

Allied Health Clinical Profile

It is the student's responsibility to ensure that adequate documentation of the listed requirements are provided. Documentation is required to ensure the health and safety of students and clients in healthcare agencies that provide clinical learning experience.

REQUIREMENT	DOCUMENTATION
Measles, Mumps, & Rubella	<p>ONE of the following is required:</p> <ul style="list-style-type: none"> • 2 vaccinations <p>-- OR --</p> <ul style="list-style-type: none"> • A positive Antibody Titer for Measles, Mumps and Rubella (Lab Report or Physician Verification of results required). <p><i>If any titer is Negative or Equivocal student must receive 1 booster shot and provide a second titer.</i></p>
Varicella	<p>ONE of the following is required:</p> <ul style="list-style-type: none"> • 2 vaccinations <p>-- OR --</p> <ul style="list-style-type: none"> • A positive Antibody Titer (Lab report or physician verification of results required) <p>-- OR --</p> <ul style="list-style-type: none"> • Medically documented History of Disease. <p><i>If titer is negative or equivocal, student must receive 1 booster vaccination and provide a 2nd titer.</i></p>
Hepatitis B	<p>BOTH of the following are required:</p> <ul style="list-style-type: none"> • 3 vaccinations <p>-- AND --</p> <ul style="list-style-type: none"> • A positive Antibody Titer (Lab Report OR Physician verification of results required). <p><i>Declination waivers are accepted. If titer is negative or equivocal, student must repeat series and provide a 2nd Titer.</i></p>
TB Skin Test	<p>ONE of the following is required:</p> <ul style="list-style-type: none"> • 2 step TB skin test (1-3 weeks apart) <p>-- OR --</p> <ul style="list-style-type: none"> • Quanti-FERON Gold Blood Test <p>-- OR --</p> <ul style="list-style-type: none"> • If positive results, provide a clear chest x-ray (Lab Report or physician verification of results required).
Tetanus, Diphtheria & Pertussis (Tdap)	Documentation of a Tdap booster within the past 10 years.
CPR Certification	Must be the American Heart Association Healthcare Provider course. Copy must be front and back of the card and the card must be signed . (Satisfied by AHE 120 previously HPRO 105).
Blood borne Pathogens/HIV/AIDS Training	Washington State 7-hour training program in Blood borne Pathogens/HIV/AIDS as required by RCW 70.24.310 (Satisfied by AHE 120 previously HPRO 105).
Health Insurance	Provide a copy of your current Health insurance card or proof of coverage.
Influenza or Declination	<p>ONE of the following is required:</p> <ul style="list-style-type: none"> • Documentation of a flu shot administered during the current flu season. <p>-- OR --</p> <ul style="list-style-type: none"> • A declination waiver.
Certified Background Check	Completion of National Criminal Background Check and Washington State Patrol Background Check through Certified Background check.
Drug Screen (Optional)	Some clinical sites may require that students complete a drug screen test.