AdventHealth Orlando

IMMUNIZATION FORM FOR VSAS APPLICANTS

Incomplete forms will not be accepted. Full SSN required.

Typed and Scanned PDF preferred.

Must be uploaded to your VSAS profile once scheduled and accepted. If your school form or AAMC Standardized Immunization Form is used, please also include on this form SSN, drug screen, and mask fit, or submit to GME directly.

Last Name	First Name	M.I.

Gender	New to AdventHealth Orlando System ☐ Returning ☐	Social Security Number

REQUIRED IMMUNIZATION	IMMUNIZATION TYPE		DATE(S)
Tuberculin Test or Negative Chest X-Ray (Required within 12 months of clinical rotation and updated annually)	Negative Tuberculin Skin Test (PPD) **OR** If positive TB Skin Test Negative Chest X-Ray		Date:
Measles	Two Immunizations after 12 months of age **OR**		Date (1): Date (2):
	Documentation of disease by physician **OR** Serologic immunity		Date:
Mumps	Immunizations **OR**		Date (1): Date (2):
	Documentation of disease by physician **OR** Serologic immunity		Date:
Rubella	Two Immunizations after 12 months of age **OR**		Date (1): Date (2):
	Documentation of disease by physician **OR** Serologic immunity		Date:
Hepatitis B	Vaccine series **OR**		Date (1): Date (2): Date (3):
	Serologic immunity **OR** Signed declination		Date:
Varicella	Student has had chicken pox/Serologic immunity **OR**		Date:
	Immunizations		Date (1): Date (2):
Respiratory Mask Fit Test (Required within 12 months of clinical rotation and updated annually)	Mask Type:	Mask Size:	Date:
5-Panel Drug Screen Amphetamines, Marijuana, Cocaine, Opiates, and Phencyclidine		Negative 5-Panel Drug Screen	Date:
Influenza Vaccine 1 dose annually each fall for rotations during flu season	(Please also bring to orientation to show HR for badge sticker.)	Flu Vaccine Certification	Date:

I verify that the above information is correct.

Applicant Signature:	Date:
School/Hospital Representative Signature:	Date:
School/Hospital Representative Name and Title (Print):	