NAME: _____ _____ _____ _____/_____/_____
LAST **FIRST** **M.I** **Date of Birth.**

1. MEASLES, MUMPS, & RUBELLA (blood draw/titer to show immunity if no vaccination dates on official immunization record and you have had disease)

- ❑ Dates of Vaccine: MMR #1: _____ MMR #2: _____
- ❑ Date of: Measles titer: _____ Result: _____
  Rubella titer: _____ Result: _____

2. TUBERCULIN SKIN TEST (PPD) (annual requirement)

Date: _____ Result: _____ OR Chest x-ray if positive PPD
Date: _____ Result: _____ Date: _____
Result: _____

3. DIPTHERIA/TETANUS (Must be within last 10 years)

Last booster date: _____

4. HEPATITIS B (blood draw/titer highly recommended to prove immunity every 5 years)

- ❑ Dates of Vaccine: HB#1: _____ HB#2: _____ HB#3: _____
- ❑ Date of Disease: _____
- ❑ Immunity confirmed by blood titer: Date: _____
- ❑ Hepatitis B declination waiver signed: Date: _____

5. VARICELLA (CHICKEN POX) (blood draw/titer to show immunity if no date of disease or vaccination dates indicated on official immunization record **and** you have had disease)

- ❑ Date of disease: _____
- ❑ Dates of vaccination: #1: _____ #2: _____
- ❑ Date of varicella titer: _____ Result: _____

6. OREGON EMT CERTIFICATION LEVEL

EMT-Basic: Expiration Date _____ Certification Number _____

EMT-Intermediate: Expiration Date _____ Certification Number _____

7. BLS HEALTHCARE PROVIDER LEVEL CERTIFICATION: Expiration date _____

DO NOT WRITE IN THE BOX BELOW – EMS OFFICE USE ONLY

Date Application received _____ Complete: _____YES _____NO Reviewed by: _____

Interview Granted: _____YES _____NO Date of Interview: _____

Accepted: _____YES _____NO _____ALTERNATE Date Letter Sent: _____