



CERTIFICATE OF PHYSICAL EXAMINATION AND IMMUNIZATIONS FOR ENROLLMENT

INFORMATION PAGE

REQUIRED PHYSICAL EXAMINATION

All applicants must have a thorough physical examination by a healthcare provider in order to enroll in classes at Bel-Rea Institute of Animal Technology.

- **IMPORTANT: If you have already received any of the required vaccinations, please take documentation of the required vaccines along for the healthcare provider to review during your physical exam.**
- Immunization records may also be available through your state's health department:
 - Colorado: <https://www.colorado.gov/pacific/cdphe/immunization-records>

Please **discuss any health or disability concerns** that may affect your training or ability to perform the Essential Functions for Veterinary Technicians available at belrea.edu/essential-tasks with your healthcare provider.

- Reasonable accommodations are available for individuals with documented disabilities. Please provide disability documentation as early in the application process as possible to Bel-Rea's Student Service Specialist: Corey Fine, fine@belrea.edu, 800-950-8001, 303-751-8700 ext. 250.

REQUIRED IMMUNIZATIONS/TESTS

1. **MMR (Measles-Mumps-Rubella) Immunization or documentation of a positive MMR Titer Immunity Test:**
Colorado law requires all college students enrolled for one or more classes and born on or after 1/1/1957, to provide proof of two separate rounds of MMR immunization, administered at least 28 days apart, or a positive titer.
2. **Tetanus Immunization (Tdap):** Required within last 10 years. Renewal every 10 years.
3. **Rabies Pre-exposure Immunization Series (Human) or documentation of a positive Rabies Titer Immunity Test:**
Two-doses required, administered at least 7 days apart OR a 1-time titer 1-3 years after 2 dose series.
4. **Tuberculosis Skin Test (Mantoux Purified Protein Derivative - PPD):** Only if indicated during the physical exam.

If you cannot verify previous immunizations, you will need to be re-immunized. Please note that Bel-Rea, internship sites, and volunteer sites do not cover the cost of immunizations and/or testing.

RECOMMENDED IMMUNIZATIONS/TESTS*

1. **COVID-19** While not required, Bel-Rea highly encourages students to receive the COVID-19 vaccine.

**Please note that the following additional vaccines are strongly recommended for college students by the Colorado Department of Public Health and Environment, but are not required by Colorado law or tracked by Bel-Rea:*

- OPV/IPV (Polio), Hepatitis A, Hepatitis B, Varicella (Chickenpox), Meningococcal B, Meningococcal ACWY, and HPV (Human Papillomavirus)

★ **IMPORTANT: Applicants MUST submit a printed copy of the required immunization records, as well as the original copies of their *Certificate of Physical Examination*. Incomplete records/forms will not be accepted.**

★ ***Applicants submitting paperwork via email MUST provide the original documents at their Final Wrap Up meeting!***

Exemptions are allowed by law; however, in the event of an outbreak, exempt individuals may be subject to exclusion from school and to quarantine. **Exemption definitions:**

- Medical: The physical condition of the student is such that immunization would endanger life or health or is medically contraindicated due to medical condition
- Nonmedical: The student's personal beliefs are opposed to immunization
- Religious: The student is an adherent to a religious belief whose teachings are opposed to immunization

ACCEPTED DELIVERY METHODS

Send Pages 1 – 3 of Certificate of Physical Examination & printed copy of Immunization Record to: Your Admissions Advisor

- **Fax:** 303-751-9969
- **Email (with secure methods):** Send to either your Admissions Advisor's email OR to admissions@belrea.edu
- **Mailing Address:** Bel-Rea Institute, 1681 S. Dayton St., Denver, Colorado 80247

Call 800-950-8001 or 303-751-8700 with any questions. Healthcare providers can utilize any of the above methods or release this physical form to the patient for delivery.

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**CERTIFICATE OF PHYSICAL EXAMINATION
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- PAGE 1 OF 3 -

**PLEASE
FAX, EMAIL, OR SEND
PAGES 1 - 3!**

PART I: To be completed by Healthcare Provider - SEE HIGHLIGHTED AREAS

1) Patient's Name: _____

Date of Birth: _____

Phone: _____

Gender: _____

Male

Female

Date of Physical: _____

2) Students are required to be physically and mentally able to meet the demands of veterinary clinical practice and training, which are similar to human nursing. Reasonable disability accommodations are available for those with disability documentation, but fundamental alterations of the nature and substance of the curriculum (i.e., modifications) or accommodations that pose a direct threat to the safety of patients are not available.

Please discuss the following:

- Ability to lift up to 50 pounds without assistance, sitting or standing for extended periods of time
- Restraining fractious small and large animals, transporting animals from floor to exam table/table to floor
- Assessing patient status and safety concerns in a visual and auditory manner
- Processing laboratory tests (including extensive microscope use), handling blood/urine/fecal samples
- Taking x-rays, assisting in surgery, running anesthesia, and calculating accurate drug dosages
- Following directions, proper charting of medical issues, and administering prescribed treatments
- The ability to regularly work in a non-latex free, non-chemical free environment

Based on your discussion of the patient's medical history and physical examination performed, is it your impression as a healthcare provider that he/she is able to meet the demands of training for and working in veterinary clinical practice as specified above?

