(Print) Name: _____ Last, First MI

Start Date: _____ Example: Spring 2009

Checklist for Medical Clearances

Clinical Students

This checklist must be attached to the top of health forms for submission to Student Health Services. Please contact Asher Maystein at (205) 975-7751 with Questions.

INCOMPLETE PACKAGES WILL NOT BE ACCEPTED!

Last Name: _____ BOO#:_____

First Name: _____

Blazer ID: _____ {this is what you use for Blazer Net}

Student Number: _____ {if you do not know ask your program to get this information for you}

SS#_____ {this will only be used for record tracking and to create a medical record number at the UAB Student Health Office}

School _____ Major: _____

Checklist:

1.____ I have completed and attached health form and immunization sheet.
2.____ I have had physical exam within the past year and my health provider has signed physical sheet enclosed.
3.____ I have completed and attached my two-step tuberculin skin tests or current chest x-ray report.
4.____ I have enclosed a copy of two MMR vaccines or titer test.
5.____ I have enclosed photocopy proof of tetanus or Tdap vaccine {must have been given within past 10 years}
6.____ I have completed and attached hepatitis B vaccine and titer test form to meet all requirements.
7.____ I have enclosed a copy of Varicella IgG blood titer or proof I have taken/started to take Varicella vaccine series.
8.____ I have signed and dated Statement and Consent clause on page 4 of health form.
9.____ I have enclosed or previously turned in insurance application or insurance waiver form to Student Health Services.

Student Signature:

_____ Date: _____

Adm/nchecklistform112008.doc

Hand Deliver:
UAB Student Health Services
Community Health Services Bldg (CH20)
Room 221
(near corner of 10th Ave S & 20th St S)

Mailing Address:
UAB Student Health Services
930 20th Street South
Suite 221
Birmingham, AL 35205