



Mayerthorpe Jr/Sr High School

www.mayerthorpehigh.ca



May 21, 2019

Dear Parent/Guardian,

Your child has requested to participate in the Dual Credit Education Program next year. The intention of the letter is to let you know about the unique conditions, circumstances, and opportunities of this learning experience.

Norquest College, in partnership with Northern Gateway Public Schools, is offering access to college courses for high school students. This means that the college credit courses will be taught by a college instructor at Mayerthorpe High School and through our video conferencing suite at three other locations (Fox Creek School, Hilltop Jr. Sr. High School and Onoway Jr Sr High School). The credits earned count towards completion of a student's high school diploma and post-secondary credits that are recorded on their post-secondary transcript. The students are able to complete high school diploma requirements while getting a head start on learning and training for their future career.

This particular opportunity is Norquest College's Health Care Aide Certificate. It provides students with a complete college certificate and high school credits at the 30-Level. The students will complete the courses throughout the program, as well as two clinical rotations at a local facility. By completing the application package, the students are indicating their commitment to the 11.5 month program, that includes the mandatory clinical placements during NGPS's scheduled 2020 Spring Break (2 weeks) and the months of July and August 2020 (6 weeks).

Students are responsible for a \$400 caution fee which will be refunded upon successful completion of Health Care Aide Certification. The tuition normally associated with this certificate, as well as fees for books, materials and scrubs are covered.

The course information is listed below:

Class Time: Monday to Friday 12:30 – 3:17 pm September 2019 to June 2020
(Clinical Rotations NGPS's scheduled 2020 Spring Break (2 weeks) and the months of July and August 2020-6 weeks). Attendance for classes, labs and clinical rotations are mandatory.

Prerequisite: ELA 20-2 completed with at least 60% final mark

Recommended: 18 years of age by June 30, 2020

Your child's success in the Dual Credit Education Program is dependent upon personal accountability. As parents/guardians, you can play an important role in helping your child decide if he or she is ready to commit to the program and by encouraging your child to have a positive attitude toward work and the other requirements of the program.

P.O. Box 40
Mayerthorpe AB T0E 1N0
(780) 786-2624
mhsschool@ngps.ca

Principal: Dafydd Thomas
Assistant Principal: Beth Jager



Mayerthorpe Jr/Sr High School

www.mayerthorpehigh.ca



In order for your child to participate in the Dual Credit Education Program, your informed consent is required.

Please complete and sign the Off Campus Agreement – Dual Credit Form, the Dual Credit Program Permission and Agreement, and the Norquest College Application for Admission. Return these forms, a statement of marks and the caution fee of \$400 payable to Northern Gateway Public Schools (but submitted to Mayerthorpe High School). There are a limited number of seats available, so please return the forms and payment by Friday June 1, 2019. After this deadline, the applications will be reviewed and candidates will be selected based on pre-requisites and suitability. Once selected, the students will be required to have the Record of Immunization completed and a Criminal Record Check will need to be submitted in September 2019 (it must be current, please do not request it before September).

If you have any questions or concerns, I can be contacted at 780-786-2624 or beth.jager@ngps.ca.

I hope this program can be a meaningful experience that meets your child's education objectives.

Sincerely,

Beth Jager
Off-Campus Coordinator
Assistant Principal
Mayerthorpe High School

Enclosures: (4)

Off Campus Agreement – Dual Credit
Dual Credit Program Permission and Agreement
Norquest College Application for Admission
Record of Immunization

P.O. Box 40
Mayerthorpe AB T0E 1N0
(780) 786-2624
mhsschool@ngps.ca

Principal: Dafydd Thomas
Assistant Principal: Beth Jager

DUAL CREDIT PROGRAM PERMISSION AND AGREEMENT

STUDENT

By signing this agreement, I acknowledge my understanding that I am enrolled in a college-level course and that my work will be graded according to the same standards applied to college students. I understand that the final grade earned in this course will be entered into my permanent record at Norquest College. As a Norquest College dual credit student I understand and agree to the following:

- Attend classes and be punctual. To contact my instructor if I will be absent or late.
- Attend all classes as scheduled. Class schedule will be available from my instructor/ academic advisor or accessible on my Norquest account.
- Meet program homework and study expectations/ recommendations as set out by academic advisors and academic staff.
- Responsible for transportation to and from class/lab and clinical rotations.

