



Applicant Contact Information Sheet

Date: _____

Name:

Current Address:

Permanent Address:

Contact Phone #:

Email Address:

Specialty Interested in Observing: PT / OT

Clinic Interested in Observing:

Dates Interested in Observing: Full or Half Days

Have you ever been convicted of a felony? _____ No _____ Yes

If Yes, please explain:

For all observations at any Vail Health Howard Head Clinic, the Joint Commission on Hospital Accreditation requires proof of immunization for the following:

- a. Tetanus-diphtheria-pertussis
- b. Measles-Mumps-Rubella x 2
- c. Varicella – with medical sign off, on either having had the disease or a titer confirmation
- d. Hepatitis B
- e. Negative TB test within one year
- f. Influenza – October through March
- g. COVID

Proof of immunization consists of a medical provider’s attestation of vaccination including date + initials or signature, a titer confirmation of immunity from a medical provider, or in the case of Varicella, a medical provider’s attestation of having had the disease. It is not enough to state that you have had the chicken pox. **Please submit copies of your proof of immunization with this Applicant Contact Information Sheet when inquiring about an observation opportunity.**