



MCA
MEDICAL CAREER ACADEMY

The following documentation is required for Student Enrollment in Medical Career Academy.

EMT Admissions Checklist

STUDENT'S NAME: _____

Shirt Size: _____ **Sleeve:** Long / Short **Men or Women**

Student Application App. Fee Paid _____

Student Enrollment Agreement PIF: _____ **or PP. __ Deposit:** _____

Copy of Driver's License Exp Date: _____

High School Diploma, GED, or Official College Transcripts

Current AHA BLS HCP Card EXPIRES: _____

Physical Within the Last 12 Months DOP: _____

Immunizations:

MMR **Date of Vaccination:** _____

Tetanus **Date of Vaccination:** _____

TB Test / PPD **Date of Vaccination:** _____

Flu Shot(Sept. – Mar.) **Date of Vaccination:** _____

Hepatitis B: Accept Decline **Date of Vaccination:** _____

10 Panel Drug Screen - Date: _____

Level II Background Check and Fingerprints Date: _____

BMH Affirmation Date: _____

GHO & HIPAA Quizzes (GSMC) Date: _____

Administration Only

Book Received: _____ Shirt Received: _____

File reviewed by: _____ Date: _____