In signing this application, I agree to abide by the regulations governing study with Norquest College. In accordance with the *Freedom of Information and Protection of Privacy Act*, RSA 2000 c. F-25 ("FOIP"), I authorize Norquest College to disclose attendance, progress and marks to my school and School Division for the Academic Year that I am registered.

Name Printed

Signature

Date

PARENT/GUARDIAN

I give my permission for the above named student to participate in the Norquest College Dual Credit Program, with the knowledge and understanding of the rigor of post-secondary study and the expectations of attendance, as well as the understanding that the student's first priority is his/her high school completion. I also understand that we are responsible for any necessary transportation to and from class, labs and clinical.

I know that NGPS charges a "Caution Fee" of \$400.00 (payable in advance) prior to this registration being submitted by the school off-campus coordinator. This fee is refunded upon successful completion of the dual credit course.

Name Printed

Signature

Date

PRINCIPAL & OFF CAMPUS COORDINATOR

I acknowledge that the above named student has permission from the high school to participate in the Dual Credit Program, having the expected qualifications, academic standing, and capacity for success, whereby the student is nearing completion of his/her high school academics and will be able to timetable and attend registered classes at both Norquest College and high school during the duration of their studies. I also acknowledge that the caution fee has been sent to MHS for deposit into the Caution Fee account.

Name Printed

Position

Signature

Date

Name Printed

Position

Signature

Date

**Mayerthorpe High School/Northern Gateway Public Schools Dual Credit
Caution Fee Form**

Northern Gateway Public Schools, as part of its focus on student success and providing multiple learner pathways to achieve success is offering Dual Credit courses with post-secondary institutions in Alberta.

A student participating in these courses will have the opportunity to earn both high school credits and college and/or university credits. The course costs will be offset by the earned credits therefore NGPS/MHS is instituting a Dual Credit Caution Fee of \$400.00 per course (payable prior to the beginning of the class) which will be refunded upon successful completion of the courses. Students who do not successfully complete will forfeit this fee.

Students must submit this form and a cheque (payable to Northern Gateway Public Schools with note caution fee) to their school off-campus coordinator along with the completed dual credit package (obtained from school off-campus coordinator).

STUDENT INFORMATION SECTION

Student Name (in full): _____

Alberta School Number (obtained from high school): _____

Current High School: _____

I agree to participate in the Dual Credit program and complete all required work to obtain credits in both high school and college level/University transfer courses offered as a result of this partnership.

Name Printed

Signature

Date

The parent or guardian must complete the following section:

PARENT/GUARDIAN

I give my permission for the above named student to participate in the Norquest Dual Credit Program, with the knowledge and understanding of the rigor of post-secondary study and the expectations of attendance, as well as the understanding that the student's first priority is his/her high school completion. I also understand that we are responsible for any necessary transportation to and from class, labs or clinical rotations.

Name Printed

Signature

Date



A STUDENT INFORMATION			
Student Name		Date	
Alberta Student Number	NGPS ID Number	Student Phone Number	
Student Email			
School		School Phone Number 780-786-2624	
School Off Campus Coordinator (NGPS Representative) Beth Jager		After Hours Phone 780-284-3591	
School Off Campus Coordinator Email beth.jager@ngps.ca			
Principal Dafydd Thomas		After Hours Phone	
Principal Email dafydd.thomas@ngps.ca			
Parent Name		Parent Phone Number	
Parent Email			
Address	Town	Province	Postal Code
Dual Credit Program Health Care Aide Certificate			

B EDUCATIONAL PROVIDER INFORMATION			
Organization Name Norquest College & Mayerthorpe High School		Organization Phone Number	
Organization Dual Credit Liaison Sharon Duval	Position Dual Credit Coordinator	Contact Phone Number	
Organization Dual Credit Liaison Email Sharon.suval@norquest.ca			
Instructor/Professor TBD	Department/Faculty	Instructor/Professor Phone Number	
Instructor/Professor Email			
Address	Town	Province	Postal Code

The student named in "A" above agrees to be educated and the educational institution named in "B" above agrees to educate this student under the specified program/course. This student shall attend school and dual credit programming. The following terms and conditions of this Agreement hereto shall bind the parties pursuant to section 37 of the School Act.

