

BEAUMONT HALTH
Student Health Information Form

Beaumont

Academic Institution: _____

Clinical Experience _____

Print (or type) Name of Student	Phone #	<u>TB Test</u> <i>Exp Date</i>	Rubella Results	Measles Vaccine Date of or Proof of Immunity	History of Chickenpox or Shingles <i>Yes / No</i>	Hepatitis B* Vaccine <i>Date Series Completed</i>	Mumps <i>Yes / No</i>	BLS <i>Exp Date</i>	Tdap Date <i>Recieved</i>	Flu Vaccine Date <i>Recieved</i>

IT IS THE RESPONSIBILITY OF THE SCHOOL TO COMPLETE CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING FOR STUDENT LISTED ABOVE.

Thank you for your compliance.

7/2017 sas