Student Documentation Compliance Form

Date: _____________________   Student Name: ______________________________________

School _________________________________    Program: ______________________________

Student is in compliance with the following:

______ Completed Criminal Background Check with no results found

**NOTE**: If student has a record, please submit to Aurora for review

______ Documentation verifying all health requirements are met:
• Health Assessment, including history of communicable disease and immunizations
• Immunity to Measles, Mumps and Rubella documented by laboratory blood testing or documentation of immunization
• Documentation of varicella vaccine or positive immunization titer
• Annual TB screening
• Documentation of Hepatitis B vaccine or signed declination form
• Annual influenza vaccination required October 1 through April 1

______ All documentation listed above is available for audit at the education facility and will be stored for seven (7) years following clinical completion.

______ Completed and submitted System Access/Termination Enrollment Form

Student Signature: ___________________________________________________________________

School Representative Signature: ________________________________________________________

Printed School Representative Name: _____________________________________________________

Title: _______________________________________________________________________________

Scan completed document and email to AHCMGEducation@aurora.org