

University of Alaska Anchorage
 Medical Laboratory Technology Program Pre-Entrance Medical Record

Student Name _____ Phlebotomy Clinical Assistant

Student ID # _____ Medical Lab Tech Medical Technology

Evaluation of immune status or immunization currency by a health care provider must be documented below.

	Immunization Date	OR	Titer Results	Provider Signature (Required)	Date (Required)
1. Rubella (German Measles)	_____		_____	_____	_____
2. Rubeola (Measles)	_____		_____	_____	_____
3. Varicella (Chicken Pox)	_____		_____	_____	_____
4. Hepatitis B					
#1	_____			_____	_____
#2	_____			_____	_____
#3	_____			_____	_____
Immunity Titer			_____	_____	_____
5. Hepatitis A					
#1	_____			_____	_____
#2	_____			_____	_____
Immunity Titer			_____	_____	_____
6. Tetnus/Diptheria/Pertussis (Tdap – must be updated every 10 years)	_____			_____	_____
7. Freedom from Tuberculosis by Mantoux method PPD (must be updated annually) or Chest X-Ray	_____		_____	_____	_____

For your own information and protection, an HIV screen and physical exam is highly recommended.