## College of Health and Human Services Agency Requirements

As part of the affiliation agreements between the different agencies and the College of Health and Human Services, you are required to provide specific compliance records to the college (in addition to those you provide to the university) before you may begin your internship.

Please complete this form by recording your immunization dates and submitting proof of requirements. Once completed, please upload the form and copies of your requirements to the secure Dropbox link that will be provided to you by the Compliance Coordinator. If you have any questions, please contact the Compliance Coordinator at chhs-compliance@uncc.edu. \*Always make a copy for your records before submitting to the Compliance Coordinator.\*

Student ID:

DOB:

If you plan to use the Student Health Center (SHC) to receive any of your immunizations, you must call (704) 687-7400 to schedule an appointment. Doing this will save you time and trips to the SHC.

Degree: ☐ BS ☐ MS ☐ DNP		Major:			
Immunization	mm/dd/yy	mm/dd/yy	mm/dd/yy	Titer date & results. Attach Proof.	
<b>3 DPT</b> Diphtheria, Tetanus, Pertussis	#1	#2	#3	Results	Date
Tetanus Within 10 years				Results	Date
MMR Measles, Mumps, Rubella	#1	#2		Results	Date
Hepatitis B Series of 3	#1	#2	#3	Results	Date
Varicella (Chickenpox) Series of 2	#1	#2	Disease Date	Results	Date
Influenza Annual Requirement					
<b>Tuberculin Test</b> (PPD) Annual Requirement. If PPD is positive, a one-time chest x-ray is required. Chest x-ray documentation is to include date, results, and recommendation(s)				Results	Date
for future testing. Some agencies require a two-step test. Check with your program coordinator. A blood test is also accepted.				Results	Date
Additional Compliance Requirement	ents All of these	may/may not he	required Checky	vith your pro	ogram coordinator
Additional Compliance Requirements. All of these may/may not be r Criminal Background Check			Date Completed	vicii your pre	gram cooramator.
Drug Screening			Date Completed		
Bloodborne Pathogens Training			Date Completed		
Professional Liability Insurance			Coverage Dates		
CPR			Coverage Dates		
Covid-19			Date Completed		
RN License (Nursing Only)			Coverage Dates		

Name: