

School/Hospital Document Verification Checklist

School: _____

Instructor(s) Name: _____

Student Name: <u>(with middle initial)</u>	Background Check	TB Test Date(s)	Immunizations	Student Profile Complete	Post Test Complete	Acceptable use Agreement Signed	Confidentiality/ Non-disclosure Form Signed
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I confirm that the above **(SHADED)** student requirements are current and on file in the appropriate school department.

School Representative

Date