

Department of Physical and Occupational Therapy Immunization and Certification Checklist

Name _____ Bengal # _____

Program (circle one) DPT MOT

Facility that did the procedure should provide their official stamp and date(s) of the procedure, or you should attach documentation for each procedure

<u>Required Immunizations:</u>	<u>Date</u>	<u>Documentation/ Facility Stamp</u>
<u>Varicella (chickenpox):</u> documentation of 1 vaccine doses or proof of a titer. History of the disease does not meet this requirement.	_____	_____
<u>Measles, Mumps & Rubella/Rubeola (MMR):</u> proof of 2 vaccine doses	_____	_____
<u>Tuberculosis:</u> annual screening for the past two years or proof of a PPD test done within the last year	_____	_____
<u>Hepatitis B:</u> series of three vaccinations or signed waiver	_____	_____
<u>DPT/Td (Tetanus/Pertusis/Diphtheria):</u> series of 3 vaccine doses. One dose must be within the last 10 years.	_____	_____
<u>Polio:</u> vaccine series of 3 doses	_____	_____

1. **A criminal background check**
 - a. **Conviction of a felony or other serious offense will likely result in denial of placement for the clinical assignment, and consequently affect your standing in the program. If you have any questions about whether your criminal history, if any, will prevent or restrict your ability to obtain a license in this field, you should discuss this with the appropriate licensing agency or board. Do your background check through:**
 www.Castlebranch.com. the package code for ISU PT or OT is id12.

2. **A CPR Certification - Certification must include adult, child, and infant: A required Health Professional Certification through AHA or Red Cross. (NO ONLINE CPR COURSES ACCEPTED).**

I understand that if the above items are not on file with ISU's Physical/Occupational Therapy Program by August 10, 2016, I will not be allowed to matriculate into the DPT or MOT Program.

NOTE: If needed, other tests may be required dependent on fieldwork/clinical affiliation circumstances.
 Student Signature _____

For office use only:
 Date received: _____
 Approved by: _____