

CLINICAL MEDICAL ASSISTANT PROGRAM ADMISSION CHECK SHEET

Last _____ First _____ MI _____

	Date Completed	Initials
TRANSCRIPTS/DIPLOMA <u> H.S. </u> <u> G.E.D. </u> <u> COLLEGE </u>		
CPR FOR HEALTHCARE PROVIDERS		
CRIMINAL BACKGROUND CHECK		
PHYSICAL FORM		
TDAP (needed once per lifetime)	1 _____	1 _____
TD (needed every 10 years)	2 _____	2 _____
POLIO		
RUBELLA (one needed by all)		
MEASLES (two needed by those born after 1/1/57)	1 _____ 2 _____	1 _____ 2 _____
MUMPS (one needed by those born after 1/1/57)		
HEPATITIS B SERIES (3 shot series)	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
INFLUENZA (annual/in season/before clinical)		
VARICELLA (chicken pox) Vaccination or Dr./Parent Note on TDSHS Form	1 _____ 2 _____	1 _____ 2 _____
Notification of Training (Phlebotomy skills)		
CODE OF CONDUCT (signed)		
BACKGROUND CHECK WAIVER (signed)		
PAYMENT RECEIVED: <u> SelfPay </u> <u> Grant </u> <u> MYCAA </u> <u> SALLIE MAE </u>	1 _____ 2 _____ 3 _____ 4 _____ 5 _____	1 _____ 2 _____ 3 _____ 4 _____ 5 _____