



Dental Assisting Document Checklist

Student Name: _____ **Date:** _____

You must have copies of the following requirements:

CPR (Heartsaver AED Adult/Child or BLS) _____

Proof Hepatitis B Injection

Date 1st injection _____ Date 2nd injection _____ Date 3rd injection _____

Varicella Immunization (or proof of immunization)

Date 1st injection _____ Date 2nd injection _____

Negative Tuberculosis (TB) 2 Step Test _____ or Quantiferon _____

*Students will need another test after 12 months.

Proof of MMR Immunization

Date 1st injection _____ Date 2nd injection _____

Covid-19 Vaccination Dates

Johnson & Johnson
1 Injection _____

Pfizer
1st injection _____

Moderna
1st Injection _____

2nd Injection _____

2nd Injection _____

Proof of Tdap Immunization

(Once every 10 years) Date: _____

Proof of age 18 years or old (Highlight date of birth on immunization document)

High School Diploma/GED (year of graduation) _____

Proof of successful completion of either ENG 100, 101, 107 or 113 _____/_____/_____
(Unofficial transcript) Grade
Semester/year

Please fill in the dates of the completed immunizations, this paperwork is part of your packet. If you are schedule to receive an immunization after the due date, please fill in the date of the immunization in pencil. You need to bring in the proof as soon as you have the documentation you have received the immunization.

ALL PAPERWORK IS DUE ON or BEFORE: OCTOBER 31 (SPRING) APRIL 30 (FALL)