

PHARMACY TECHNICIAN CHECK LIST

Last _____ First _____ MI _____

	Date Completed	Initials
Transcripts/Diploma <u> </u> H.S. <u> </u> G.E.D. <u> </u> College		
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 _____
Handbook Acceptance (Signed)		
CODE OF CONDUCT (Signed)		
BACKGROUND CHECK WAIVER (Signed)		
Method of Payment		