, DTP)	Date:			
Tuberculosis (TB)	(circle one) Skin Test OR Chest X-Ray Negative Results- Date Read: OR Date of chest x-ray:			
Hepatitis B (HEPB)	Date #1: Date #2: Date #3: OR Titer:			
Meningitis (MV)	Date: OR N/A due to DOB			
Influenza (IIV, LAIV)	Date:			
CPR/BLS (ONLY American Heart Association, <u>no exceptions</u>)	Date of certification:			
List your CURRENT Health Insurance carrier				
LAST STEP	YOU MUST ATTACH copies of the <u>official records</u> of ALL immunizations, CPR, and Health Insurance.			

OFFICE USE: Background Check ____ Drug Screen ____ HIPAA ____



Occupational Therapy Assistant Program Health Records

Immunization, BLS and Health Insurance Acknowledgement Form

Immunizations

As part of the OTA 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 Measles, Mumps, Rubella (MMR) 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 Varicella (VAR) (AKA: Chicken Pox) 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 Tetanus, diphtheria, & acellular (TDAP, DTP) <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 Tuberculosis (TB) 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 Hepatitis B (HEPB) as evidenced by receiving <u>at least the first vaccine</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 Meningococcal Meningitis (MV) as evidenced by receiving a vaccine OR a titer. (Otherwise put N/A)	
(Not required for admittance) I am agreeing that I have paper documentation of immunization to Influenza (IIV, LAIV) as evidenced by receiving a vaccine in the last year. <u>OR</u> I am agreeing to receive the Influenza (IIV, LAIV) 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 Fieldwork 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

Student Signature

Date

Vaccine Acknowledgement Summary

Our healthcare partners and clinical sites hosting students for academic activities such as observations, demonstrations, field trips, and clinical experiences require students to have various vaccinations such as Influenza (Seasonal Flu), COVID, Hepatitis B, Meningitis, Mumps, Measles, Rubella (MMR), Varicella, Tetanus and Diphtheria, and Tuberculosis test. An expressed policy of clinical sites indicates that all students must have vaccinations completed before the start date of their clinical experiences. Therefore, students lacking vaccinations are at risk of a significant delay or cancellation of their clinical placement(s). A delay or cancellation in any clinical experience(s) could have financial implications and delay students' graduation date.

The university is legally obligated to provide students with information regarding all programmatic requirements during the application process to allow students to make an informed decision regarding applying to our program(s). As part of this obligation, we inform students that the OTA program has a clinical internship component and that clinical placement sites have vaccination requirements.

The university has no control over a facility's vaccination requirement(s) and/or interpretation of vaccination laws (in their geographic location) and how those laws relate to clinical internship, their compliance with these regulations, or whether they allow a student to intern at their site who does not meet their vaccination requirements.

Students should be aware that should circumstances change involving the outbreak of COVID or any other public health emergency, this may affect state or federal regulations regarding vaccination, and policies change at a clinical site where a student may be completing their internship. The university will be forced to comply with the guidelines set by the clinical site and will work with our student(s) to seek an alternative placement if available.

Parker University continues to support personal responsibility and choice. Please know that it is always the university's intent to provide an educational experience that considers the needs of our students while still maintaining compliance with state and federal laws and guidelines put in place by outside entities collaborating with us to provide educational opportunities.

Student's Acknowledgement:

My signature acknowledges that I have been informed about our healthcare partners' and clinical sites' vaccination requirements. I understand that I can decide not to obtain vaccinations now or in the future and that I am responsible for my decision's academic and financial consequences.

I have read, acknowledge, and agree:

Student name (print)

Date

Student Signature

Date