

Penn State Milton S. Hershey Medical Center **Employee Health Department**

Affiliated Student/Visitor Infectious Disease Summary

(In order to participate in a clinical experience/observation in patient care areas it is necessary that the following information be provided and verified by your family physician and/or school nurse)

EMAIL ADDRESS:
PROGRAM DIRECTOR AND PHONE #
END DATE AT HMC: HMC CONTACT:
IMMUNIZATIONS:
Adult or child tetanus, diphtheria, pertussis (TDAP) — Date
Hepatitis B – Date(s)
MMR (Measles, Mumps & Rubella) Documentation of two (2) doses of vaccine Dates &

Attention! This form must be submitted one month prior to student's start date to allow time for review and approval or notification if additional serologies or vaccinations are required. No student may affiliate unless all health requirements are met.