



FAULKNER

PHYSICIAN ASSISTANT STUDIES

		Non-Immune: *		Non-Immune: *	
Rubeola (Measles)	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	Booster Date: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)	MMR dose 1: _____ Lot #: _____ Exp Date: _____ MMR dose 2: _____ Lot #: _____ Exp Date: _____	• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)
Mumps	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)
Rubella (German measles)	(Attach Lab Report) • Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)		• Immune (No Further Action Required) • Non-Immune (Attach Lab Report)

* Record of 2 previous doses of MMR available, administer single dose of MMR and Re-titer

* No record of 2 previous doses of MMR available, administer 2 doses of MMR and Re-titer

In the event that the student is not able to achieve immunity, Please Explain:

Tuberculin Skin Test PPD	PPD 1 Date: <u>11/28/12</u> Lot #: <u>CSB05AA</u>	Site: <u>Upper forearm</u> PPD 1 Induration <u>0</u> mm	PPD 1 Interpretation: • Positive • <u>Negative</u>
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Healthcare Provider Name:

Lindsey T. Barton, CNP

Signature:

L. Barton, CNP

Blake Schanen 12/19/89



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	Exp Date: <u>3/25/23</u>		
*If the student does not have a documented negative PPD within the previous 12 months a two step is required.	PPD 2 Date: <u>12/5/22</u> Lot #: <u>C58110AA</u> Exp Date: <u>3/25/23</u>	Site: <u>Hupper FA</u> PPD 2 Induration _____ mm	PPD 2 Interpretation: • Positive • Negative
Quantiferon TB Gold (Attach Lab Report)	• Negative • Positive • Undetermined		

In the event of a positive or indeterminate test a chest x-ray is required. Please describe any treatment started:

Diphtheria/ Pertussis/ Tetanus (Tdap): Document vaccination performed within the previous ten years	Date of Immunization:	If student is in need of Immunization and it is administered: Lot #: _____ Exp Date: _____
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****Please include immunization records (if available) and all titers drawn.****

Medical Clearance- Final Recommendation

I have examined the above named students, reviewed their immunization history, and screened them for tuberculosis. I find this student meets the immunization requirements as described above and is free from contagious disease. In my judgment this student is physically and mentally fit to begin working in a clinical environment.

Address of Office: 7401 East Dr. Suite 102 Montgomery, AL 36117
Phone Number of Office: (334) 244-3281

* Recommend MMR Booster for low titer.*

Healthcare Provider Name:

Lindsey T. Baeten, CNP Signature: J. Baeten, CNP