

Clinical Athletic Training Program Health Center Clearance



UNIVERSITY OF
**NORTHERN
COLORADO**

Athletic Training Program

NAME: _____

BEAR NUMBER: _____

TODAY'S DATE: _____

Immunizations:

MMR (Measles, Mumps, Rubella) - Completed series (dates): MMR Dose #1 _____

MMR Dose #2 _____

OR

Date of Positive Titer: _____

TDAP (Tetanus/Pertussis) - required every 10 years or less: Date Given: _____

Hepatitis B Vaccine - Completed Series (dates):

Hep B Dose #1 _____

Hep B Dose #2 _____

Hep B Dose #3 _____

OR

Date of Positive Titer (HbsAB) : _____

Varicella (Chicken Pox) - Completed Series (dates):

Varicella Dose #1 _____

Varicella Dose #2 _____

OR

Date of Positive Titer: _____

OR

Signed Physician statement verifying disease on file:

Tuberculin Skin Test (TB/PPD)

Date PPD given: _____

Date Read: _____

Results: _____ mm (must be documented in mm)

If Positive, Date of Chest X-Ray: _____

Results: _____

**After initial clearance received by the Clinical Athletic Training program, a yearly PPD is required (unless hx of positive PPD). The student may have the PPD done at a place of convenience. However, if it has been greater than 12 months since last PPD, a 2-step MUST be done. The student must present a copy of yearly PPD to the Clinical Athletic Training program.

Temporary Clearance Given:

Temporary clearance given ONLY for finishing vaccine series (i.e. Hep B or MMR. All other requirements must be met)

Reason for Temporary Clearance: _____

Date Temporary Clearance expires: _____

Provider Signature: _____

FINAL CLEARANCE:

(Final clearance given ONLY when all above requirements are met)

Student Signature: _____

Date: _____

Provider Signature: _____

Date: _____

GIVE A COPY OF COMPLETED FORM TO STUDENT FOR UNC CLINICAL ATHLETIC TRAINING PROGRAM