

Beaumont Health – Royal Oak

EMS Student Pre-Clinical Checkoff List

School Affiliation: _____ Phone # _____

Student Name: _____

Dates for current class: _____

Date of Immunity:

Date of Vaccinations:

_____ Rubeola

_____ Tdap

_____ Rubella

_____ HBV

_____ Mumps

_____ Influenza

_____ Pertussis

_____ Varicella Zoster

Date of Testing:

_____ PPD, Date of Test Completion:

_____ Chest x-ray (if indicated), Date of test:

_____ Negative urine Drug Screen, Completion date: _____.

_____ AHA BLS CPR Certificate, Expiration Date: _____.

_____ Background check, Completion date: _____.

_____ Mandatory education packet read and Attestation Statement completed
(attach copy of completed form)

_____ Addendum B – Student Acknowledgement form completed
(attach copy of completed form)

Clinical Coordinator

Date

(Signature certifies that Coordinator has verified all information and can relinquish information if requested)