

PRE-REQUISITE STUDENT CHECK LIST

*All the mandatory online eLearning MUST be successfully completed, Required documentation by AMTI including the completed Health Declaration & immunizations, CPR & First Aid (completed or scheduled prior to mid-term exam) must be submitted to AMTI by no later than the mid-term for Phlebotomy students and first day of class for PCT & MLA students. **Failure to provide will result in the initiation of next steps to remediate. Please note: Having to reschedule the start date of the program after the 1st reschedule will result in a \$50.00 reschedule fee.***

THE FOLLOWING IS YOUR RESPONSIBILITY AND MUST BE TURNED IN PRIOR TO INITIATION OF THE MID-TERM EXAMINATION:

- Program Enrollment Documents (*Before Mid-Term Examination*)
- All eLearning completed (*Before Mid-Term Examination*)
- Midterm completed/passed Date: (*Before 1st day of Classroom Phase*)
- Copy of Government Photo Id. AZ Driver's License or Passport and Birth Certificate
- Copy of High School Diploma or GED. or College Grade Report
- Copy of Current CPR: Scheduled Date: _____ Date of Expiration: _____
- Copy of Current First Aid: Scheduled Date: _____ Date of Expiration: _____
- Completed Health Declaration/Doctors Note signed/dated by Licensed Healthcare Provider
- Immunizations with proof from Dr. or Clinic with signature and date on Health & Safety Document provided
 - 2 – Measles/Mumps, Rubella (MMR) or Positive (Immune) Titer with date and lab results
 - 2 – Varicella/Chicken Pox or Positive (Immune) Titer with date and lab results
 - Current Td/Tetanus/Diphtheria – Administered within the last 10 years
 - Non-Reactive Tuberculosis (TB) Skin Test (TST/PPD) – Administered and read within the last 6 months, Negative chest x ray (CXR) with evidence of clearance in report, or Negative IGRA (Interferon Gamma Release Assay)
 - Dependent on externship placement may require a 2-Step TST
 - HBV Series (Initiation of Series), Hepatitis B Titers, or Declination Form Signed (Form provided in Student Services)
 - Current Annual Influenza (Not to expire during externship) or Declination Form Signed (Form provided in Student Services)

Program & Start Date: _____

Authorized Initial/Date Received: _____

Note: All requirements for each Phlebotomy, PCT & MLA clinical site must be completed **2 weeks prior to the start of the externship assignment**; which may include additional documents, immunizations, drug screening, fingerprints, online orientation, back ground checks and/or interviews before externship assignments.

**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.

1ST MMR Date: _____ 2ND 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.

1st Varicella Date: _____ 2nd 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, 4th 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 1st injection: _____ Date of 2nd injection: _____ Date of 3rd 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 phlebotomy 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 phlebotomy 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: _____