

ABTCC PBT PROGRAM STUDENT ONBOARDING CHECK SHEET

Name _____

1. Uniform purchased _____
2. CPR certification _____
3. Physical Exam _____ (Medical Form -student completes pages 1-2, provider page 3)
4. Immunizations

a. 3 **DTP** (diphtheria, tetanus, pertussis) _____

OR

Tetanus Vaccination _____

b. 1 **Tetanus=Tdap** (*Current within last 10 years*) _____

c. 2 **MMR** _____

OR

MMR titer (blood draw –bring lab report with reference ranges for antibody levels of Rubeola IgG=**Measles**, **Mumps** IgG and **Rubella** IgG= German measles)

d. 2 **Varicella** (NOT had chicken pox) _____

OR

Varicella titer (had the chicken pox) (blood draw- bring lab report with reference range for **Varicella IgG antibody level**) _____

e. **Hepatitis B** (series of 3) _____

f. **Tuberculosis** (*within last 12 months-annual*)

TB skin test _____

OR

TB blood test (T-Spot or Quantiferon Gold) _____

***If either test has positive TB results you must provide BOTH:**

- *A clear chest X-ray*
- *Physician clearance documentation following last positive results*

g. **Flu shot** (seasonal- annual in October) _____

h. **COVID-19** (*strongly recommended – potentially required*) _____