

## Vaccine Attestation Form for the **EMT Program**

In order to be considered for acceptance into the EMT Program, you will need to upload this form with your online application.

**Student Name:** \_\_\_\_\_

<b>Varicella Vaccine (Chicken Pox)</b>  <input type="checkbox"/> I have completed the two varicella vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.	<b>MMR Vaccine (Measles, Mumps &amp; Rubella)</b>  <input type="checkbox"/> I have completed the two MMR vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.
Date of vaccine/titer: _____	Date of vaccine/titer: _____
Signature: _____	Signature: _____
<b>Hepatitis B Vaccine</b>  <input type="checkbox"/> I have completed the three Hep B vaccines <b>or</b> <input type="checkbox"/> I have received a blood titer confirming the status of my immunity.	<b>Tdap/Td Vaccine (Tetanus, diphtheria, pertussis)</b>  <input type="checkbox"/> I have received a recent Tdap/Td booster. Boosters must be within the last ten years.
Date of vaccine/titer: _____	Date of vaccine/titer: _____
Signature: _____	Signature: _____
<b>COVID-19 Vaccine</b>  <input type="checkbox"/> I have completed a COVID booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver (no date required if submitting a waiver)	<b>Annual/Seasonal Flu Vaccine</b>  <input type="checkbox"/> I have completed the annual Flu booster <b>or</b> <input type="checkbox"/> I plan on submitting a declination waiver ( <i>no date required if submitting a waiver</i> )
Date of vaccine/titer: _____	Date of vaccine/titer: _____
Signature: _____	Signature: _____

*You will be required to show **official vaccine documentation** during the new student orientation*

*If you have any questions, contact [healthsciences@clackamas.edu](mailto:healthsciences@clackamas.edu).*