

MCRD Externship Prerequisites

To be eligible to go on a clinical externship to MCRD, students must submit the following prerequisites to the PhlebotomyU Admin at info@phlebotomyu.com.

Program Prerequisites

Must be submitted before the first day of class.

1. Valid Government Issued Photo ID that indicates date of birth

e.g. Driver's License, State Identification Card or Passport

2. Proof of U.S. High School Education or Equivalent

You must submit one of the following:

- Copy of High School or accredited college transcript (official or unofficial)
- Proof of passing the GED, HiSET or CHSPE exams
- If your education is outside the U.S., please let us know and we will give you further instructions on what is required.
- Post-secondary or vocational school certificates and transcripts are not acceptable

Externship Prerequisites

1. Cleared Background Check & Drug Screen

Instructions on how to sign up will be given on the first day of class.

2. Immunizations

• MMR (Measles, Mumps & Rubella)

You must submit one of the following:

- Proof of 1 or 2 doses of MMR vaccine
- Positive titers for MMR
- Signed MMR Declination Form*

• Varicella

You must submit one of the following:

- Proof of 1 or 2 doses of Varicella vaccine
- Positive titer for Varicella
- Signed Varicella Declination Form*

• Hepatitis B

You must submit one of the following:

- Proof of 1, 2 or 3 doses of Hep B vaccine
- Positive titer for Hep B

- Signed Hep B Declination Form*

• TDAP

You must submit one of the following:

- Proof of TDAP within the last 10 years (not TD or dTAP)
- Signed TDAP Declination Form*

• COVID

You must submit one of the following:

- Proof of annual COVID vaccine
- Signed COVID Declination Form*

• Seasonal Flu

You must submit one of the following:

- Proof of annual Flu vaccine
- Signed Flu Declination Form

3. Negative Annual TB Test

You must submit one of the following:

- Negative Annual PPD TB Skin Test
- Negative Annual QuantiFERON Gold or T-spot TB Blood Test
- If you have a known history of having a positive PPD TB Skin Test or QuantiFERON Gold or T-Spot TB Blood Test, you must submit proof of a cleared Chest X-Ray within the last year

Student Vaccine Declination Form

Student Information

Legal First and Last Name: _____ Date of Birth: _____

During your student experience you may be exposed to infectious diseases. You may be at risk of acquiring infection with Measles, Mumps, Rubella, Hepatitis B, Varicella (Chicken Pox), Tetanus, Diphtheria, Pertussis, COVID-19, influenza and other known/not yet known infectious diseases.

For your safety, it is strongly recommended that you complete all recommended vaccinations prior to your student experience.

If you choose not to be vaccinated and still participate in your student experience, you are knowingly assuming the risk of exposure to these diseases.

Declination of Recommended Vaccinations

Initial next to the vaccine you are declining and sign and date the declination below.

Student Initials	Declination
	I have declined the Measles, Mumps, Rubella (MMR) vaccine
	I have declined the Influenza vaccine
	I have declined the Varicella (Chicken Pox) vaccine
	I have declined the Hepatitis B (HBV) vaccine*
	I have declined the TDAP (Tetanus, Diphtheria & Pertussis) vaccine
	I have declined the COVID-19 vaccine

*I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I understand that there are inherent risks in a healthcare setting and that PhlebotomyU and its affiliated partners cannot eliminate these risks regardless of the care taken to avoid them. I have been given the opportunity to obtain the recommended vaccinations prior to starting my student experience. I understand that by declining the recommended vaccines, I am at risk of acquiring diseases from the pathogens above. By choosing to participate in this experience without obtaining the recommended vaccines, I voluntarily take responsibility for this risk. I understand that as a student, I am not eligible for workers compensation and agree to hold PhlebotomyU and its affiliates harmless.

 Student Name

 Today's Date