



**Covenant CNA School
Immunization Form**

Name (printed or typed): _____

Certificate Program (printed or typed)*: _____

Date of Birth: _____

For the clinical experience, many facilities require current immunizations of our students. Applicants must provide the following documentation:

- Results and date of a Negative TB skin test or chest x-ray (no older than 6 months)
- Hepatitis B series
- MMR (Measles, Mumps, Rubella)
- Tetanus (no older than 10 years)

	MMR	Tetanus	TB or X-Ray Scan Results & Date (attach results)	Hepatitis or Hep B Declination Form may be completed	Notes
Date of immunization	#1 _____ #2 _____	Date of last immunization	#1 _____ #2 _____	#1 _____ #2 _____ #3 _____	
Date of disease					
Date of positive titer					
Temporary medical exemption & date it will end					
Permanent medical exemption attach explanation					

*** The student above is physically capable of performing duties of a Certified Nursing Assistant.**

<i>This section to be completed by Health Care Provider ONLY</i>
Name of Health Care Provider: _____
Provider Signature: _____
Date Signed: _____
Address: _____
Phone Number: _____