

**Genesis Healthcare Associates, LLC**

**Carla Neal-Haley, MD · Crystal Johnson, FNP-BC · Christine Wasilewski, FNP-BC**

**3200 Highlands Parkway · Suite 250 · Smyrna, Ga 30082**

**770-434-1904 Office 770-434-1304 fax**



### **Student Clerkship Disease Immunity record**

For your health and wellbeing Genesis Healthcare Associates requires proof of Immunity for the following before you begin your student clerkship:

<b>Disease</b>	<b>Date or DS*</b>	<b>Vaccination Date #1</b>	<b>Vaccination Date # 2 (if required)</b>	<b>Titer Date (attach lab verification)</b>
Varicella				
Mumps				
Measles				
Rubella				
Hepatitis A				
Hepatitis B				

\* State or local medical documentation required

I certify that the above information is medically documented and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Healthcare Provider signature (If titers and / or records not available)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone