



## MS-CPD STUDENT HEALTH CLEARANCE RELEASE

Student name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of last medical exam \_\_\_\_\_

### Statement of understanding

I understand that I must maintain a level of good health and remain free from communicable diseases while enrolled in the Coordinated Program in Dietetics. I understand that if my level of health changes, I must immediately report this to the director of the program. I must provide proof that I have either natural or acquired immunity to measles (rubeola), mumps, rubella (German measles), diphtheria, tetanus, pertussis and varicella-zoster (chicken pox).

I must provide documented proof of seasonal influenza, and hepatitis B vaccination. I must provide proof that I am free from communicable diseases and have had a tuberculin clearance (skin test, chest x-ray or IGRA). I understand that all of these required reports and clearances must be provided to the program at least **one week** before the start of supervised practice and that the required tuberculin test must be valid throughout the entire course of the program, which means a second test will be required during the second year of the program.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

### Next steps

PDF scans of all forms are required to be uploaded to the eValue system by the student. Please see program faculty for instructions.

**Important:** This form and all lab results/proof of vaccination are due **one week** before the first day of classes in the first semester of the program. If not received by this time, the student will not be allowed to participate in supervised practice activities.