

Avera CNA Online Training Solutions Independent Immunization Form



1000 W. 4th Street, Suite 9
Yankton, SD 57078
AveraSolutions@Avera.org

Student Name: _____ Date of Birth: _____ Phone Number: _____

This form, immunization records, and TB test results must be emailed to: AveraSolutions@Avera.org.

****Students who fail to provide up-to-date immunization records and current TB tests results WILL NOT be permitted to attend the 8-Hour Skills Review and/or 16-Hour Clinicals. Every effort should be made to provide required documentation within 10 days of registration.**

****TB testing and Immunization Update expenses are the responsibility of the student.**

1. TUBERCULOSIS:

All Avera CNA Online Training Students are required to have the Quantiferon – TB Gold blood test or 2 tuberculosis (TB) skin tests. Results must be dated within 12 months of clinicals. If you do not have current results, you will need to contact your healthcare provider for testing.

<input type="checkbox"/> QUANTIFERON – TB GOLD BLOOD TEST Date: _____ Results: _____	OR	<input type="checkbox"/> 2 TUBERCULOSIS (TB) SKIN TESTS 1 st Skin Test Date: _____ Results: _____ 2 nd Skin Test Date: _____ Results: _____
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2. REQUIRED IMMUNIZATIONS:

All Avera CNA Online Training Students are required to have the following immunizations.

a. CHICKEN POX

Have you had the disease chicken pox? Yes _____ No _____

- If no, have you received two Varicella vaccines?

o 1st Immunization Date: _____ 2nd Immunization Date: _____

- If you have not had chicken pox or been vaccinated, you will need to provide proof of immunity through titer testing. Contact your healthcare provider for testing.

b. **MEASLES, MUMPS AND RUBELLA** - If you were born after 1957, you will need to provide documentation of 2 Measles, Mumps and Rubella (MMR) immunizations.

MMR # 1 Date _____ MMR # 2 Date _____

c. **Tdap** (tetanus with pertussis vaccination) Date: _____

d. **INFLUENZA VACCINATION** Date: _____

Students participating in clinicals during the months of October to March must provide proof of having received the flu vaccination for the current flu season.

e. **COVID-19 VACCINE**- (Recommended but not required. Please provide documentation if vaccinated.)

Name of vaccine: _____ Vaccine #1 Date: _____ Vaccine #2 Date: _____

f. Have you ever received immunization against Hepatitis B? Yes _____ No _____

Note: It is not required but recommended to begin the Hepatitis B series.

"I understand that due to potential exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. It is recommended to be vaccinated with Hepatitis B vaccine."

Student Signature: _____ Parent Signature: _____

(If student is under 18)