

## PHLEBOTOMY Clinical Registration Requirements



Name: \_\_\_\_\_

The following items are required to enroll in the Phlebotomy Technician clinical experience. Complete this form and submit it to Laura Cleveland ([lcleveland@anokatech.edu](mailto:lcleveland@anokatech.edu)) for approval to register.

**1. American Heart Association (AHA) Basic Life Support (BLS) Provider Card**

- Only AHA cards are accepted. See [AHA's](#) website for more information and to find approved classes.

**2. High School Diploma or GED.**

**3. Eligible Minnesota DHS background study.**

**Important:** List dates below for each requirement and provide medical documentation.

*The immunizations required are standards set by the Minnesota Department of Health and Human Services and Centers for Disease Control and Prevention.*

Vaccination	Information/Notes
<b>Measles (Red Measles, Rubella)</b>	Documentation of immunity is REQUIRED by: <ul style="list-style-type: none"><li>• Physician diagnosis of disease <b>or</b></li><li>• Dates of two (2) doses of measles or MMR vaccine after one year of age</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• Report of immune titer proving immunity</li></ul> <i>Date Completed</i> _____
<b>Mumps</b>	Documentation of immunity is REQUIRED by: <ul style="list-style-type: none"><li>• Date of two (2) mumps or MMR vaccine</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• Report of immune titer proving immunity</li></ul> <i>Date Completed</i> _____
<b>Rubella (German Measles)</b>	Documentation of immunity is REQUIRED by: <ul style="list-style-type: none"><li>• Date of one (1) MR or MMR vaccine</li></ul> <b>OR</b> <ul style="list-style-type: none"><li>• Report of immune titer proving immunity</li></ul> <i>Date Completed</i> _____
<b>Tetanus/Diphtheria (TD)</b>	<b><i>One (1) dose of adult Tdap within the last 10 years</i></b> <i>Date Completed</i> _____

<b>Hepatitis B (HBV)</b>	<p>Documentation of immunity is REQUIRED by:</p> <ul style="list-style-type: none"> <li>Dates of three (3) doses in the vaccination series. (The first two are given one month apart followed by the third dose five months after the second)</li> <li>or</li> <li>Report of positive antibody</li> </ul> <p><i>Date Completed</i> _____</p>
<b>Tuberculosis (TB)</b>	<p><b><i>Report of negative TB blood test within one year of clinical</i></b></p> <ul style="list-style-type: none"> <li>QuantiFERON®-TB Gold test (QFT-G), QuantiFERON®-TB Gold In-Tube test (GFT-GIT) OR T-SPOT®.</li> </ul> <p>If the test is positive, the individual must have a negative chest x-ray within six months prior to beginning clinical experience. This test may be required more frequently by clinical site requirements.</p> <p><i>Date Completed</i> _____</p>
<b>Chicken Pox (Varicella)</b>	<p>Documentation of immunity is REQUIRED by:</p> <ul style="list-style-type: none"> <li>Date of two (2) Varicella injections</li> <li><b>OR</b></li> <li>Report of immune titer proving immunity</li> </ul> <p><i>Date Completed</i> _____</p>
<b>Influenza</b>	<ul style="list-style-type: none"> <li>Annual vaccination (exception for summer externship students)</li> </ul> <p><i>Date Completed</i> _____</p>
<b>COVID-19</b>	<p><b>Requirements vary by clinical site</b></p> <ol style="list-style-type: none"> <li>Dates of Vaccination:</li> <li><b>OR</b></li> <li>I will request a COVID vaccination exemption if vaccination is required at my clinical site</li> </ol> <p>Signed: _____</p>

By signing this form, I acknowledge that I understand the requirements for the 100 hour phlebotomy internship and have submitted all required documentation. I authorize the college to share this information with my clinical site.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_