

 **Affiliating Health Record**

**[ ]  Shadow (0005)** **[ ]  Intern (0005)** **[ ]  Student (0005)** **[ ]  Other**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** |       | **End Date:** |       |

|  |  |
| --- | --- |
| School/College: |       |

|  |  |
| --- | --- |
| Centra Site/Campus: |       |

|  |  |
| --- | --- |
| Centra Preceptor: |       |

|  |  |
| --- | --- |
| Name: |       |

|  |  |
| --- | --- |
| Email Address: |       |

|  |  |
| --- | --- |
| Date of Birth: |       |

|  |  |
| --- | --- |
| Social Security Number: |       |
| Address: | (Required-Used for record keeping and compliance tracking purposes only) |

(Street) (City) (State) (Zip)

|  |  |
| --- | --- |
| Phone: |       |

 **(**Home or Cell)

|  |
| --- |
| Parental Signature: (if under 18) |

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**HEALTHWORKS OFFICE USE ONLY-PLEASE ATTACH IMMUNIZATION RECORDS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Covid Vaccine** | **#1** |  | **#2** |  | PfizerModernaJ & J | [ ] [ ] [ ]  |
| **MMR Vaccination & Booster** | **#1** |  | **#2** |  | Titer Pending: | [ ]  |
| **Varicella (Chicken Pox) Vaccine** | **#1** |  | **#2** |  | Titer Pending: | **[ ]**  |
| **Hepatitis B Vac:** | **# 1** |       | **# 2** |       | **# 3** |       CAT III [ ]  | Titer Pending: | [ ]  |
| **Influenza Vac:** |       | **Tetanus/Diptheria/Pertussis Vaccine:** |  |
| **Last TST Date:** |       | **Result Date:**  |       |  |  |
| **Healthworks Nurse Signature** |       | Date: |       |