- PARTIES TO THE AGREEMENT:** The parties to the agreement shall be:
 - The student (with parental endorsement) named in "A" above
 - The educational provider named in "B" above
 - The Northern Gateway Public Schools (hereinafter referred to as "NGPS")
 - The student's parent or guardian (where such parent or guardian is a signatory to this agreement as the student is under 18 or a dependent).
- PERIOD OF AGREEMENT:** This agreement shall be in force from **September 2017 to August 2018** to complete the following total period:

hours	days	weeks
-------	------	-------

 (unless terminated before completion by one of the parties to the agreement by arrangement with the NGPS representative.)
- HOURS OF EDUCATION:** This agreement is applicable to dual credit education during the following times: any part of, or all of, Monday through Sunday, from 7:00 a.m. to 10:00 p.m., including agreed unpaid free time for lunch, on regularly scheduled school days, for no more than 8 hours per day.
- SUPERVISION:**
 - The direct supervision of the student educated under this contract shall be vested in NGPS.
 - NGPS reserves the right to maintain contact with the student and the educational provider in the dual credit program through the School Off Campus Coordinator in order to assist in directing the educational aspects of this program.
- TRANSPORTATION:** To and from the educational provider facility, the arrangement of safe transportation (and subsequent appropriate insurance) is the responsibility of the student and his/her parents.
- EVALUATION:** The educational provider will report to the School Off Campus Coordinator regarding the evaluation of the student. A final evaluation and all records created by the educational provider shall be forwarded to NGPS for placement in the official student record file with a copy provided to the student after the expiration of the work period.
- RELEASE AND DISCLAIMER:** In consideration of NGPS having arranged for Off Campus Education Programs of Study herein described, it is agreed that NGPS shall not be liable for any damage, injury or claim whatsoever arising out of any act or omission, of NGPS or any other party to this agreement. The undersigned student and parent(s) or guardian(s) specifically release NGPS and its agents and employees with respect to any and all such liability.
- INDEMNITY:** The undersigned student and parent(s) or guardian(s) agree to indemnify and save harmless NGPS and its agents and employees with respect to any expenses, costs, or liability whatsoever arising out of any damage or injury occurring in or in connection with the aforesaid education.
- INSURANCE:** The educational provider confirms that the student is covered in the same manner as other students under valid general liability and automobile insurance policies. If coverage under the educational provider's policy cannot be extended to the student due to the terms of the educational provider's policy of insurance, the educational provider shall immediately notify NGPS.
- FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** The employer acknowledges that all records, as defined in Section 1(1)(q) of the FOIP Act, which are prepared for NGPS or otherwise provided to NGPS may be subject to the access and privacy provisions of the FOIP Act. The employer acknowledges that Section 86 of the FOIP Act specifies that a person who willfully destroys any records subject to the FOIP Act to evade a request for access to records is guilty of an offence and is liable for a fine of up to \$10,000. If you have any questions about this collection, please contact the School Off Campus Coordinator.

DECLARATION	
Student Signature	I have read the above and the reverse and hereby consent to the agreement.
Parent/Guardian Signature	Education Provider Signature
	NGPS Representative Signature

APPLICATION FOR ADMISSION

Office of the Registrar
 Room A104, 10215 - 108 Street NW, Edmonton, Alberta, Canada T5J 1L6
 T 780.644.6000 | Toll-free 1.866.534.7218 | info@norquest.ca | www.norquest.ca



HIGH SCHOOL DUAL CREDIT

FOR OFFICE USE ONLY		
STUDENT ID #	TODAY'S DATE	ENTERED BY

PROGRAM INTENTIONS:

Have you previously taken a dual credit course at NorQuest College?

No Yes

NORQUEST STUDENT ID #

ALBERTA STUDENT ID #

PROGRAM/COURSE HCA Dual Credit	APPLYING TO BEGIN (Check one only) <input checked="" type="radio"/> SEPTEMBER <input type="radio"/> FEBRUARY	YEAR 2017
DELIVERY TYPE <input type="radio"/> FACE TO FACE <input type="radio"/> ONLINE	HIGH SCHOOL LOCATION Mayerthorpe High School	

PERSONAL DATA: Complete all spaces below. If not applicable to you, indicate "N/A"

LAST NAME (LEGAL)		FIRST NAME (LEGAL)		MIDDLE NAME (LEGAL)	
CITIZENSHIP STATUS <input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Study Permit <input type="radio"/> Other/Work Visa <input type="radio"/> Refugee Status	COUNTRY OF CITIZENSHIP (If not a Canadian Citizen)	GENDER <input type="radio"/> Male <input type="radio"/> Female	BIRTHDATE YEAR MONTH DAY		
EMERGENCY CONTACT First Name Last Name		RELATIONSHIP	EMERGENCY CONTACT TELEPHONE ()		
Mailing Address					
STREET ADDRESS		APT. NO.	CITY / TOWN		
PROVINCE	POSTAL CODE	COUNTRY			
TELEPHONE - PRIMARY (required) ()	TELEPHONE - OTHER ()	PERSONAL EMAIL ADDRESS (required)			

Students With Disabilities
 I want to access learning supports because I have a disability or serious health concerns.

