

Mount Nittany Health – Student Internship Application
Health Requirements

Section to be completed by healthcare provider

Student Name

Checkmark √ indicates requirements are met. See below for details.

- Tuberculin (TB) skin test** – results of a Tuberculin screening test, either Tuberculin skin test (TST) or blood assay for *M. tuberculosis* (BAMT), performed within the past 12 months. A two-step TST is required if the individual has not had a negative skin test performed within the previous 12 months.

Individuals with positive Tuberculin screening tests must have a chest x-ray performed within the past 12 months, physician certification, or symptom review indicating active Tuberculosis is not present.

- Rubella** – either laboratory evidence of immunity or proof of vaccination (one or more doses on or after age one).
- Rubeola (measles)** – either laboratory evidence of immunity, proof of vaccination (two doses on or after age one or one dose if born before 1957).
- Mumps** – either laboratory evidence of immunity, proof of vaccination (two doses on or after age one or one dose if born before 1957).
- Varicella (chickenpox)** – either laboratory evidence of immunity, proof of vaccination (two doses), or history of herpes zoster (shingles) based on healthcare provider diagnosis.
- Tdap (Tetanus, Diphtheria, Pertussis)** – proof of vaccination (one dose after age 7).
- Influenza** – proof of vaccination. Required for student experiences taking place between the months of October through March.

By signing below you indicate that the student meets the health requirements as described above.

Healthcare Provider Signature _____

Name & Credentials (print) _____ Date _____

Address _____ Phone Number _____
