



Immunization & Physical Exam Requirements for BLS Providers



According to Code 405.3 Title 10 NYCRR, students affiliating with a Health Care Facility must meet certain minimum health requirements. In addition, OSHA requires anyone exposed to blood or body fluids to be given education and offer of Hepatitis B vaccine. Therefore, it is mandatory that the following form: IMMUNIZATION RECORD be completed and sent to the FLREMSC office. when a special condition or restriction appears, your record may be subject to review by any REMAC doctor to determine your continuance in the class.

**** PLEASE NOTE: FAILURE TO COMPLETE THESE REQUIREMENTS WILL RESULT IN BEING DENIED ACCESS TO CLINICAL RIDE TIME.**

For records of immunization history:

- **Contact your personal physician, or print out vaccinations report from MyCare/MyChart.**
- **Check with High School/College which you last attended**
- **Check with your “employee health” office where you work**

You may have a blood test (titer) done to determine whether or not you have immunity against measles (Rubeola), Mumps, Rubella, Hepatitis B, Meningococcal Meningitis and or Varicella. Check with your person physician about this as it may or may not be covered by your insurance.

In the event you need the Measles, Mumps, Rubella, Tetanus Diphtheria, Meningitis vaccinations and/or PPD test, you may:

- Obtain through your personal physician or local pharmacy
- Schedule an appointment with your county of residence’s Public Health Office.

Send all forms to the Office of Finger Lakes Regional EMS Council, Inc located at 63 Pulteney St., Geneva NY 14456. Email: PAC@FLREMSC.ORG

Common Questions about Health Requirements



Who has to meet these health requirements?

- Any and all students who are required to complete clinical observation time within a health care facility, including EMS agency ride time.

All students must have proof of immunity to Measles, Mumps and Rubella regardless of their date of birth. Students born prior to 1957 still need proof of immunity to Mumps and Rubella. The only exception is Rubeola. Therefore, all students need one of following:

- Date of diagnosed disease
- Proof of two vaccinations within your lifetime
- Blood test for proof of immunity (titer)

If I am refreshing my EMT, do I have to complete the health requirements?

- Yes. You will need proof of immunity to Measles, Mumps and Rubella. You will also need proof of Immunization to Meningitis or sign off on the attached form. Also, if you will be expected to complete clinical

Can I refuse any of the health requirements?

- You may refuse Meningitis and Hepatitis B vaccines. The only way any other vaccine requirement can be waived is if you have a medical exemption. This means that your physician must sign a statement, stating the reason that they do not want to give you the vaccine.

Why do I have to do this?

- It is mandated by the New York State Department of Health that hospitals be able to prove that any person who comes in contact with patients meet these minimum health requirements. This includes volunteers and students.

What if I do not have or can not find documentation of any “shots” when I was a child?

- You will have to complete the series of immunizations again or ask your your doctor to order lab tests to determine immunity for Mumps, Rubeola, Rubella, Hepatitis B, and or Meningitis.

Does my baby book qualify as documentation?

- No... Unless it was signed by your physician at the time of the immunization. You may use it, however, to verify the diagnosis with your current physician, if the doctor will accept it.

Would my school records count as documentation?

- Yes... Obtain a copy and send it with your forms. Please make sure that it is a clear, readable copy.

Common Questions about Health Requirements Continued

Why doesn't a measles vaccine qualify if it was given before 1968?

- Prior to 1968, physicians had a choice of either giving a "live" vaccine or a synthetic vaccine. It was determined that the synthetic vaccines were not effective; therefore, unless there is specific information that states it was a "live" vaccine, they are not counted towards the required two vaccines.

How much time between each measles vaccine must I wait, if I have to receive two doses?

- The minimum time between each does is 30 days.

What is a PPD?

- A PPD is a skin test to determine whether or not you have been exposed to tuberculosis. It is administered on the inside of your forearm and must be read between 48 and 72 hours after administration. The reading must be signed and dated by a health practitioner. Note: If you need to receive both a PPD and an MMR, be sure that the PPD is placed prior to the MMR injection. If MMR is given immediately prior to placement of the PPD, the reading is not reliable.

If I have a positive reaction to the PPD, does it mean I have tuberculosis?

- No... It indicates that you might have been exposed to the disease. You will be required to have a chest X-ray.

Do I have to get the Hepatitis B vaccine in order to get into the hospital or complete agency clinical ride time?

- No... You need only to be educated and may elect to refuse the vaccine. You must sign and date the refusal on your immunization form after the scheduled bloodborne pathogen session.

