

## National Louis University Health Records Form (Medical Assisting Learners)

Program Participant (First, MI, Last): \_\_\_\_\_

Date of Birth (MM/DD/YYYY) : \_\_\_\_\_ Today's Date (MM/DD/YYYY): \_\_\_\_\_

**HEALTHCARE PROVIDER INSTRUCTIONS:** Accelerate U is a division of National Louis University in Chicago, IL. Accelerate U program participants are training to be Medical Assistants and are preparing for Clinical experiences at healthcare facilities.

This form must be completed by a licensed medical professional (i.e. a primary care physician or registered nurse). By signing this document, the medical professional affirms that the individual listed above is compliant with the appropriate vaccines. Should a program participant need additional vaccinations/tests, please work with them to ensure they have received required vaccinations/tests and that they have supporting documentation.

You can return it to the program participant (who will submit it to Accelerate U at NLU) or if your office would prefer to send this form directly back to the University, please send it to National Louis University via email at [AUexternship@nl.edu](mailto:AUexternship@nl.edu) or by fax to (847) 947-5720.

**This form and the accompanying records are due to NLU by October 30th, 2022**

**IMMUNIZATIONS:** Students must be up to date based on CDC guidelines for each immunization listed below. Please note the mo/da/yr for every dose administered. If a specific vaccine is medically contraindicated, a separate written statement must be attached.

Immunization	Date of Dose 1	Date of Dose 2	Date of Dose 3	Date of Dose 4	Date of Dose 5
TDap					
Hepatitis B					
Varicella (chickenpox)					
MMR					
2022-2023 Influenza					

**Healthcare Provider:** Please describe any next steps the patient needs to take in order to be up to date on each of the immunizations listed above.

## TUBERCULOSIS (TB) Infection Screening

Tuberculin Skin Test (TST)/PPD or IGRA blood test: Students must have an initial negative 2-Step PPD/TST process OR a negative IGRA (Interferon Gamma Release Assay) TB blood test (T-SPOT® or QuantiFeron®).

Date of reading: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: Positive or Negative (circle one)

If the TB test is **Equivocal or Positive**, all the following is required to be documented: (1) An evaluation by a Physician (MD/DO) or APN/NP that rules out active Contagious TB infection, (2) An Interferon Gamma Release Assay (IGRA) blood test (TSPOT® or QFTG®), and (3) An initial/baseline chest x-ray that is "Negative" for active/contagious TB.

**TITERS IMMUNITY TESTING:** In addition to the above immunizations and TB tests, students must demonstrate a positive antibody titer for the following:

	Titers Result	Date of Titers Test (MM/DD/YY)
TDap		
Hepatitis B		
Varicella (chickenpox)		
MMR		

## MEDICAL PROFESSIONAL'S SIGNATURE AND CONTACT INFO

Medical Professional's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Email: \_\_\_\_\_

Medical Professional Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Healthcare Provider: Please provide all documentation (Immunization Records, TB Skin Test results, etc) to be submitted with this form.**