

MEDICAL LABORATORY SCIENCE REQUIRED DOCUMENTATION CHECKLIST FOR SR. CLINICAL PRACTICUMS

NAME:	UD ID#
MAIDEN NAME or ANY PREVIOUS NAMES:	

ANNUAL PHYSICAL with CBC and Urinalysis
Date:

2-STEP TUBERCULIN SKIN TEST (PPD)	OR	QUANTIFERON GOLD
Date placed #1:		Date: _____ Result:
Date read #1:	Reading #1 in mm:	
WITHIN 3 WEEKS OR LESS, COMPLETE STEP 2		
Date placed #2:		
Date read #2:	Reading #2 in mm:	
IF POS HISTORY, X-RAY REPORT MUST BE WITHIN THE LAST 6 MONTHS AND ATTCHED		

VARICELLA TITER (date collected):	MMR Measles/Rubeola, Mumps, Rubella (proof of 2 doses)
Result: (if negative or equivocal – BOOSTER REQUIRED)	Date MMR #1:
Varicella Booster Date Given:	Date MMR #2:
Repeat Varicella Titer (at least 3 months after booster) Repeat titer result:	MMR Titer Results Required – fill in below Measles/Rubeola Titer Result: _____ Date: _____
TDAP (MUST BE TDAP TO INCLUDE PERTUSSIS, NOT TD) Date: _____ (within past 10 years)	Mumps Titer Result: _____ Date: _____ Rubella Titer Result: _____ Date: _____
ANNUAL SEASONAL INFLUENZA VACCINE Date:	IF EQUIV or NEG TITERS, MMR BOOSTER REQUIRED MMR Booster Date Given: _____
	Repeat equiv or neg titers (at least 3 months after booster) Repeat titer result(s): _____

HEPATITIS B VACCINE (proof of 3 vaccines)	AND	TITER(S)
Date #1:		TITER RESULT (required):
Date #2:		Date:
Date #3:		Immune: Yes / No If NO, second Hep B series needed
		2 nd series if needed:
		Date #1:
		Date #2:
		Date #3:
		SECOND TITER RESULT: _____ Date: _____
		Immune: Yes / No
OR Documented declination of Hep B Vaccine Series (waiver signed):		

COPY OF HEALTH INSURANCE CARD – FRONT AND BACK - MUST BE INCLUDED WITH THIS PACKET

FBI FINGERPRINTING BACKGROUND CHECK	Date mailed:
DO NOT DO THE URINE DRUG SCREEN AND CRIMINAL BACKGROUND CHECK UNTIL DIRECTED TO DO SO	
URINE DRUG SCREEN	Date ordered: _____ Date specimen collected: _____
CRIMINAL BACKGROUND CHECK	Date ordered: _____

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All supporting documentation (immunizations, laboratory testing results, PPD results, Chest x-ray report if needed, completed/signed physical examination form, etc.) MUST BE submitted with the completed DOCUMENTATION CHECKLIST to the MLS Department PRIOR TO September 1st. Please complete the highlighted areas on your form. I have already filled in sections on your checklist where I had the information from last year. If you previously had immunity for your vaccinations, you do not need to repeat the titers. However, if you had to get a booster due to lack of immunity, you will now need to repeat the titers.

1. Suggest you order our FBI fingerprinting background check immediately. These results take up to 13-14 weeks. First, complete the information on the fingerprinting card. Then take the card to a local police department OR UD Public Safety (if you are local) – recommend calling first to see if you need an appointment for fingerprinting. Follow directions on card to mail in your payment and card for processing. Document on DOCUMENTATION CHECKLIST.
 - **If this was done last year, you do NOT need to repeat. If highlighted on your checklist, I do not have the results.**
2. Make an appointment for an **annual physical to include CBC with Differential and a routine urinalysis** with your primary care provider or a walk-in medical aid unit. Take the form provided with you to the appointment. Document on DOCUMENTATION CHECKLIST.
3. While you are completing your physical, initiate bloodwork for **(only if not done before with acceptable results)**:
 - Varicella titers,
 - MMR titers,
 - PPDs/Quantiferon Gold testing (has to be done again even if done before),
 - Hepatitis B titers (anti-HBs).

If vaccine boosters are needed, get them while you are there.

4. Obtain documentation of all required vaccinations as listed on the DOCUMENTATION CHECKLIST to include:
 - MMR
 - TDap (must be within past 10 years-if going to be >10 years before June 2018, need to obtain now) and must be TDap, not Td)
 - Hepatitis B vaccine
 - **Annual influenza (flu) vaccine (may not be available until September – submit the rest of the documentation even if still waiting for the flu vaccine)**

Document on DOCUMENTATION CHECKLIST.

5. Make a copy of the FRONT and BACK of your health insurance card and submit with packet. Document on DOCUMENTATION CHECKLIST.

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6. Urine Drug Screen and Criminal Background Check-will be done later in the fall semester. I will give you directions at that time. These need to be completed within 6 months of the start of your last rotation, therefore we will wait until November and then you will take care of this very quickly.

Reference guide for 2-step PPD Tuberculin Skin Test:

Day 1 – PPD #1: antigen applied under the skin

Day 3 – PPD #1: test is read (record on form)

IF NEG, retest (PPD #2) on Day 7 (for example, must be within 1-3 weeks of PPD #1)

PPD #2 test is read on Day 9 (record on form)

IF PPD #1 OR PPD #2 is positive, a chest x-ray is required. Submit all results and document on DOCUMENTATION CHECKLIST