

EMERGENCY MEDICAL TECHNICIAN TRAINING

IMMUNIZATIONS CHECKLIST

- Instructions: Because you will be completing a ride-along in an ambulance and observing in a hospital emergency room as part of this training, you are required to submit documentation of immunizations. Documentation consists of signed and dated records of the immunization administration from your health care provider regarding each immunization.
A “titer” is a blood test that shows whether or not you are immune to the disease.
- Clinical Rotation Requirements: You may need to provide verification of your immunizations to the rotation sites. Please make copies of your immunization records to take with you.
Immunization verifications are required at the time you submit your application for the EMT class.
Use this as a checklist and attach any verification forms with this checklist before submitting an application.
- Attach proof of immunizations to this form. This form is for office use only.

IMMUNIZATION REQUIREMENTS	DO NOT WRITE IN <u>ANY</u> SECTION BELOW - OFFICE USE ONLY	
# 1 HEPATITIS B Series Hep-B (or TwinRix A/B) 2 required or Titer test	Guideline: Student must have verification of the first two doses at the time of application.	
	1st dose administered	
	2nd dose is administered at least 30 days after the 1st dose	
# 2 PPD—Tuberculosis TB Skin Test 1 required	Guideline: Tuberculin skin test must be current within the last 12 months , unless a test has shown 10 or more mm of induration. (Tine test is NOT acceptable)	
	If PPD test is positive , have a chest x-ray and provide written results and personal statement of “no symptoms” of TB from your physician.	
#3 VARICELLA (VZV) Varicella Zoster Virus/ Chickenpox 1 required for each or Titer test	Guideline: A positive serology or two doses of Varicella vaccine 4 weeks apart is required.	
# 4 Measles, Mumps, Rubella MMR 1 required for each or Titer test	Guideline: Injection + booster or positive serology (titer tests) are required.	
# 5 DIPHTHERIA/TETANUS TDAP, Booster	Guideline: A booster every 10 years is required. TDAP is required if tetanus is more than 2 years old for Healthcare Providers.	
# 6 INFLUENZA Flu Shot	Guideline: Not required, but suggested.	

OFFICE CHECKLIST		
Application	Copy of complete application	
Pre-Test Score	Attach pre-test scores	
ID/Background Check	Photo ID/WSP Background check	
AHA BLS Provider card	AHA BLS Provider Card issued within 6 months of start of class	
Insurance	Copy of health insurance card	