East Los Angeles College EMT Program Immunizations & Requirements Checklist

Print Your Name Clearly:

_____

Please circle the EMT Program you are currently enrolled in and write in the year:

Spring & Year _____ Monday/Tuesday or Monday/Thursday

Or
Summer & Year _____ Or

Fall & Year _____ Monday/Tuesday or Monday/Thursday

Please turn in **ALL** of your **require updated immunizations readable one set of copies of** records and documents **on the FIRST DAY of the program**, in **2 (two) manila letter size (8 1/2 X 11 inches) file folders**. Place one letter size manila file folder in the other and then place the require documents in that one **NOT** originals. **Incomplete packets WILL NOT BE ACCEPTED AFTER THE DUE DATE. The due date is the FIRST DAY of the program and you can, will be dismiss from the program.**

Usually extensions WILL NOT BE granted.

Place a check mark next to the ones you are turning in, **which must be ALL and attach this form on top of copies your immunizations documents, highlight all of the require immunizations on you documents and a readable front and back copy of AHA BLS Provider Card or ASHI BLS Healthcare Provider Card (Unless already turned in & has been accepted):**

- PPD/TB Skin Test within the last 12 months **ONLY PPD/TB SKIN TEST IS REQUIRE;ONLY ONE TB/PPD Test is require. If at or near 12 months then another PPD/TB Skin Test is require**

- Varicella Titers or an Immunization if require; being exposed to the disease **DOES NOT MEET THE REQUIREMENTS**

- Measles/Rubeola **; <u>BEING EXPOSED to the DISEASE DOES NOT MEET THE REQUIREMENTS</u>**

- Mumps **; BEING EXPOSED to the DISEASE DOES NOT MEET THE REQUIREMENTS**

- Rubella **; BEING EXPOSED to the DISEASE DOES NOT MEET THE REQUIREMENTS**

- Hepatitis B proof of starting the series or a **Titers results is require if the series was completed, then titers are require if titers are low (negative) the Hepatitis B series must be re-started**

- H1N1/H2N3 Immunization/ Influenza (flu) Immunization within the last 12 months. If at 12months then another immunization is require.

- Diphtheria-Tetanus Immunization **within the last 10 years or Titer results**; **<u>If Titers are low (negative) then immunization is require</u>**

- **Criminal Search Background** OR **<u>NAME CHECK</u>** document (**NOT LIVE SCAN**) by Los Angeles County Superior Courts must not be over 30 days old from the first day of the EMT Program or online legitimate background check organizations just before the start date of the EMT Program. **Must have the Los Angeles County Superior Court Stamp on the criminal background check/name check to be valid.**

- **American Heart Association (AHA) BLS Provider Card** valid & current your name either typed or computer generated. **<u>HANDWRITTEN CARDS WILL NOT BE ACCEPTED.</u> OR American Safety Health Institute (ASHI) BLS Healthcare Provider Card.**
  <u>WE DO NOT ACCEPT AMERICAN RED CROSS (ARC) PROFESSIONAL RESCUER BLS CARD.</u>

- **Los Angeles City Fire Department Hospital Fire Safety Card (blue card) if enrolled in the Monday/Tuesday or Monday/Thursday EMT Program**

Submitting Date: _____

Thank you, C. Pittman, EMT Program Director East Los Angeles College
Email: emtelac@gmail.com

East Los Angeles College EMT Program Immunizations Record

EMT Trainee Name Print
Clearly

_____

Email address_____

Area Code & Phone Number

ONLY ONE TB/PPD TEST REQUIRE

Date Results

Tuberculin (PPD) Skin Test _____ _____

MD/NP/PA/RN Signature

_____

Address_____

Area Code & Phone
Number_____

Date Results

TB/PPD Skin Test _____

_____

MD/NP/PA/RN Signature

_____

MD Address _____

MD Phone _____

Date Results

*Chest X-Ray _____ _____

(Required if TB/PPD Skin Test is Positive or Hx Positive; only one TB/PPD is require)

MD/NP/PA/RN Signature

_____

Address_____Phone _____

Rubeola (Measles) Vaccine _____ Date _____

MD/NP/PA/RN Signature

_____

MD Address_____

Phone Number _____

Rubeola (Measles) Vaccine _____ Date _____

MD/NP/PA/RN Signature

_____

MD Address_____
Phone Number _____

_____
Varicella (Chicken Pox) Vaccine _____ Date_____
MD/NP/PA/RN Signature

_____
Address _____
Phone Number _____

Varicella (Chicken Pox) Vaccine _____Date _____
MD/NP/PA/RN Signature

_____
Address _____
Phone Number _____

Mumps Vaccine_____ Date _____
MD/NP/PA/RN Signature

_____

Mumps Vaccine Date: _____ Numeric Value_____
MD/NP/PA/RN Signature

_____
Address _____
Phone Number _____

THE VACCINE IS REQUIRED. HAVING THE DISEASE DOES NOT MEET THE PROGRAM REQUIREMENTS

Rubella (German Measles) Vaccine _____ Date _____
MD/NP/PA/RN Signature

_____
Address _____
Phone Number _____

Rubella (German Measles) Vaccine _____ Date_____
Numeric Value_____
MD/NP/PA/RN Signature _____
Address _____
Phone Number _____

HAVING THE DISEASE DOES NOT MEET THE REQUIREMENTS

First Series Completed

Hepatitis B Vaccine#1 Date_____ Given By_____
Hepatitis B Vaccine#2 Date_____ Given By _____
Hepatitis B Vaccine#3 Date _____Given By_____
Hepatitis B Titer Date _____ Numeric Value_____
Given By _____
Address _____
Phone Number _____

Second Series Completed

Hepatitis B Vaccine#1 Date_____Given By_____
Hepatitis B Vaccine#2 Date_____ Given By _____
Hepatitis B Vaccine#3 Date _____ Given By_____
Hepatitis B Titer Date _____Numeric Value_____
Given By _____
Address _____
Phone Number _____

Third Series Completed

Hepatitis B Vaccine#1 Date_____ Given By_____
Hepatitis B Vaccine#2 Date_____ Given By _____
Hepatitis B Vaccine#3 Date _____ Given By_____
Hepatitis B Titer Date _____Numeric Value_____
Given By _____
Address _____
Phone Number with area code_____

HAVING THE DISEASE DOES NOT MEET THE REQUIREMENTS

Tetanus/Diphtheria Booster is REQUIRE if you had the series as a child.
If 10 years or more then Titers are require if negative the vaccine is REQUIRE.

Td Vaccine #1 or booster Date _____Given By _____
Td Vaccine #2 if require Date _____ Given By _____
Td Titer Date_____ Numeric value_____
H1N1 Date _____ Given By _____
Influenza Date_____ Given By _____

Address _____
Phone Number with area
code_____
H1N1/Flu Date_____ Given By _____
Office Address
_____
Office Phone Number with area code
_____

Revised 01/03/2019CP