

**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) |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Covid Vaccine** | | | | **#1** | |  | | | **#2** | |  | | | | | Pfizer  Moderna  J & 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: | | |  | |