Indigenous/Aboriginal Applicants
 If you wish to declare that you are an Indigenous/Aboriginal person of Canada, specify:
 (See "Collection of Indigenous/Aboriginal Application Data" statement)
 Status Indian/First Nations Métis
 Non-Status Indian/First Nations Inuit

Freedom of Information & Protection of Privacy (FOIP) Notification Statement

The personal information requested on this form is collected under the authority of section 65 of the Post-secondary Learning Act and section 33(c) of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and awards, convocation, sending educational information, library services, emergency notification, and for College research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership, fee collection, and contacting students; and to the Alumni Association for the purposes of membership and information sharing. For information about the collection and use of this information, contact the NorQuest FOIP Coordinator at 10215-108 Street NW, Edmonton, AB, T5J 1L6, Tel. 780.644.6000.

Collection of Indigenous/Aboriginal Application Data

Alberta Advanced Education is collecting this information pursuant to section 33 (c) of Alberta's Freedom of Information and Protection of Privacy Act (FOIP) as the information relates directly to and is necessary to meet its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Indigenous/Aboriginal Learner success.

For further information or if you have questions regarding the collection activity, please contact the Office of the Director, Research, Analysis and Data Collection, Advanced Learning and Community Partnerships Division, Alberta Advanced Education, 10155-102 Street, Edmonton, AB, T5J 4L5, 780.422.4322 or your Institution's Registrar's Office.

Turn over to complete form →

This is an agreement between you (the student), NorQuest College and High School. The purpose of the agreement is to clearly state our shared responsibilities as you and the college and the district work together to support your success in your dual credit course(s)

Student responsibilities

- You must attend all classes and be punctual. You must contact your college instructor if you will be absent or late
- You must meet course requirements
- You must abide by the code of conduct and academic policies of NorQuest College.

For further information, go to <http://norquest.ca/resources-services.aspx>

- You should be proactive in identifying any specific learning needs you may have

College and High School Responsibilities

- The instructor will provide you with the requirements for the course
- The college and the district will provide you with background information about the course, the program, and the requirements of the college
- The high school will work with you to identify learner pathways and plan your final years of high school
- The college will process your application and register you in the course(s) and request Alberta Education High School transcripts for admission if needed
- The college will provide you with feedback on your progress throughout the course. If you are encountering difficulties, the high school will be informed and school personnel will communicate with you and your parents/guardian
- The college will provide your final grade(s) to the high school. The school will record your grade(s) with Alberta Education for CTS credits

Dual Credit Consent

_____ has expressed an interest in taking a NorQuest College course(s) as part of his/her high school program. If he/she is accepted into the course, he/she will earn, upon successful completion of the course, college credits and/or certificate and high school credits in Career and Technology Studies.

Course locations vary. Some courses are offered on site at the college, some may be at the high school, and some may be provided online or by video conferencing. Several delivery methods may be used for one dual credit course. Courses are offered according to the college schedule which means students may have to attend classes outside of the regular high school timetable.

Students will receive detailed information about the course from their college instructor once they have been accepted and registered for the course.

Part 1: Student

As a NorQuest College student, I understand I will be expected to follow the NorQuest College code of conduct and adhere to NorQuest college academic policies, including all safety guidelines and procedures. I understand I will be expected to meet college academic standards for the course. I also understand the necessity of being a good ambassador for NorQuest College, my high school and community. I give permission to NorQuest College to provide my marks to the high school so that the school can report my grades to Alberta Education for High School credits.

Part 2: Parent/Guardian

Parent/Guardian permission is not required for students who are 18 years of age or older or considered an 'Independent student'.

I authorize my son's/daughter's participation as a NorQuest College student in the college course identified above and give my permission for the sharing of marks and transcripts.

