Phase 4 Student Check List

Phase 4 required documents: To be admitted to the Medical Assistant Program, all documents must be submitted to Cindi Woodard, NO LATER THAN Thursday, 19 August, 2019 before 3pm
cindiw@clackamas.edu – 503.594.0691

☐ Copy of Criminal History & Background Check
☐ Copy of Urine Drug Screen

☐ Health History & Physical Examination form; PE occurring after 28 Feb, 2018. Form may be downloaded from website http://www.clackamas.edu/HealthSciences/MedicalAssistant/

☐ Hepatitis B vaccination series completed __________ date of competed series
  ○ __________date of HBsAb / Hepatitis B surface Antibody Titer demonstrating immunity
  ○ __________date of booster only if deemed medically necessary by your HCP
    ▪ __________ Date of repeat HBV titer Results: ☐ Positive/Immune ☐ Negative

☐ Hepatitis B series in process: Follow this schedule if you have not been vaccinated for Hepatitis B
  ○ 1st injection completed before 20 August Date: __________
  ○ 2nd injection completed before 20 September Date: __________
  ○ 3rd injection completed before 28 February Date: __________
  ○ Hepatitis B surface Antibody, Titer due one month after last injection / must be completed prior to spring term 2019 to be placed in externship site Date: __________

☐ Measles-Mumps-Rubella:
  ○ Titer to discern immunity Date: __________
  ○ 2 doses if not fully vaccinated Date: ________ Date: ________

☐ Varicella (chickenpox): Submit one of the following
  ○ Titer to discern immunity Date: __________
  ○ 2 doses if not fully vaccinated Date: ________ Date: ________

☐ Tetanus-Diphtheria-Pertussis: Tdap
  ○ Tdap booster within last 10 years. Must be current throughout program Date: __________

☐ Polio: IVP or OPV
  ○ 3 doses Series completion Date: __________
  ○ Booster at the recommendation of HCP Date: __________

☐ Quantiferon Gold – TB SCREEN showing negative results Date: __________
  ○ If results are positive: clear radiological report as provided by licensed healthcare provider

☐ Flu vaccine (Seasonal) - strongly recommended. Due by 01 December 2019 Date: __________
  ○ Note: most clinical sites require for student externs

☐ BLS CPR – American Heart Association – 2 copies Expiration date: __________
☐ HeartSaver First Aid - American Heart Association – 2 copies Expiration date: __________

☐ Photo Release Form* Date: __________
☐ Signed acknowledgement of receipt of 2019-2020 MA Handbook* (contained in Handbook) Date: __________
  ○ * May be downloaded from MA website after 01 August: http://www.clackamas.edu/HealthSciences/MedicalAssistant/

All items complete: ___________________________ Date __________________

Cindi Woodard, CCC Allied Health Department