

Applicant Contact Information Sheet

Name: _____

Current Address: _____

Permanent Address: _____

Contact Phone: _____

Other Phone: _____

Email Address: _____

Date of Birth: _____

Specialty Interested in Observing: PT / OT

Clinic Interested in Observing:

Dates Interested in Observing: Full Days or Half Days

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

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:

- MMR x 2 (Measles, Mumps, Rubella)
- Varicella (Chicken Pox)
- A negative TB (Tuberculosis) Test
- For observations October-May, proof of a RECENT Flu vaccination

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.**