DECLARATION OF APPLICANT AND PARENT/GUARDIAN

I acknowledge the FOIP statement, and verify that all information contained on this form is true and complete and that no relevant information has been withheld and that if I have misrepresented myself in any way my application for admission may be denied. I agree, if admitted to NorQuest College, to comply with the policies, rules and regulations of the College, or I may be withdrawn. I understand the use of the information that I have provided will be used in compliance with the FOIP legislation. If admitted to a collaborative program, I will abide by the rules and regulations of the collaborating institution. I also authorize NorQuest College to exchange my records with collaborating institutions.

NorQuest College reserves the right to refuse admission or cancel any admission ruling.

Student Name: _____

Student signature: _____

Parent/Guardian Name: _____

Parent/Guardian signature: _____

Instructions for Completion of the Record of Immunization

It is a requirement of your program to have this form completed and signed by a health care professional (registered nurse, physician). You must bring all your childhood and previous immunization records to complete the forms.

Step #1:

To obtain copies of immunizations that you have received:

- Ask your parents if they have a copy of your childhood record (your baby book)
- Check with the Local Public Health Office where you grew up and/or attended school.
Edmonton: Immunization Records contact number: 780-413-7985
Calgary Airdrie & Cochrane: Immunization Records contact number: 403-214-3641
Elsewhere in Alberta: contact the local Public Health Centre where you were vaccinated as a child and/or attended school.
Outside the Province of Alberta: The Canadian Coalition for Immunization Awareness
<http://immunize.ca/en/publications-resources/links.aspx> has contact information for all health authorities for every province and territory in Canada.
- Check with your Family doctor to see if he/she has records.
- Check with Occupational Health & Safety department of previous employer
- Check previous post-secondary institution

If you are unable to obtain a record of your immunization history or were never immunized you will be required to receive immunizations to study/practice in a health care field.

Your program of study is not responsible for keeping your immunization records. They are only responsible for ensuring that you are adequately immunized. It is the students' responsibility to ensure the record of immunization and all changes are provided to their program office.

These are YOUR records so keep them in a safe place as future employers may request them.

Step #2

If you live in Edmonton and surrounding area:

Make an appointment with the Alberta Health Services Immunization Business Unit at (780) 735-0100 and identify yourself as a post-secondary student. Bring a copy of your past immunization records and the Record of Immunization form you received in your application package to your appointment. During this visit the nurse can advise you of the number of additional visits and costs to complete all the immunizations you need.

Address

Alberta Health Services Immunization Business Unit
Seventh Street Plaza
North Tower Suite 440, 1/2 block south of Jasper on 107 Street near Corona LRT Station
10030 - 107 Street
Edmonton, Alberta
780-735-0100

If you live outside of Edmonton and the surrounding area:

You can receive the vaccines required at your local health unit. Take a copy of your past immunization records and the Record of Immunization form you received in your application package to your appointment. During this visit the nurse can advise you of the number of additional visits and costs to complete all the immunizations you need.

Students are responsible for fees associated with the assessment of immunization status and administration of immunizations. There will be fees for each clinic visit.

The completed form must be submitted to the post secondary health services office/program office depending on the institution. **Your clinical placement may be restricted, limited or denied if you do not have current and complete immunizations.** This can affect your ability to continue in the program.

Alberta Health Services Standards For Immunization of Post-Secondary Health Care Students

Immunization Requirements will be assessed based on the post-secondary programs' individual requirements as per Alberta Health.

1. Tetanus/Diphtheria(Td) and/or Pertussis (Whooping Cough) (dTap)

Documentation of primary series (3 doses over a 6 month period) - usually given in childhood; one reinforcing(booster) dose of pertussis after the age of 18 and a reinforcing dose of diphtheria/tetanus every ten (10) years;

2. Polio:

Due to low risk of exposure to polio in Alberta immunizations are not necessary for health care students. Individuals will be assessed upon employment.

3. Measles (Rubeola), Mumps, Rubella(German Measles) : (MMR)

2 documented doses of MMR (given over a 4 week period) regardless of their year of birth who do not have documented history of 2 valid doses of measles and mumps vaccine

4. Hepatitis B:

Not required for all programs - assessed by health care professional based on Alberta Health guidelines.

Documentation of a series of three (3) doses given over a six (6) month period and a positive antibody titre a minimum of 1 month after completion of the series. (Titre measures if a person is protected against disease; a positive titre indicates protection; a negative titre indicates no protection and a booster dose of vaccine is recommended followed by a repeat blood test.)

