

**LAKE AREA TECHNICAL INSTITUTE
WATERTOWN, SD 57201**

REPORT OF HEALTH EVALUATION

This form must be completed before the student will be allowed to attend Lake Area Technical Institute

Name _____ Sex: M F
(Last) (First) (Middle)

Social Security Number _____ Date of Birth _____

A.

Required for ALL LATI students born after 1956:

MMR (2 doses) _____ (Date) _____ (Date) or Titer _____ (Date)
Immune ____yes ____no

B.

Required for students entering a HEALTH PROGRAM:

Health programs include: Community Healthcare Worker, Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant and Physical Therapy Assistant, Practical Nursing (#1-4), (Cosmetology- #3 only, Hepatitis B), (Human Service Technician- #1 only, Tuberculin Skin test)

1. Two Step Tuberculin Skin Test Pos. _____ (Date) Neg. _____ (Date)
Pos. _____ (Date) Neg. _____ (Date)

If positive reactor, Chest X-ray is required, document results

Pos. _____ (Date) Neg. _____ (Date)

2. *Tdap vaccination _____ (Date) (PN requires every 10 years)

3. Hepatitis B Vaccine (series of 3) or signed waiver _____ (Date) _____ (Date) _____ (Date)

4. Varicella (chicken pox) Titer or 2 doses of vaccination
2 doses _____ (Date) _____ (Date) or Titer _____ (Date)
Immune ____yes ____no

Official signature must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.

C.

Health Care Provider's Signature _____

Name of clinic and/or _____

Address _____

Print Last Name _____

Date _____

Return all information to:

Admissions Office

Lake Area Technical Institute

PO Box 730

Watertown SD 57201

Phone: 605-882-5284

Fax: 605-882-6299

(See back for instructions)

Important!

Immunization Form Required to attend Lake Area Technical Institute

Obtaining proof of immunization may be a time-consuming process, so start now! Incomplete information may result in a delay or even prevent you from attending LATI.

INSTRUCTIONS

Section A

MMR, Individual doses of Measles, Mumps & Rubella, or Lab Titers

This section is required for **ALL** LATI students born after 1956.

Due to regulations mandated by the South Dakota State Health Department, medically signed proof of TWO properly administered immunizations **OR** immune titers for Measles(Rubeola), Rubella and Mumps are now required for all new, readmitted and transferred students of all State Institutions. Official documentation from a physician's office, department of health, high school or university is acceptable. Individual shot records may be used if the injections were signed or initialed by the doctor or nurse. If you have only one immunization, the required second immunization may be administered not less than one month after the first immunization. Students who fail to provide the required proof of immunization **WILL NOT BE ABLE TO ATTEND CLASSES** until in compliance.

As an alternative to the requirement for a physician's certification, the student must present an exemption form for the following situations.

1. Certification from a licensed physician stating the physical condition of the student would be such that immunization would endanger the student's life or health;
2. Certification from licensed physician stating the student has experienced the natural disease against which the immunization protects;
3. Confirmation from a laboratory of the presence of adequate immunity; or
4. A written statement signed by the student that the student is adherent to a religious doctrine whose teachings are opposed to such immunizations. If the student is under the age of eighteen, the written statement shall be signed by one parent or guardian.

Section B

This section is required for all students enrolled in a health program. Health programs include: Dental Assisting, Medical Assisting, Med/Fire Rescue, Medical Lab Tech, Occupational Therapy Assistant and Physical Therapy Assistant, and Practical Nursing (need #1-4). Cosmetology needs only Hepatitis B Vaccine series of 3 or signed waiver. Human Service Technician needs only Two Step Tuberculin Skin Test.

Section C

This section is required for all students. A physician's office, clinic or health department name and address **AND official signature** must be included for this document to be completed and approved, unless signed copies of vaccination records are attached to the completed form.

(See front for health form)