



EMERGENCY MEDICAL TECHNICIAN TRAINING IMMUNIZATIONS CHECKLIST

Name: _____

Date: _____

Instructions: Because you will be completing a ride-along in an ambulance and observing in a hospital emergency room as part of this training, you are required to submit documentation of immunization. Documentation consists of signed and dated records of the immunization administration from your health care provider regarding each immunization.

Clinical Rotation Requirements: You may also need to provide verification of your immunization to the rotation sites. Please make copies of your immunization records to take with you.

*A “titer” is a blood test that shows whether you are immune to the disease.

Please attach a verification form with this checklist on or before the first day of class

Immunization	Printed copy of proof required
Hepatitis B Hep-B (or TwinRix A/B)	2 Doses Required (or titer test)
PPD-Tuberculosis TB Skin (or Titer) Test 1 required	Tuberculin skin test must be current within the last 12 months
Varicella (VZV) Varicella Zoster Virus/Chickenpox	1 Required for each or titer test (a positive serology of 2 doses of Varicella vaccine 4 weeks apart is required)
Measles, Mumps, Rubella MMR	1 Required for each or titer test (Injection + booster or positive serology required)
Tdap (Tetanus, Diphtheria, Pertussis) Booster	A booster every 10 years is required. Tdap is required if tetanus is more than 2 years old for healthcare providers
Influenza	Proof of seasonal vaccination