5. Varicella (Chickenpox):

Reported history of chicken pox disease or immunization (1 dose before age 13 or 2 doses after age 13; given over a 6 week period) or blood work indicating protection.

6. Tuberculin Skin Test (TST) (also known as a TB or Mantoux Test):

Not required for all programs - assessed by health care professional based on Alberta Health guidelines

TST test within one year (1 year) of program start. Two (2) appointments are required (one for the test and one for the read 48 to 72 hours later).

A positive TB test requires a Chest X-Ray within six (6) months of program start.

7. Seasonal Influenza vaccine

Recommended every fall as influenza vaccine changes yearly. It is not mandatory; however, if you decline this vaccine it may affect your practicum or clinical placement.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information requested on the record of immunization is being collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing your admission. It will be disposed of approximately one year after the conclusion of your studies in this program. Student personal information may be disclosed to academic and administrative units according to college policy, federal and provincial reporting requirements, information sharing agreements, and to contracted or public health care providers as required. Direct questions expressly related to the collection and use of this information should be directed to your program.

Name: _____ DOB: _____
Last Name (Please print) First Name Middle Initial DD / MMM / YYYY

Home or Cell number: (____) _____ - _____ Student ID: _____

School: _____ Program: _____ Start Date: _____

Tetanus, Diphtheria & Pertussis	Polio	Measles, Mumps & Rubella	Varicella
Dates of primary series: #1 _____ #2 _____ #3 _____ Booster: Td / dTap: _____ <small>(circle one) (date)</small>	<input type="checkbox"/> Not required for this program: Date: _____ Dates of primary polio series: #1 _____ #2 _____ #3 _____ Booster: _____ <small>(date)</small>	MMR dates #1 _____ #2 _____ Measles Date: _____ Mumps Date: _____ Rubella Date: _____	<input type="checkbox"/> Had disease Immunization date(s): _____ _____ <input type="checkbox"/> Positive serology on: Date: _____ <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small>

Hepatitis B		Influenza
<input type="checkbox"/> Not required for this program: Date: _____ Dates of primary hep B series: #1 _____ #2 _____ #3 _____	Booster(s), if necessary: Date: _____ Date: _____ Date: _____	<input type="checkbox"/> Hep B vaccine not recommended for student <input type="checkbox"/> Positive serology on: Date: _____ <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small> <input type="checkbox"/> Sent for serology: Date: _____ <small>(Results will be mailed to student)</small>
		Immunized: _____ <small>(date)</small> Declined: _____ <small>(date)</small>

TB / Mantoux Skin Test	
<input type="checkbox"/> Not required for this program: _____ <small>(date)</small>	<input type="checkbox"/> Previous positive - Sent for chest x-ray: _____ <small>(Results will be mailed to student) (date)</small>
TB Testing: 1 st test _____ Read: _____ Result: _____ mm <small>(date) (date)</small> 2 nd test _____ Read: _____ Result: _____ mm <small>(if required) (date) (date)</small>	Follow-up: Sent for chest x-ray: _____ Date: _____ <small>(Results will be mailed to student)</small>

Please note: Your school or agency will NOT receive a copy of any mailed results.



Record of Immunization



Name: _____ Student ID: _____
Last Name First Name

Health Care Professional Verification		
<p>This verifies the above individual has completed the first dose of recommended immunizations and a TB skin test, if applicable.</p>		<div style="border: 1px solid black; padding: 5px; text-align: center;">Health Unit Stamp</div>
<p>_____</p> <p style="text-align: center;">RN Signature</p>	<p>_____</p> <p style="text-align: center;">Date</p>	
<p>This verifies the above individual has completed all recommended immunizations (including a TB skin test, if applicable), and has been sent for post Hepatitis B series serology, if needed.</p>		<div style="border: 1px solid black; padding: 5px; text-align: center;">Health Unit Stamp</div>
<p>_____</p> <p style="text-align: center;">RN Signature</p>	<p>_____</p> <p style="text-align: center;">Date</p>	

School/Agency Verifications		
<p>_____</p> <p style="text-align: center;">Name/Signature</p>	<p>_____</p> <p style="text-align: center;">Date</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;">School/Agency Stamp</div>
<p>_____</p> <p style="text-align: center;">Name/Signature</p>	<p>_____</p> <p style="text-align: center;">Date</p>	