



CRANSTON ADULT EDUCATION PROGRAM

83 ROLFE STREET

CRANSTON, RHODE ISLAND 02910

CRANSTON PUBLIC SCHOOLS

NAME _____ Date of Birth _____ / _____ / _____

All Candidates Require:

Tuberculosis:

PPD Plant date _____ / _____ / _____ Result: _____ mm

Read date _____ / _____ / _____

Two-step date _____ / _____ / _____ Result: _____ mm

Read Date: _____ / _____ / _____

Or

Blood assay for Mycobacterium Tuberculosis (BAMT)

Date: _____ / _____ / _____ Result: _____

*Anyone with a Positive PPD needs the date and result documented in millimeters. Anyone with a positive PPD or BAMT needs documentation of chemotherapy or prophylaxis or a Chest X-ray or after the positive result.

Positive PPD Date _____ / _____ / _____ Result: _____ mm

Chest X-ray Date: _____ / _____ / _____ Result: _____

Varicella (Chicken Pox)

Healthcare Provider Diagnosis of Varicella Disease: Date _____ / _____ / _____

or

Varicella vaccine #1 _____ / _____ / _____ and #2 _____ / _____ / _____

Or

Titer: Date _____ / _____ / _____ Result _____

TETANUS, Diphtheria and Pertussis (Tdap)

*Tdap date: _____ / _____ / _____

Influenza vaccine: _____ / _____ / _____

Medical Exemption _____ / _____ / _____

Vaccine #1 _____ / _____ / _____ Vaccine #2 _____ / _____ / _____

Mumps:

Titer Date _____ / _____ / _____ Result _____

or

Vaccine #1 _____ / _____ / _____ Vaccine #2 _____ / _____ / _____

Rubella (German Measles):

Titer Date _____ / _____ / _____ Result _____

or

Vaccine #1 _____ / _____ / _____

or

MMR:

Vaccine #1 _____ / _____ / _____ Vaccine #2 _____ / _____ / _____

Optional except for those employees exposed to Blood/Body Fluids

Hepatitis B:

#1 _____ / _____ / _____

#2 _____ / _____ / _____

#3 _____ / _____ / _____ or Signed Declination Y / N

HbsAb: Date _____ / _____ / _____ Result _____

MMR

2 Measles, 2 Mumps and 1 Rubella containing vaccines

or positive titers

Rubeola (Measles):

Titer Date: _____ / _____ / _____ Result _____

or

Provider _____

Signature _____

Date _____

