



Baker College Health Information Form

Veterinary Technology Students Only

Students must complete the first part of this form before taking it to their healthcare provider (physician, nurse practitioner, physician assistant or public health official) to have the remainder of the form completed.

When completed, return to: Veterinary Technology Program Director

Student Name: _____ UIN: _____ DOB: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Program at Baker College: _____

Emergency Contact Information: Person to notify in case of an emergency

Contact Name: _____

Relationship : _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Physician Information

Primary Physician: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Health Insurance Coverage

Company Name: _____

Policy / Group No: _____

I hereby give my consent for Baker College to share the information contained here with appropriate college personnel, emergency personnel, and clinical or externship affiliation sites, should the need arise.

Student Signature: _____ Date: _____

Please provide proof of immunizations. If you are currently receiving a specific immunization or unable to provide proof of immunization, titers will need to be drawn. Immunization for the following is a requirement for the Health Science programs.

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Immunization Record:

Document immunizations done previously or done at this time.

Immunization	Date of Immunization	Date of Disease	Hepatitis B Vaccine	Date
MMR			1st Dose	
Rabies - Primary Dose			2nd Dose	
Tetanus (Must be within last 10 years)			3rd Dose	
			Booster	
COVID Vaccine	Date of Immunization & Manufacturer	Date of Disease		
Primary Dose				
Secondary Dose				
1 st . Booster				
2 nd . Booster				
Rabies Vaccine	Date of Immunization & Manufacturer	Date of Disease		
Primary Dose				
Secondary Dose				

Documentation of Titers:

Document titers done previously or done at this time.

Titer	Date of Titer	Immune	Non-Immune: Date(s) of subsequent vaccination	Date(s) of subsequent vaccination(s)
Hepatitis B Titer				
Rabies – Titer #1				
Rabies – Titer #2				
COVID Titer				

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COVID Titer			
COVID Titer			

If you have been getting Tb testing done every year and it has been less than a year since your last Tb test, you are not required to have a TB test done. We just need a copy of your current Tb tests, within the last 12 months.

Tuberculosis Testing (1 Step) <i>Attach the last two Tb tests if you have not let your Tb tests expire</i>	Date of Test	Results
Testing Information (Must be done within last 12 months)		
Chest X-Ray (if previously positive or unable to do Tb test)		
QuantiFERON TB Gold (QFT-G) (see above)		

Tuberculosis Testing (2 Step) <i>If you have let your Tb tests expire or you have never had a Tb test before, you must do the 2 step Tb test. Once you have had the 2 step Tb test, subsequent Tb testing will be the 1 step.</i>				
	Date of Test	Results	Date of 2 nd . Test	Results
Testing Information (Must be done within last 12 months)				
Chest X-Ray				
QuantiFERON TB Gold (QFT-G)				
Note: You must attach a copy of results for both the 1st test and the 2nd test.				

I certify that this individual's immunization status has been reviewed and deemed to be complete and up to date.

Physician/NP/PA/RN Signature: _____ Date: _____

For Baker College Office Use Only:

Reviewed By (Signature and Title): _____ Date: _____