

MOTT COMMUNITY COLLEGE CLINICAL ROTATION VACCINATION POLICY
Adopted 1/1/2018

_____ I may be required to provide documented proof of immunization, boosters and/or titers, current Tuberculosis (TB) test results, and other screenings pertinent to my chosen career field. I am responsible for all associated cost for immunizations and/or immunization tracking and reporting.

_____ A declination of immunization may prevent me from clinical placement.

Signed _____ Date _____

Print name _____

If you choose to decline, please complete the form below:

MOTT COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Receipt of Declination of IMMUNIZATION
and Acknowledgement of Student

MOTT COMMUNITY COLLEGE is in receipt of your statement dated _____ indicating that you will refuse to provide proof of any and all immunization testing/screening incident to your program of study prior to clinical placement for your program of study in the Health Sciences area and more particularly with respect to your required internship experience within that program of study.

Mott Community College will attempt, nonetheless, to place you in a required internship with an affiliated business or agency. However, no such placement is guaranteed and your refusal may limit or even prevent placement since affiliated institutions may refuse to accept you. Therefore, you should be aware that you are at risk of being unable to complete your course of studies.

The undersigned student acknowledges that:

1. I am, and have at all times been aware that refusal to provide immunization testing/screening as required of an affiliating institution may limit or prevent placement with an affiliate training institution and prevent me from fulfilling all requirements in my Health Sciences/Physical Therapist Assistant Program. I understand that it is my voluntary choice to refuse immunization testing/screening.

2. I understand that not being placed with an affiliating training institution will prevent my satisfactory completion of fulfilling the degree requirements outlined and will prevent the issuance of Associates in Applied Science, Physical Therapist Assistant degree.

Signed_____

Print Name_____

Mott Community College

Academic Coordinator for Clinical Education, Physical Therapist Assistant Program:

Signed_____ Date_____

Physical Therapist Assistant Program Coordinator:

Signed_____ Date_____

Dean of Health Sciences:

Signed_____ Dated_____