Faculty Name______________________ School__________ Academic Year____ Urine Drug Screen___________ Background Check___________ Clinical Orientation Module________ BLS for HCP exp. date____________	**Immunizations** *Annual*: TB_______verified Seasonal Flu Vaccine_________ *One time requirement verified:* HepB_____Varicella_____Mumps_____ Rubeola_____Rubella_____Tdap______ **Dean or Designee Verification** **Signature:**______________________ **Date:**________________

Faculty Name______________________ School__________ Academic Year____ Urine Drug Screen___________ Background Check___________ Clinical Orientation Module________ BLS for HCP exp. date____________	**Immunizations** *Annual*: TB_______verified Seasonal Flu Vaccine_________ *One time requirement verified:* HepB_____Varicella_____Mumps_____ Rubeola_____Rubella_____Tdap______ **Dean or Designee Verification** **Signature:**______________________ **Date:**________________

Faculty Name______________________ School__________ Academic Year____ Urine Drug Screen___________ Background Check___________ Clinical Orientation Module________ BLS for HCP exp. date____________	**Immunizations** *Annual*: TB_______verified Seasonal Flu Vaccine_________ *One time requirement verified:* HepB_____Varicella_____Mumps_____ Rubeola_____Rubella_____Tdap______ **Dean or Designee Verification** **Signature:**______________________ **Date:**________________

Faculty Name______________________ School__________ Academic Year____ Urine Drug Screen___________ Background Check___________ Clinical Orientation Module________ BLS for HCP exp. date____________	**Immunizations** *Annual*: TB_______verified Seasonal Flu Vaccine_________ *One time requirement verified:* HepB_____Varicella_____Mumps_____ Rubeola_____Rubella_____Tdap______ **Dean or Designee Verification** **Signature:**______________________ **Date:**________________