The following immunization requirements must be met before registration to externship will be allowed.

### IMMUNIZATIONS

<table>
<thead>
<tr>
<th>IMMUNIZATION</th>
<th>Date Given</th>
<th>Date Read</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PPD/Tuberculin Test (1st)</td>
<td></td>
<td></td>
<td>*☐ Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Negative</td>
</tr>
<tr>
<td>1-3 weeks apart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPD/Tuberculin Test (2nd)</td>
<td></td>
<td></td>
<td>*☐ Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Negative</td>
</tr>
</tbody>
</table>

* If PPD is positive, a chest x-ray with written results and an Annual TB Symptom Checklist (signed and dated) is required.

2. Hepatitis B Series:
   1. 
   2. (one month after 1st)
   3. (5 months after 2nd)

3. MMR

4. Diphtheria & Tetanus

5. Varicella:
   - Illness
   - Titer
   - Vaccinations
   1. 
   2. 

6. Flu shot

Signature: __________________________

Healthcare Provider*

*Attached documentation from healthcare provider’s office can substitute for healthcare provider signature

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This form should be returned to the Health and Human Services Division office.