Dignity Health
Arroyo Grande Community Hospital
French Hospital Medical Center
Marian Regional Medical Center

French Hospital Medical Center | Arroyo Grande Community Hospital | Marian Regional Medical Center

Physician Mentoring Program

* IMMUNIZATION HISTORY

Please fill out this form and attach copies of immunization records

Name _____

Must have ALL of the below Vaccinations in order to accepted in to the program

MMR Vaccine #1. → Date: ☐

MMR Vaccine #2 → Date: ☐

Chicken Pox Vaccine #1 → Date: ☐

Chicken Pox Vaccine #2 → Date: ☐ _

OR Chicken Pox disease verified in writing by MD, with copy attached

Date of Verification ☐

Tdap (one dose of Adacel or Boostrix given since age 11) → Date: ☐

Copies of all immunization records attached? ☐ Yes ☐ No

Please do not submit your application without this form completed and copies of your immunization records attached. Your application will not be accepted if incomplete.

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*PPD TEST-PARENTAL CONSENT

In compliance with regulatory requirements and hospital policy, mentor students are required to have a PPD Test in order to participate in hospital training activities. The hospital has arranged for the Registered Nurses in the Education Department of Marian Regional Medical Center to administer, read and record the results of this test. By signing this form I, as parent/guardian of this student, am authorizing the Marian Regional Medical Center Education Department RN to administer this test.

_____has my permission to receive the PPD test for TB from the staff of the Education Department of Marian Regional Medical Center.

DATE_____

PRINT NAME _____PARENT SIGNATURE _____

STUDENT SIGNATURE:_____PRINT NAME:_____

ADDRESS:_____

CITY/STATE/ZIP_____PHONE_____