

## Public Safety—EMT Immunization Record Documentation Checklist

### Immunizations

Please submit documentation showing dates of administration of the following immunizations.

- ☐ **Quantiferon—TB Gold Test**  
(or negative chest x-ray if positive skin test within last 5 years)
- ☐ **Tetanus**  
(Within last 10 years)
- ☐ **Measles Mumps Rubella (MMR)**  
(or positive blood titer for MMR)
- ☐ **Varicella (Chicken Pox)**  
(or documentation of previous varicella infection)  
(or positive blood titer for varicella)
- ☐ **Hepatitis B Series**  
(or documentation of declination of Hepatitis B series)  
(Or positive blood titer)