



## Medical Records for Student Programs

Directions: Please have your Private Medical Doctor or school nurse fill out the following information to confirm your eligibility for rotations. We do not need additional documentation as long as every portion of this form is completed.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

CITI Program: \_\_\_\_\_

Teacher: \_\_\_\_\_

Required:	Date	Comments:
MMR #1		
MMR #2		
PPD #1		reading: + / -
PPD #2		reading: + / -
TDap		
Most recent history & physical		
Flu Vaccine 19-20 Season		*if student opts out of vaccine, will be required to wear mask

Please list any allergies below:

General Allergies:	Allergies to Medication:
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Please list any other medical information below that we should know: (i.e. ... diagnoses, medications, symptoms, etc)

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Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Please return this sheet to your instructor by the indicated due date. You will not be permitted to complete rotations until this information is completed. We do not need additional documents as long as this form is complete and signed by a provider.
- During flu season, students will need to submit this form as a proof of flu shot. Students that do not receive a flu shot will be expected to wear a mask in patient care areas. Flu season begins on December 1, unless determined by the Commissioner of Health to be needed sooner.

By signing below, I give permission for this form to be shared with the organizations that are rotation partners for my student's rotation experience this year. I give permission to CITI personnel to copy and distribute this form as necessary.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_