



Pittsburgh Institute of Mortuary Science

Admission Health Screening Form

Student First & Last Name (please print): _____

Due to the nature of both the didactic and clinical work in funeral service education, do you have any illnesses, allergies, and/or learning disabilities with which you might need assistance? No _____

If yes, please explain (documentation may be required):

I certify that all information contained in the online application, on this document, as well as any information that I submit in support of this application, is true and correct to the best of my knowledge and belief.

Student Signature & Date: _____

ALL ITEMS BELOW MUST BE COMPLETED BY A PHYSICIAN OR MEDICAL PROFESSIONAL

All immunization dates must be listed on this form and signed off on, NO supplemental documentation will be accepted.

1. Tetanus or booster within 5 years of start date. Date immunized: _____

2. Bacterial meningitis within 4 years of start date (NOT required if over 25 years of age).

Date immunized: _____ Check if over 25

3. TB skin test and/or chest x-ray within 6 months of the start date. Date immunized: _____

4. Hepatitis B Series of three inoculations plus the blood antibody test.

First of the series is required for admission, student is responsible for completing the rest prior to practicum and clinicals.

Dates: 1st: _____ 2nd: _____ 3rd: _____ Blood Antibody (Titer) Test: _____

I certify that the foregoing is true and accurate to the best of my knowledge:

Medical Professional Signature

Date

Name of Medical Professional (please print)