Student Name: ______________________ EMT Academy #_________

Bay Area Training Academy Required Immunizations and Tests for E.M.T. Students

Please place a check in the appropriate box for each immunization and fill in the information requested. Incomplete or improperly completed forms will be returned to the student. The ambulance companies that Bay Area Training Academy has contracted with for clinical and field experiences require this information. Each disease must have at least one box checked.

Please either return this form to Bay Area Training Academy signed and stamped by your physician or provide copies of your immunization and test records.

Measles, Mumps, Rubella (MMR)

O Measles (Rubella) vaccination or Titer found to be positive on (MM/DD/YY)___________.

O Mumps vaccination or Titer found to be positive on (MM/DD/YY)_________.

O Rubella vaccination or Titer found to be positive on (MM/DD/YY)_________.

Tuberculosis (Valid Within the Last 3 Months OR)

O Currently under treatment for Tuberculosis and is not infectious.

O PPD Skin Test or Blood Test found to be negative on (MM/DD/YY)_________________.

O Based on a positive PPD Skin Test, a chest x-ray was done and found to be negative for Tuberculosis on______________________.

Tetanus (Within 10 Years)

O Received last Tdap vaccine on (MM/DD/YY)_____________________.

Varicella Zoster (Chicken Pox)

O Varicella Zoster Titer found to be positive on (MM/DD/YY)______________________.
And/or
O Received last Varicella vaccine on (MM/DD/YY)_________________.

Hepatitis B (Valid only if series completed, currently in progress, has immunity)
O Received Hepatitis vaccines: O 1st vaccine was given on (MM/DD/YY)____________________. O 2nd vaccine was given on (MM/DD/YY)____________________. O The last vaccine was given on (MM/DD/YY)____________________. O Hepatitis B Titer found to be positive on (MM/DD/YY)_____________________.

O Influenza Vaccine - Current year vaccination or declination. Students declining Influenze vaccine will be required to wear a mask at all times during ride alongs.

O COVID Vaccination - A copy of the Vaccination record must be be presented to Bay Area Training Academy. Students declining COVID vaccine will be required to wear a mask at all times during ride alongs and to provide a negative PCR test 72 hours prior to the ride along start date.

By **signing and stamping*** this form, the person below states that he/she is a physician or nurse and that the information contained in this form is correct and accurate to the best of his/her knowledge.

Name of Reviewing Medical Personnel (Print or Type): _________________________

Address: ____________________

Telephone Number: _____________________

Signature of Reviewing Medical Personnel (Physician or Nurse) ______________________

Date: _________________________________

**NOTE: This form is not valid without a stamp.*

Signature of Student ______________________________________

Date: _________________________________

If the Reviewing Medical Personnel has any questions about this form or the medical requirement needed by the student for this program, please feel free to call us at 800-701-7333.