



Medical Document Checklist PTA

Student's name MUST be on all documentation.

✓	REQUIREMENT	CRITERIA
	CPR Certification	<p>Please submit documentation of your current CPR card. Must be the American Heart Association Health Care Provider Course.</p> <p>Copy of BOTH the front AND back required and the card MUST be signed.</p> <p>Renewal is to be set based on date of expiration on card. Temporary certificate/letter from the provider will be approved for 30 days, by which time the permanent documentation must be uploaded.</p> <p>E-Cards are accepted (no signature required on e-card).</p>
	Influenza	<p>One of the following is required:</p> <ul style="list-style-type: none"> • a flu shot administered within the current flu season (September - March) OR • a declination waiver signed by a health care provider. <p>Renewal will be set to 11/01.</p> <p>Documentation does not need to indicate that the vaccination you received is from a batch for the current flu season.</p>
	Varicella	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 Varicella vaccines at least 4 weeks apart OR • a positive antibody titer (lab report required). <p>If your series is in process, submit where you are in the series and a new alert will be created for you to complete the series.</p> <p>If your titer is negative or equivocal, new alerts will be created for you to receive 1 booster and provide a 2nd titer.</p>
	Hepatitis B Series	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 3 vaccinations OR • Positive antibody titer (lab report required) OR • Declination waiver signed by a medical professional. <p>If series is in process, submit where you are in the series and new alerts will be created for you to complete the series.</p>

		If the titer is negative or equivocal, new alerts will be created for you to receive 1 booster shot and provide a 2nd titer.
	Measles, Mumps & Rubella	<p>One of the following is required:</p> <ul style="list-style-type: none"> • 2 vaccines OR • 3 component positive antibody titers (lab report required) <p>If series in process, submit where you are and new alerts will be created for you to complete the series.</p> <p>If titer is negative or equivocal new alerts will be created for you to submit 1 booster AND a repeat titer.</p>
	Tetanus, Diphtheria & Pertussis (Tdap)	<p>Submit documentation of a Tdap booster administered within the past 10 years.</p> <p>Renewal date will be set for 10 years from the administered date.</p>
	Tuberculosis (TB) Skin Test	<p>Submit one of the following:</p> <ul style="list-style-type: none"> • Negative 2 step skin test administered 1-3 weeks apart within the past 12 months • Two consecutive annual single step tests (tests must be administered a minimum of 10 months apart, and a maximum of 12 months apart). Most recent test within the past 12 months • If positive, submit Physician clearance documented on letterhead following positive test results, completed within the last 12 months. <p>Renewal will be set to 1 year. Upon renewal, submit one of the following:</p> <ul style="list-style-type: none"> • Negative 1 step skin test (administered 10-12 months apart from previously submitted test) OR • If more than 12 months from previously submitted test, submit a new 2-Step TB skin test. • If positive, submit Physician letter of clearance documented on office letterhead <p>NOTE: Skin test results must read negative, or the requirement will be rejected. Reading must be performed 48-72 hours following the administered date. Date administered and date read are required.</p>
	Acknowledgement & Agreement of Policies	<p>Please submit your completed Acknowledgement & Agreement of Policies form.</p> <p>NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.</p>

	Student Code of Ethics/ Code of Conduct Form	Please submit your completed Student Code of Ethics form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Confidentiality Statement	Please submit your completed Confidentiality Statement. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Mental & Physical Abilities Statement	Please submit your completed Mental and Physical Abilities Statement. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Online Social Networking Policy/ Social Media Policy	Please submit your completed Online Social Networking Policy form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Influenza Policy	Please submit your completed Influenza Policy form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Substance Abuse Policy	Please submit your completed Substance Abuse Policy form. NOTE: Form is available for download and MUST be used to gain approval. ALL 4 pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Educational Experiences Policy	Please submit your completed Educational Experiences Policy form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Immunization Policy	Please submit your completed Immunization Policy form.

		NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Accident Statement	Please submit your completed Accident Statement form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Risk Management Policy	Please submit your completed Risk Management form. NOTE: Form is available for download and MUST be used to gain approval. ALL 3 pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.
	Payment of Tuition & Fees Policy	Please submit your complete Payment of Tuition and Fees Policy Form. NOTE: Form is available for download and MUST be used to gain approval. ALL pages of the document must be submitted AND must be signed and dated. Must have original signature- no electronic signatures accepted.

SPECIAL CONSIDERATIONS –“Timing” of vaccinations/TB skin test

Below is information concerning the "timing" of any injections you may be receiving. You may receive your TB skin test before or on the same day of another vaccine. However, you can't get the vaccine, and then get the TB skin test - There has to be 28 days between the vaccine and the TB test if the vaccine is given first. To be safe, get your TB skin test completed first, then you can move on to your other vaccinations if needed.

There is one other circumstance in which administration of an injected vaccine may need special timing – when a person also needs a TB skin test(TST).

Inactivated vaccines can be given on the same day or at any time after a TST is done. A TST can be applied before or on the same day that MMR, varicella, MMRV, yellow fever, zoster, or LAIV vaccines are given. However, if one of these live vaccines is given on the previous day or earlier, the TST should be delayed for at least 4 weeks (28 days). If any of these live vaccines are given prior to the application of a TST, they can reduce the reactivity of the skin test because of mild suppression of the immune system and result in a false negative TST.

A more specific test for diagnosis of tuberculosis or latent tuberculosis infection is the interferon-gamma release assay (IGRA). The same timing guidelines that apply to the interval between a live vaccine and TST apply to IGRA (i.e., 28 days between live vaccine and IGRA if they do not occur on the same day),

because IGRA (like TST) might be suppressed through immunologic mechanisms.

A two-step tuberculin test is recommended for certain situations. This test consists of two TSTs (or a TST followed by IGRA) separated by 1–3 weeks. If a live vaccine is administered, the first dose of a two-step TST should be delayed for 4 weeks, and if additional doses of live vaccines are indicated thereafter, they should be delayed until the second TST (or the IGRA after an initial TST).

NOTE: This timing issue does not apply to oral polio vaccine (OPV), oral rotavirus vaccine, and oral typhoid vaccine.

(<https://www2.cdc.gov/nip/isd/ycts/mod1/courses/genrec/10635.asp>)

Revised 8.28.18