## **Infectious Disease Requirements**

EMS Students Assigned Clinical Experience at UVa Health

Please Print Full Name		Date of Birth	Date
The following requirements must b	e met before being allowed to do clinica	l time at UVa Health.	
IMMUNIZATIONS			
1. Flu vaccine. Date of vaccination:	: (Required annually	<b>'</b> )	
2. Td (diphtheria-tetanus) or Tdap. EMS students are advised to rece	eive a booster dose every ten years.		
Date of Last Booster:	Type: $\square$ Td or $\square$ Tdap		
<b>b.</b> Born in or after 1957 and h	•	ter, since 1980. Date of Last Boos	ster:
Date Lab Test Done:	Results of Lab Test:		
Comments:			
<b>4. Hepatitis B</b> Three (3) doses of the vaccine ar	e recommended for all EMS students wh	o are not protected against the d	lisease.
Date of Last Booster:			
Comments:			
<b>5. Varicella</b> Two (2) doses of the vaccine or dothe disease.	documented evidence of disease are reco	nmended for all EMT students v	vho are not protected agair
Disease Date:	or <b>Date of booster</b> :		
Comments:			
6. COVID-19 - (UVa Health no longe	er mandates this vaccine as of 8/24/2023	3)	
Booster date (latest):			
	OCUMENTATION  an intermediate-strength PPD skin test of the documented evidence along with this state.	-	ually. QuantiFERON -TB Go
Date of PPD Skin Test:	Results of Skin Test:		
QuantiFERON -TB Gold Test date	e:		
With a history of positive PPD, do assessment should be submitted	ocumentation of a chest x-ray report sho l.	wing no active disease after posi	tive PPD and a current ann
Chest X-Ray Results:			
Physician Signature or Designee		Date	
Physician Printed Name or Designee		Phone Number	