## Mount Nittany Health – Student Internship Application Health Requirements

## Section to be completed by healthcare provider

Student N	Name		
Checkma	nark $$ indicates requirements are met. See below	v for details.	
	blood assay for <i>M. tuberculosis</i> (BAMT), performed within 12 months of the clinical start active Tuberculosis is not present. Tuberculin start active	culin screening test, either Tuberculin skin test (TST) or rmed within 12 months of each clinical rotation start date with Tuberculin screening tests must have a chest x-ray date, physician certification, or symptom review indicating screening is only required before participating in patient care as follow up to an unprotected exposure to a patient with	
	Rubella – either laboratory evidence of immunage one).	ity or proof of vaccination (one or more doses on or after	
	Rubeola (measles) – either laboratory evidence age one or one dose if born before 1957).	ce of immunity or proof of vaccination (two doses on or after	
	<i>Mumps</i> – either laboratory evidence of immun one dose if born before 1957.	ity or proof of vaccination (two doses on or after age one or	
		ickenpox) – either laboratory evidence of immunity, proof of vaccination (two doses), or oes zoster (shingles) based on healthcare provider diagnosis.	
	dap (Tetanus, Diphtheria, Pertussis) – proof of vaccination (one dose after age 7).		
	<i>Influenza</i> – proof of vaccination for the current flu season. Required for student experiences taking place between the months of October through March.		
	ng below you indicate that the student meets the had been the followider Signature		
Name & Credentials (print)		Data	
A dalara a a		Phone Number	