

## School of Health Sciences Radiography Program

Student Name:

Class of:

### Documentation Check List

Make copies of all the documents that you submit

1. Copy of actual Background Check
2. Student Fact Sheet
3. Copy of CPR Certification
4. Copy of HIV/AIDS Education Certification (4 hours)
5. Student Health Record Form
  - a. Influenza
  - b. Varicella (Chicken Pox)
  - c. Mumps Titer
  - d. Rubella (Measles)
  - e. Rubella (German Measles)
  - f. TB Skin Test
  - g. Drug Screening
  - h. Hepatitis B Vaccine
  - i. Tdap
6. 10 Panel Drug Screen
7. Evidence of Medical Insurance (or Waiver)
8. Proof of Medical Insurance (if providing)
9. Completed forms from the School of Health Sciences (SOHS) Student Handbook:
  - a. Miami Dade College Release/Consent Form (Page 29)
  - b. Student Confidentiality Statement (Page 30)
  - c. Receipt and Acknowledgement Form (Page 31)
  - d. Criminal History Information Checks Required for Medical Campus Program Students (Page 33)
  - e. Acknowledgment And Consent For Release Of Information (Page 34)
10. Document Release Form
11. Acceptance Form
12. MDC ID Card
13. Evidence of Understanding of Radiography Program Student Handbook (page 65)
14. Evidence of Understanding of Pregnancy Policy for female students (page 64)
15. Orientation Form

Verified by:

Date: