## New England Institute of Technology HEALTH FORM FOR STUDENTS IN HEALTH SCIENCES PROGRAMS

(MAA) Medical Administrative Assistant; (MLT) Medical Lab Technician; (NUR) PN, AS & MSN Programs; (OT) Occupational Therapy

| ImmuneNot Immune   Rubella   |   | MSOT &  | OTA program                     | ıs; (RC) Respirator                           | y Ther  | apy; (ST) Surgical Tech; (PT                                   | ) Physical Therapy   |  |
|--|---|---|---------------------------------|---|---|--|--|--|
| Coordance with the Rhode Island Department of Health Rules and Regulations Pertaining to Immunization, Testing, and Health Reering for Health Care Workers, students in the Health Sciences Programs must have this form filled out completely and signe a physicians. Students who fail to provide proof of the required immunizations will not be permitted to attend class until the uirements are met.  TACH DOCUMENTATION —IMMUNIZATION RECORDS (due prior to the start of 1st class) and Lab report Mantoux (PPD) Test: (2 step) test within the last 12 months  Test planted:   | ame of Stude  | ent:  |                                 |   |   | Da   | ate of Birth   |  |
| a physician. Students who fail to provide proof of the required immunizations will not be permitted to attend class until the ulrements are met.  TACH DOCUMENTATION —IMMUNIZATION RECORDS (due prior to the start of 1st class) and Lab report Mantoux (PPD) Test: (2 step) test within the last 12 months  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Negative   Positive   Reading Value mm  "Test planted: Site: Read Positive   Positive   Reading Value mm  "Test planted: Site: Positive   Positive   Positive   Reading Value mm  "Test planted: Site: Positive   Positiv   | rogram of St  | udy:  |                                 |   | oxedge Resident Student on campus $oxedge$ Non-Resident Student |  |  |  |
| ### Antioux (PPD) Test: (2 step) test within the last 12 months  ### Test planted:   | reening for Hed<br>ra physician. St<br>quirements are     | alth Care Wo<br>tudents who<br>met.                             | rkers, studen<br>fail to provid | ts in the Health Sc<br>e proof of the req     | iences<br>uired ii  | Programs must have this for mmunizations will not be programs. | orm filled out completely and signed<br>ermitted to attend class until the |  |
| Negative   Positive   Reading Value   mm   Positive   Positive   Reading Value   mm   Positive   PPD Test Student MUST: Chest x-ray date:   Result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test result:   Provide proof of negative chest x-ray taken after an initial positive test results:   Provide proof of negative chest x-ray taken an initial positive test results:   Providence   Providence  |   |   |                                 |   |   |  | t or 10t class, and 100 reports  |  |
| Date   Pate   records are unavailable.     Measles/Rubeola   #1 Vaccine: date   #2 Vaccine: date   | 2 <sup>nd</sup> Test planted <b>Positive PPD</b> • Provid | d//<br>Test Stud<br>le proof of no                              | Site:                           | Read//_<br>Chest x-ray<br>x-ray taken after a | l<br>date:_<br>an initi   | Negative Positive Result Result al positive test result.       | eading Value mm<br>:   |  |
| Immune Not Immune   Not Immun | IGRA/QUANTIF  | ERON TB Go  | old RESULT:_                    |   |   |  |  |  |
| Immune_Not Immune_No | Measles/Rubeola   |   | #1 Vaccine: date                |   | #2 Vaccine: date  |  | Titer: Date:<br>ImmuneNot Immune   |  |
| Immune_Not Immune_No | Rubella   |   | #1 Vaccine: date                |   | #2 Vaccine: date  |  | Titer: Date:<br>ImmuneNot Immune   |  |
| Immune_Not Immune_No | Mumps   |   | #1 Vaccine: date                |   | #2 Vaccine: date  |  | Titer: Date:<br>ImmuneNot Immune   |  |
| 1st Dose//_   immune   | Varicella<br>(Chicken Pox)                                |   | #1 Vaccine: date                |   | #2 Vaccine: date  |  | Titer: Date:<br>ImmuneNot Immune   |  |
| COVID-19 Vaccine: Brand:1st vaccine date2nd vaccine date:Booster #1Booster #2  | Hepatitis B   | 1 <sup>st</sup> Dose// immune<br>2 <sup>nd</sup> Dose// not imm |                                 | immune  | Date:// Date://   |  |  |  |
| COVID-19 Vaccine: Brand:1st vaccine date2nd vaccine date:Booster #1Booster #2  | Meningococ  | cal Vaccin  | e: (required                    | for residential stud                          | dents u   | inder age 22): Date of Vac                                     | cine   |  |
| Polio: Primary series and booster dose, if born outside of the U.S. (not required for Nursing students):  Date of series:// Date of booster://  Color Blindness: (Nursing/MLT students only; applicable to the particular job function) YES NO  HEALTH CARE PROVIDER INFORMATION: All fees for service are the responsibility of the student.  Upload completed form to Exxat at https://steps.exxat.com/  te of most recent Physical:// Performed by:  me (print): Phone:   | Seasonal Flu  | Vaccine:  | Date:                           | <i> </i>                                      |   |  |  |  |
| Vaccine  | COVID-19 Va   | accine: Bran  | nd:                             | 1 <sup>st</sup> vaccine date                  | 9   | 2 <sup>nd</sup> vaccine date:                                  | Booster #1 Booster #2  |  |
| Date of series:  | <b>「dap:</b> Must ha                                      |   |                                 | -   | •   | •  |  |  |
| Color Blindness: (Nursing/MLT students only; applicable to the particular job function)  HEALTH CARE PROVIDER INFORMATION: All fees for service are the responsibility of the student.  Upload completed form to Exxat at https://steps.exxat.com/  te of most recent Physical:// Performed by:  me (print): Phone:  | <b>Polio:</b> Primary                                     |   | •                               |   |   |  | •  |  |
| Upload completed form to Exxat at <a href="https://steps.exxat.com/">https://steps.exxat.com/</a> te of most recent Physical: /   / /   Performed by:   Phone:   | Color Blindn  |   |                                 |   |   |  |  |  |
| te of most recent Physical:// Performed by:<br>me (print):Phone:   |   |   | E PROVIDER                      | INFORMATION                                   | : All fe  | es for service are the respo                                   |  |  |
|  | ate of most rec   | ent Physical  | -                               |   |   |  |  |  |
| tress:   | ıme (print):  |   |                                 |   | Phone:  |  |  |  |
|  |   |   |                                 |   |   |  |  |  |

\_Date:\_\_\_\_\_

Signature: