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**Instructor and Student Immunization Table for Clinical Rotations**

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| **School:** Click here to enter text. | **Instructor:** Click here to enter text. | **Course:** Click here to enter text. |

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| **Names of Instructor and Students** | **TB skin test in the last 12 months or****X-Ray for + TB skin test** | **2** **MMR vaccines****OR + Titer** | **3 Hep B Vaccines OR** **+ Titer****OR** **Declination**  | **2 Varicella Vaccines OR + Titer** | **TD Booster within the last 10 yrs** | **Flu Vaccine****received** | **Negative Background Check** | **Urine Drug Screen****Complete** | **Current****CPR****Card** |
| **Instructor** |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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**Please Note:**

1. **Positive background checks require submission of results to Ochsner LSU Health for approval before the clinical rotation begins.**
2. **DO NOT send proof of above testing/vaccinations. Mark the box to indicate compliance.**

**Faculty E-Signature:** Click here to enter text.

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| **Students** | **TB skin test in the last 12 months****Or X-Ray for + TB skin test** | **2** **MMR vaccines****OR + Titer** | **3 Hep B Vaccines OR** **+ Titer** **OR** **Declination** | **2****Varicella Vaccines OR + Titer** | **TD Booster within the last 10 yrs** | **Flu Vaccine****received** | **Negative****Background Check** | **Urine Drug Screen****Complete** | **Current****CPR****Card** |
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**Ochsner LSUHS Health Approval:**

