



## EMT Checklist for Enrollment Clearance

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**All listed items must be submitted to the Public Safety Office before students will be cleared to register**

\_\_\_\_ Copy of current CPR card \*Must be Professional Rescuer or Healthcare Provider. Must be from **American Heart Association**

\_\_\_\_ MMR (Measles, Mumps, Rubella) \*Located on childhood shot record

\_\_\_\_ HEP B \*Proof of 3 dose series, positive titer test or a signed declination form

\_\_\_\_ Tetanus/Diphtheria \*Dated within the last 10 years

\_\_\_\_ Varicella (Chicken Pox) \*Proof of immunization or positive Varicella titer test

\_\_\_\_ TB Skin Test \*Dated from January 2016-present

**\*Additional clearance items will be due prior to the start of the course and prior to clinical rotations. Please pay close attention to the course announcement for important dates and deadlines.**

<b>For Office Use Only:</b>	Date:	Time:
Rec'd By:	Delivery Method	