BARTON COUNTY COMMUNITY COLLEGE EMS EDUCATION

Physician Immunization Checkoff

Students must have the Physician Immunization Checkoff form completed and signed by a physician, PA, or RN. Submission of physical documentation of immunizations must accompany this document to the doctor's office. Once completed by the healthcare professional, the immunization form and physical documentation of required immunizations must be submitted to the Barton EMS Education office.

	Last	First		MI
TB Skin Test (within last year): Dat	re Re	sults	
Flu Shot (withi	n last year): Date			
Hepatitis B Ser	ries: #1 =	#2 #3 _ Results		
	#1 #2 _ Titer Date			
	eOR Occumentation/Verific			
Tdap (within pa	ast ten years): Date _			
nents:				
Date		Signature of examining physician, physician assistant, or an ARNP		