##  Columbus Technical College

## DENTAL ASSISTING STUDENT CLEARANCE CHECK LIST

**PLEASE PRINT CLEARLY**

This is only a check list for your use and is NOT a substitute for legally acceptable documentation of this information. Legally acceptable documentation must be clearly legible and includes School, State and Federal Immunization forms, physician letterhead with signature and stamp. Copies of titer results on lab letterhead.

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **IMMUNIZATION DATES** | **IMMUNIZATION TYPE** | **TITER: YES/NO** | **TITER RESULTS****POSITIVE/NEGATIVE** | **IF NEGATIVE,** **DATE RE-IMMUNIZED** |
|  | MMR #1 |  |  |  |
|  | MMR #2 |  |  |  |
|  | TITER |  |  |  |
|  | MEASLES |  |  |  |
|  | MUMPS |  |  |  |
|  | RUBELLA |  |  |  |
|  | CHICKEN POX |  |  |  |
|  | HEP B#1 |  |  |  |
|  | HEP B#2 |  |  |  |
|  | HEP B#3 |  |  |  |
|  | TITER: anti Hbs |  |  |  |
|  |  Hbs ag |  |  |  |
|  | Tetanus | Within last nine 10 years OR Tdap as below. |
|  | Tdap | No less than two years from last tetanus. Do not get Tdap is tetanus is less than 2 yrs.May be substituted for tetanus if no tetanus within last 2 - 10 years. |
| ------------------------ | Seasonal FLU Vaccine --------------------------------H1N1 (Novel) Flu Vaccine | No exceptions except under written advisement of physician. The Army has the right to deny entrance to clinical areas if it is felt the student and/or military patients will be placed at jeopardy for exposure to flu. |
|  | **IPPD Step 1**and proof of 00mm IPPD 2 months prior to clinical | N/A | Size in mm: |  N/A |
|  | **IPPD Step 2**If no documentation of 00mm IPPD within previous 12 months | N/A | Size in mm:  |  N/A |
|  | If You have ever had a positive IPPD provide the following information:Last Chest X-ray: Where: Results:Medication: How long?Treating physician and address: |
|  | **Complete DENTAC TB questionnaire**  |
| **List any allergies AND type of reaction to:**  MEDICATIONS, FOOD, INSECT BITES/STINGS |
| **Fort Benning OHS Use Only:****Cleared for training? YES NO BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****COMMENTS:** |