Students are encouraged to use this form as a guide for gathering and submitting the correct clinical requirements information to CertifiedBackground.com. Failure to submit the requisite immunization and other evidence by the deadline will prevent your entry into clinical rotations.

**CLINICAL PARTICIPATION WILL NOT BE APPROVED FOR STUDENTS WITH INCOMPLETE HEALTH RECORDS**

**HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY OF THE REQUIREMENTS WITH THE EXCEPTION OF HEALTH CARE PROVIDER VERIFICATION OF VARICELLA**

**THERE ARE NO EXCEPTIONS.** Complete items 1-9.

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**1. Tuberculin PPD Mantoux Skin Test** - Complete item a **or** b & i-ii  
   a. Attach evidence of one negative tuberculin PPD test within the last 12 months and must be renewed/repeated every 12 months while enrolled in health science courses.  

   or  
   b. Attach evidence of a positive tuberculin PPD (Mantoux) test

   and  
   i. Attach a copy of follow-up negative chest X-ray report  
   ii. Did you receive isoniazid-based therapy? _____ Yes _____ No  
   iii. Health Department Questionnaire evidencing lack of symptomatology annually  
   Last Annual Review of Symptoms  
   Students must maintain current TB Skin documentation. Documentation expires after 12 months

**2. Cardiopulmonary Resuscitation Certification**  
Attach a copy of the **front and back sides** of your current American Heart Association Healthcare Provider BLS CPR Card. **Must be renewed every 24 months while a health sciences student.**

**3. Varicella (chickenpox)** – Complete item a **or** b  
   a. Attach evidence of two varicella immunizations received at least 4 weeks apart  

   or  
   b. Attach a copy of a positive varicella titer (blood test)

   or  
   c. Attach health care provider verification of medical history of chicken pox

**4. Rubeola** – Complete item a **or** b, for students born after 1956  
   a. Attach evidence of two MMR vaccinations received at least 4 weeks apart  

   or  
   b. Attach a copy of a positive rubeola titer (blood test)

**5. Mumps** – Complete item a **or** b, for students born after 1956  
   a. Attach evidence of two MMR vaccination of live mumps – containing vaccine  

   or  
   b. Attach a copy of a positive mumps titer (blood test)
6. Rubella - Complete a or b, for students born after 1956

a. Attach evidence of two MMR vaccinations received at least 4 weeks apart
   #1 __________________
   #2 __________________

or

b. Attach a copy of a positive rubella titer (blood test). Those with a negative titer should have one dose of live rubella – containing vaccine. A titer must be drawn 4 to 8 weeks following
   the vaccine to prove immunity via a positive titer. #3 __________________

7. Hepatitis B - Complete item a, b, or c
   a. Attach evidence of three hepatitis B immunizations administered in 6 month sequence
      #1 __________________
      #2 __________________
      #3 __________________

   or

   b. Attach a copy of a positive hepatitis B titer (blood test) _________________

   or

   c. Attach completed official declination obtained from Tulsa Community College waiver date __________________

NOTE: Students are strongly urged to complete this immunization

8. Tetanus and Diphtheria (Td, Tdap) –OPTIONAL. One dose Tdap recommended, with Td boosters every 10 years. Documentation may be required by certain clinical facilities.

      (Attach proof or indicate N/A) __________________

9. Seasonal Influenza Vaccine – Complete item a or b
   a. Attach copy of annual seasonal flu vaccine __________________

   or

   b. Attach completed official waiver obtained from Tulsa Community College waiver date __________________

Vaccination Allergy Information: If a student has a documented allergy to any of the above vaccine requirements, documentation from a medical provider must be submitted with this form. Students completing clinical rotations may need to meet additional requirements as provided by the clinical agency to the student.

DOCUMENTATION INSTRUCTIONS: HISTORY OF HAVING THE DISEASE WILL NOT FULFILL ANY OF THESE REQUIREMENTS, with the exception of healthcare provider verification of medical history of chickenpox. All items must be completed and official documentation must be submitted to CertifiedBackground.com. Make a copy of all documentation for your personal records.

You may either scan and email, fax or mail these proofs of immunization/vaccination and other required documents, including a vaccination declination form(s), directly to CertifiedBackground.com (Please see instruction sheet attached).