

## Health Form for DAIM Completion students at AIMC

Contact info:

_____ First Name	_____ Middle	_____ Last	_____ Date
_____ City	_____ State	_____ ZIP	_____ Mobile phone
_____ Address while attending school			_____ Home phone
_____ City	_____ State	_____ ZIP	_____ Business phone
_____ Email			

### Please respond to the following questions:

1. Do you have any health conditions that you think we should be aware of or that we may need to make accommodations for? (circle one and explain if you answered yes)

No Yes: \_\_\_\_\_

2. Documentation of Hepatitis B immunization/titer or waiver is required for all AIMC Doctoral students. Please circle one of the following and attach supporting documentation

Hepatitis B immunization is **current**

Hepatitis B immunization is **in process** and I will provide it before the first day of my first term of the program. I understand that without waiver or immunization I can not attend the clinic. **Initial:** \_\_\_\_\_

#### Hepatitis B Vaccination Declination Statement:

*By initialing below, I affirm the following: I understand that due to my potential exposure to blood or other potentially infectious material; I may be at risk of acquiring Hepatitis B Virus (HBV) infection. Nonetheless, I choose to decline HBV vaccination at this time, and understand that by doing so that I continue to be at risk for acquiring HBV, a serious illness. I also understand that I may later choose to become immunized.* **Initial:** \_\_\_\_\_

3. TB test results no older than one year from the start of the term are required for all AIMC doctoral students. Can you provide now?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If No, please furnish the AIMC clinic with your TB results from your health provider no later than the first day of the first term of classes.

4. CPR Certification. Can you provide this now?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If No, please furnish the AIMC clinic with your current CPR certification no later than the first day of the first term of classes.

5. Some external clinics may require additional or more recent immunizations. All applicants must sign below: *I certify that all information provided in this form is, to the best of my knowledge, correct and complete. I understand that I may be required to furnish documentation of information submitted above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date