



**DOCUMENTATION AND MEDICAL REQUIREMENTS FOR PHLEBOTOMY STUDENTS**

Welcome and thank you for your interest in the Helping Hands Mobile Medical Service Phlebotomy Program! This information sheet is provided to help you meet the documentation and medical requirements for the program. These requirements are developed by the Department of Health and Human Services/ Centers for Disease Control and Prevention. In addition to needing the below medical requirements to for your program, our clinical/field affiliates will require the same immunizations in order for you to participate in their program. Finally, employers in the patient health care industry will request these medical requirements as well.

**Questions**

If there are issues gathering the prerequisites, or any other questions, please contact main office at 216-785-8549. You may be referred to speak to the program coordinator as appropriate.

**Medical Services**

Your physician’s office should be able to provide everything you need to complete your Phlebotomy program prerequisites.

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

**ALL requirements must be completed and turned in** to your Course Coordinator on the first day of class. Staple this sheet on top of the items being submitted. You may also return completed packets to our home office up until the 3rd class session. **Late, e-mailed or faxed requirements will not be accepted.**

Student Requirements	Coordinator Initials
1. Proof of High School completion- Copy of GED, High School diploma, college, or university transcripts	
2. Photocopy of driver’s license or government issued photo ID showing proof of age (17 or older) Students age 17 must be graduating and turning 18 within 12 months	
3. Proof of health insurance. (Copy front and back of card.)	
4. Proof of Hepatitis B Vaccine (start of 3 shot series AND signed Hepatitis B waiver form included in this packet).	
5. Proof of current measles/mumps/rubella (MMR) immunization or titer.	
6. Proof of current varicella (chicken pox or VZV) immunization or titer. A signed and dated note from a physician is acceptable.	
7. Photocopy of proof of Tdap (tetanus-diphtheria-Pertussis) vaccine conducted within the last 10 years or signed waiver/declination form	
8. Proof of negative TB skin test, Quantiferon-Gold blood test, or a negative chest x-ray administered within 3 months (2 years for x-ray) prior to the start of the class.	



## HEPATITIS B VACCINE VERIFICATION

### Phlebotomy

- I understand that due to my participation as a student in the UCLA Phlebotomy Course, I may be at risk for exposure to blood or potentially infectious materials and acquiring the Hepatitis B Virus (HBV) infection. I have been asked to be vaccinated with the Hepatitis B vaccine. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can obtain the vaccination series and will submit documentation of such to the Program while I am enrolled as a student.

I decline the Hepatitis B Vaccination Series due to the following reason(s):

**(Please mark at least one choice)**

- I am declining because I choose not to have the Hepatitis B vaccination series. I am aware that I may change my mind at a later date.
- I have completed the entire series (3) of Hepatitis B vaccinations. I have a record or know the date and location of those vaccinations. (Please submit documentation verifying completion of 3-shot series or titer).
- I have already completed the entire series of 3 Hepatitis B vaccinations. I do not have a record or cannot recall when I received the vaccinations. o I have a positive titer for Hepatitis B virus. (Please submit documentation verifying titer).
- Other

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Signature

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Date

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Print Name

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Admissions

Department



*This page is to be turned in to Phlebotomy Program Manager*