



CENTRAL WASHINGTON UNIVERSITY

CAREER SERVICES

Student Name _____

Student ID # _____

EXSC CARDIAC REHAB CLINICAL PROGRAM:

You MUST make an appointment with a nurse at the Student Health Center by calling 963-1881, to have copies of these Immunization Records verified. Appointments should only take 20 minutes.

Please bring this signed approval along with the copies of these items to Career Services, Bouillon 206.

<u>IMMUNIZATION</u>	<u>VERIFIED</u>	<u>MISSING</u>
2 MMRs	_____	_____
Hep – B	_____	_____
Diphtheria , Tetanus, Pertussis (DPT)	_____	_____
Chickenpox	_____	_____
2 Step TB	_____	_____

STUDENT HEALTH CENTER VERIFICATION

I, _____ verify that the above student has sufficient proof of receiving each of the above immunizations.

Signature _____

Date _____