If I refuse the vaccine, and change my mind later, can I still get the vaccine?

- Absolutely. The hospitals need only to know that, at the time of your clinical rotation, you know the risks of contracting hepatitis and are aware that there is a vaccine available. You may change your mind at any time and receive the vaccine.

If you have any questions, please call our office as soon as possible. (315) 789-0108

Requirements for Immunizations/Physical Exam

Immunization # of Doses	Required for Whom?	Number of Doses Required / Time Frame (Special Notes)
Measles (Rubeola)	Only for those students who were born on or after January 1, 1957	<ul style="list-style-type: none"> Two (2) doses required Vaccines given fore 1968 are not acceptable unless specified as "live" vaccine First dose on or after twelve (12) months of age Second dose on or after fifteen (15) months of age Minimum of thirty (30) days between the two doses Verified physician-diagnosed disease is accepted as immunity Blood work which shows immunity to disease is also acceptable
Mumps	All students	<ul style="list-style-type: none"> If born before January 1, 1957, you still need proof of Mumps and Rubella immunity or an MMR booster. Mumps vaccine is not available in any other form.
Rubella	All students	<ul style="list-style-type: none"> One dose of live Rubella vaccine on or after twelve (12) months of age Blood work which shows immunity to disease is also acceptable
Tetanus Diphtheria Current TDAP accepted	All students	<ul style="list-style-type: none"> Booster must be within past ten (10) years
Tuberculosis (PPD)	All students	<ul style="list-style-type: none"> Test within six (6) months of start of class. If positive, must have report of negative chest X-ray and statement by MD indicating "no disease".
Hepatitis B	All must be educated about blood borne pathogens and Hepatitis B	<ul style="list-style-type: none"> This is one (1) of two (2) vaccines that any student can refuse. However, it is highly recommended that all personnel within the health care system take this vaccine. Series consists of three (3) injections: <ul style="list-style-type: none"> 1st (day 0) 2nd (day 30) 3rd (day 180) Blood work which shows immunity to disease is also acceptable
Meningoccal Meningitis	All students	<ul style="list-style-type: none"> This is one (1) of two (2) vaccines that any student can refuse. However, it is highly recommended. Must be within last ten (10) years



Immunization Checklist/Record

NOTE: THIS FORM ONLY NEEDS TO BE COMPLETED IF YOU ARE NOT SUBMITTING A VACCATION RECORD OR LABORATORY TEST RESULTS FROM YOUR PHYSICIAN'S OFFICE OR MYCARE/MYCHART.

Student Name: _____

Date of Birth: _____ Course #: _____

Required Immunizations	Date Received	Administered by or Verified by:
MMR (Measles/Mumps/Rubella)	1 st Dose:	
	2 nd Dose:	
Rubeola (Plain Measles)	1 st Dose:	
	2 nd Dose:	
Rubella (German Measles)	Dose:	
Tetanus Diphtheria or TDAP	Dose:	
PPD (Mantoux Skin Test)	Date Placed:	
	Date Read:	
	Result:	
Hepatitis B (This vaccine can be refused by signing in the designated section)	1 st Dose (Day 0):	
	2 nd Dose (Day 30):	
	3 rd Dose (Day 180):	
	*Hepatitis B Student Refusal Date:	*Hepatitis B Refusal Student Signature:
Meningococcal Meningitis (This vaccine can be refused by signing in the designated section)	Dose:	
	*Meningococcal Meningitis Student Refusal Date:	*Meningococcal Meningitis Refusal Student Signature:

ALL IMMUNIZATIONS ADMINISTERED MUST BE SIGNED BY A HEALTH CARE PROVIDER, VERIFYING THE ADMINISTRATION.

Authorization for Release of Medical Information

I authorize the below named physician/health facility to furnish and release to the Finger Lakes Regional EMS Council, Inc. any and all information regarding my condition while under your observation or treatment, including the history obtained and physical findings, diagnosis and prognosis. This consent also authorizes the Finger Lakes Regional EMS Council, Inc. and/or REMAC doctor on its behalf to obtain additional information as required or needed should a situation, condition or restriction arise where said council, REMAC doctor or council representative deems it necessary. This release shall be in effect for one (1) year from the date signed.

Physician Name:	
Physician Address:	
Physician Phone #:	

Additionally, upon request, I authorize the Finger Lakes Regional EMS Council, Inc. to submit an immunization verification form to any hospital and/or clinical site at which I do clinical rotations. This release shall be in effect for one (1) year from the date signed.

Student's Printed Name: _____

Date: _____ Student's Signature: _____

