

**ARIZONA MEDICAL TRAINING INSTITUTE  
HEALTH AND SAFETY DOCUMENTATION**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**A. MMR (Measles/Rubeola, Mumps, Rubella): Requires documented proof of two MMRs in lifetime or a positive titer for each of these diseases.**

1<sup>ST</sup> MMR Date: \_\_\_\_\_ 2<sup>ND</sup> MMR Date: \_\_\_\_\_

**OR**

Date and results of titer: Measles/Rubeola \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

**B. Varicella (Chickenpox): Requires documented proof of two (2) vaccinations or positive IgG titer.**

1<sup>st</sup> Varicella Date: \_\_\_\_\_ 2<sup>nd</sup> Varicella Date: \_\_\_\_\_

**OR**

Date & results of IgG titer: \_\_\_\_\_

**C. Tetanus/Diphtheria (Td) immunization within the past 10 years. Td Date: \_\_\_\_\_**

**D. Tuberculosis:**

**Annual TB skin test (PPD):** Test Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_

**OR Previous Positive PPD test:**

Provide documentation of negative chest x-ray/evidence of TB disease free status:

Date of chest X-ray (or Alternate Test) \_\_\_\_\_ Result \_\_\_\_\_

- If applicant has ever had a positive reaction, the skin test is not to be repeated. Other evidence that the applicant is free from tuberculosis will be required. (i.e. chest x-ray or interferon gamma release assay such as the Quantiferon TB Gold)
- Core Curriculum on Tuberculosis What the Clinician Should Know, Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination, Atlanta, Georgia, 4<sup>th</sup> Edition, 2000.

**E. Hepatitis B: Documented evidence of completed series or positive antibody titer or declination. If beginning series, first injection must be according to your Program's required timeline and the series must be completed within 6 months.**

Date of 1<sup>st</sup> injection: \_\_\_\_\_ Date of 2<sup>nd</sup> injection: \_\_\_\_\_ Date of 3<sup>rd</sup> injection: \_\_\_\_\_

**OR**

Hep B Titer Date: \_\_\_\_\_ Titer Results: \_\_\_\_\_ **OR**

Signed Declination Form attached

**F. Influenza: Documented evidence of influenza vaccination within the past year or declination.**

Date of injection: \_\_\_\_\_ **OR**

Signed Declination Form attached

(continued over)

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Name: \_\_\_\_\_

**G. Clearance for Participation in Classroom and Clinical Practice (Essential Functions)**

It is essential that medical laboratory assistant students be able to perform a number of physical activities in the classroom and clinical portion of their programs. At a minimum, students will be required to lift patients and/or equipment, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment with an appropriate mental health organization and be able to implement their assigned responsibilities. *Students must demonstrate the ability to independently meet all essential functions listed below to be considered for inclusion in the program:* Be able to perform procedures, which require delicate psychomotor skills. Be mobile to move readily from one location to another in such physical settings as the clinical laboratory, patient rooms, emergency room, elevators, and stairways. reach laboratory bench-tops and shelves, patients lying in hospital beds or patients seated in specimen collection chairs. be able to perform procedures, which require the use of both hands simultaneously. Have an unimpaired sense of touch and temperature discrimination. The student must be able to perform venipunctures and micro-blood collection techniques, which require the tactile discrimination of veins and vein walls. See details of objects that are less than a few feet away. Use fingers or hands to grasp, move, or assemble very small objects. Hold the arm and hand in one position or hold the hand steady while moving the arm. Make quick, precise adjustments to machine controls. Use computers for extended periods of time. See differences between colors, shades, and brightness. Understand the speech of another person. Interpret and follow verbal commands instantaneously while maintaining visual contact with current task. Speak clearly so listeners can understand. Focus on one source of sound and ignore others. Hear sounds and recognize the difference between them. See details of objects that are more than a few feet away. Determine the distance between objects. Use stomach and lower back muscles to support the body for long periods without getting tired. Be physically active and use muscles for long periods without getting tired or out of breath. Make fast, repeated movements of fingers, hands, and wrists. Bend, stretch, twist, or reach out. Adjust body movements or equipment controls to keep pace with speed changes of moving objects. Choose quickly and correctly among various movements when responding to different signals. React quickly using hands, fingers, or feet. Coordinate movement of several parts of the body, such as arms and legs, while the body is moving. Use muscles to lift, push, pull, or carry heavy objects. (30-40lbs)

**The classroom and clinical medical lab assistant experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions.** *Examples of these requirements include but are not limited to:* The emotional maturity and stability to approach highly stressful human situations in a calm and rational manner. The ability to make clinical judgment using critical thinking. The ability to adhere to ethical standards of conducts as well as applicable state and federal laws. The ability to provide effective written, oral, nonverbal communication with patients and their families, colleagues, health care providers, and the public.

*I believe the applicant \_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as a phlebotomy student as described above.*

*If not, explain:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Licensed Healthcare Provider (MD, DO, NP, or PA) Verification of Health and Safety

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

*I have read the essential functions as described above and personally attest to my ability to independently perform all functions as listed:*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_