



PART B - HIGH SCHOOL ACADEMY FOR CAREER EXPLORATION
CLEARANCE ATTESTATION FORM

Date: _____

Student Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Parent Information

Parent/Guardian _____ Relationship _____

Phone _____ E-Mail Address _____

School Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

The above named student may participate in the Hackensack Meridian *Health* High School Academy for Career Exploration as all the following are complete:

Health Clearance Attestation:

- Proof of Immunity for Measles, Mumps, Rubella, and Chicken Pox
- Two step Tuberculin test (Mantoux, PPD), Quantiferon gold immunization, or Chest X-ray, if positive, within one year Date: _____
- Seasonal Influenza Vaccine Date _____*
- Tdap Vaccine Yes _____ No _____

Eligibility requirements met:

- Parental Consent
- Confidentiality statement
- Letter of recommendation
- Respectable attendance record
- Essay on career interest completed

School Representative Signature: _____

Print Name: _____ Title: _____

*If student has not received the Influenza Vaccine they must wear a mask while attending the sessions at any of Hackensack Meridian *Health* facilities.

Counselor please keep on file.