

**Occupational Therapy Department
Student Health Requirements Checklist**

Name (Last, First, Initial): _____

Student ID: _____

Semester Admitted to Program: _____

This checklist is to help you track completion of the OT Department Health Requirements. Verification/documentation of the following requirements should be completed and submitted to CastleBranch within 4 weeks of the start of student's first semester in the Occupational Therapy Program. When you establish an account with CastleBranch will be provide you with instructions for submitting documentation to them. Retain a copy of this checklist for your own records. In addition, a copy of this document should be provided submitted to the Level 1 Fieldwork Coordinator (Alison George at alison.george@sjsu.edu) to verify that you have complied with Departmental requirements. Provide dates/check off for when requirements have been met.

Date Completed

_____ Clear Level 1 background check (provided through CastleBranch)

_____ Clear 10-panel drug screen (provided through CastleBranch)

_____ Current Basic Life Support (BLS) card issued by an American Heart Association (AHA) certified course

Expiration date: _____

_____ Initial health screen or exam completed by physician; form submitted to CastleBranch

_____ Clear Tuberculosis (TB) test (**either** QuantiFERON Blood test, two-step TB skin test **or** chest X-ray clearance).

Proof of the following vaccinations must be submitted to CastleBranch within 4 weeks of the start of the academic program (except for flu vaccine which is due Oct. 15). Evidence of vaccination must include the dates vaccinations were given.

___ Proof of flu vaccination (for current flu season) or signed declination Date: _____

___ Measles, Mumps, Rubeola immunity (positive antibody titer or 2 doses of MMR vaccine)

Vaccine #1 Date: _____ Vaccine #2 Date; _____

OR Titer Date: _____

___ Varicella (chickenpox) immunity (proof of vaccine or titer)

Vaccine Date _____ **OR** Titer Date: _____

___ Hepatitis B vaccination (with dates of 3 vaccine provided):

Titer Date: _____ **OR**

Vaccine #1 _____ Vaccine #2 _____ Vaccine #3 _____

___ Tdap (tetanus, diphtheria, and pertussis) vaccine (completed within previous 10 years)

Vaccine Date: _____

___ COVID Vaccination: All students must submit proof of COVID-19 vaccination. This requirement includes completing the COVID-19 vaccine primary series and booster shot, when eligible. If you meet University requirements/approval of Medical and/or Religious Exemption you must submit verification of University approval.

Vaccine Date: _____