



DIVISION OF WORKFORCE DEVELOPMENT AND LIFELONG LEARNING
HEALTHCARE CERTIFICATE PROGRAMS

HEALTH EXAMINATION FORM INSTRUCTIONS

1. The health examination form must be completed in its **entirety** by a licensed healthcare provider.
 - a. This form must be signed by the healthcare provider and if possible a stamp with the name, address and telephone of the provider.
2. Student must complete the first portion and be sure to print your name legibly.
3. An Urine Drug Screen – (7 Series) results must be attached
4. Immunization Records portion of the form must be completed according to the US Center for Disease Control. (*See attachment*)
 - a. If actual immunization records are not current, a titer test must be performed which will list the current levels of the actual vaccinations. If a titer test is performed, please attach the actual results in addition to completing the Immunization Records portion of the form.
5. Healthcare provider's must sign their name and date at the end of the form.
6. Student must sign and date this health form.
7. Incomplete health examination forms will not be accepted.
8. For answers to questions regarding the completion of this form, please call the program office at (202) 274-6965 or (202) 574-6854.

Immunizations

(if no record of immunization date, please submit titers and complete chart)

	Dosage	Date Given	Validate Physician/Clinic
Measles			
Rubella			
Mumps			
TDAP			
Hepatitis B Vaccine	1 st Dosage _____ 2 nd Dosage _____ 3 rd Dosage _____	_____ _____ _____	_____ _____ _____
Chicken Pox Or Varicella Titer	1 st Dosage _____ 2 nd Dosage _____	_____ _____	_____ _____

Physician's Name: _____
(Please Print)

Physician's Signature: _____ Date: _____

Student Signature: _____ Date: _____

INCOMPLETE FORMS WILL NOT BE ACCEPTED