Idaho State University | Physical Therapy

Incoming DPT Student Required Documentation

Student Name: _____ Date of Birth: _____

SECTION I: IMMUNIZATIONS If included, this section must be completed by a licensed healthcare provider (e.g. M.D., D.O., P.A. or Licensed Nurse), and include their name (printed), phone number, signature and date at the bottom

DPT/Td (Tetanus/Pertusis/Diphtheria): Series of 3 vaccine doses. One dose must be within the last 10 years.	Date #1: / / Date #2: / / Date #3: / /
Hepatitis B: Series of three doses	Date #1: / / Date #2: / / Date #3: / /
Measles, Mumps & Rubella/Rubeola (MMR): Series of 2 vaccine doses	Date #1: / / Date #2: / /
Polio: Series of 3 doses	Date #1: / / Date #2: / / Date #3: / /
Varicella (chickenpox): Documentation of 1 vaccine dose or proof of a titer	Date #1: / /
Flu Shot: Date of most recent Flu shot Flu shot will be required each year of the program	Date #1: / /

Healthcare Provider: By signing below, you attest that all information supplied in this section is true and correct to the best of your knowledge.

Name and title of Provider (printed): _____

Signature of Provider: _____Date: ____/____/_____

Phone Number: (_____)_____

Exemptions: If you feel that you are exempt from vaccination requirements based on a medical contraindication, religious belief, or pregnancy, contact dptadmit@isu.edu to discuss the required procedure and documentation.