

Public Safety—Paramedic Immunization Record Documentation Checklist

Immunizations

Please submit documentation showing dates of administration of the following immunizations.

- ☐ **Negative TB Skin Test** (*Students must get the TWO STEP TB Skin Test*)
(or negative chest x-ray if positive skin test within last 5 years)
- ☐ **Tetanus**
(Within last 10 years)
- ☐ **Measles Mumps Rubella** (MMR)
(or positive blood titer for MMR)
- ☐ **Varicella** (Chicken Pox)
(or documentation of previous varicella infection)
(or positive blood titer for varicella)
- ☐ **Hepatitis B Series**
(or documentation of declination of Hepatitis B series)
(Or positive blood titer)