## **1st Year Respiratory Therapy Student Checklist**

FBI/BCI background check
1 <sup>st</sup> Year Health Examination Form
Standard Vaccine Form
1 <sup>st</sup> Year 10-panel Expanded Drug Screen
2-step Mantoux TB test
1 <sup>st</sup> Year Annual Flu Shot Confirmation (must include date)
CPR (for healthcare provider) card through American Heart
Association
Hepatitis B Vaccine Statement
iPad Verification – found on RT website
Signed Student Release of Information
COVID-19 Vaccine Confirmation

## **2nd Year Respiratory Therapy Student Checklist**

FBI/BCI Background Check
2 <sup>nd</sup> Year Health Examination Form
2 <sup>nd</sup> Year 10-panel Expanded Drug Screen
1-step Mantoux TB test
2 <sup>nd</sup> Year Annual Flu Vaccine Confirmation
CPR card: verification of non-expired status