_____ Yes

_____ No

3) Required Immunizations/Tests - Please attach immunization records for the following:

- 1. MMR (Measles-Mumps-Rubella) Immunization or documentation of a positive MMR Titer Immunity Test**
- 2. Tetanus Immunization (Tdap):** Required within last 10 years. Renewal every 10 years.
- 3. Rabies Pre-exposure Immunization Series (Human) or documentation of a positive Rabies Titer Immunity Test:**
Two-doses required, administered at least 7 days apart OR a 1-time titer 1-3 years after 2 dose series.
- 4. Tuberculosis Skin Test (Mantoux Purified Protein Derivative - PPD):** Only if indicated during the physical exam (see below).

4) Please ask the patient the following Tuberculosis Risk Assessment questions:

1. Are you from, or have you lived in Africa, Asia, Central or South America, Russia, or Eastern Europe?

_____ Yes

_____ No

2. Have you had close contact with individuals known to have or suspected to have active tuberculosis?

_____ Yes

_____ No

3. Have you resided in or worked at a homeless shelter, long-term care facility, human hospital, or prison?

_____ Yes

_____ No

4. Have you had close contact with, or were you yourself in one of the following populations: Medically underserved, low-income, or individuals who abuse drugs or alcohol?

_____ Yes

_____ No

Healthcare provider section continued next page



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PART I: To be completed by Healthcare Provider - continued

5) If the patient answered "YES" to any of the questions in Question #4 and has not been tested since possible exposure, complete a Tuberculosis Skin Test. Otherwise, skip Question #5 and Question #6.

REQUIRED TEST	TEST DATE	RESULT (Positive or negative)
Tuberculosis Skin Test (PPD)		

6) If the patient tests positive for Tuberculosis, please initial the following to indicate one of the following:

- Treatment is not necessary, or
- Treatment was required but has been successfully completed

(Initial)

7) I hereby certify that the information contained on this form is complete and accurate to the best of my knowledge:

Healthcare Provider PRINTED Name:

Healthcare Provider Signature or Stamp:

Office Name:

Address:

Phone:

END OF HEALTHCARE PROVIDER SECTION

PLEASE HAVE PATIENT/BEL-REA APPLICANT COMPLETE PAGE 3

DELIVERY INFORMATION IS INCLUDED ON THE INFORMATION PAGE OF THIS PACKET



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PLEASE
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PART 2: To be completed by Bel-Rea Applicant - SEE HIGHLIGHTED AREAS

1) REQUIRED SIGNATURE

In signing below, I affirm that the information contained on this physical form, including the Tuberculosis Risk Assessment, is true and complete to the best of my knowledge. In signing, I am also indicating that I am aware that misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and permission, unless the program is legally required to do so.

Signature of Applicant

Date

2) OPTIONAL WAIVERS FOR REQUIRED & RECOMMENDED VACCINES

(Do NOT complete if you have received these vaccines!)

In signing below, I indicate the following:

TETANUS: I understand that the Tetanus vaccine is important due to the nature of training for veterinary technology, including outside large animal labs and working with sharp instruments. I have discussed the risks and benefits with my healthcare provider and *choose to exempt myself from the TETANUS vaccine.*

Signature of Applicant

Date

COVID-19: I understand that if there is an outbreak, individuals who have not had the COVID-19 vaccine may be subject to exclusion from school and to quarantine (per Colorado law). I have discussed the risks and benefits with my healthcare provider and *choose to exempt myself from the COVID-19 vaccine.*

Signature of Applicant

Date

MMR: I understand that if there is an outbreak, individuals who have not had the Measles-Mumps-Rubella (MMR) vaccine may be subject to exclusion from school and to quarantine (per Colorado law). I have discussed the risks and benefits with my healthcare provider and *choose to exempt myself from the MMR vaccine.*

TYPE OF MMR EXEMPTION (Select ONE, see definitions on Information Page):

_____ Religious

_____ Medical

_____ non-Medical

Signature of Applicant

Date

RABIES: American Veterinary Medical Association Committee on Veterinary Technician Education and Activities (AVMA (CVTEA)) program accreditation requires that all veterinary technician students be vaccinated against rabies. Thus, all Bel-Rea students entering the Program (AAS Veterinary Technology) will be required to provide proof of completed pre-exposure rabies series and, if applicable, titer check or booster dates. Failure to complete the vaccination series or secure approval for exemption will prevent the student from being accepted into the program. Bel-Rea's Rabies Policy and Physician/Insurance Provider Letter, as well as the Bel-Rea Rabies Vaccination Exemption Policy can be found following page 4 of this form.

★ **Applicants wishing to apply for exemption must provide all required documentation, in accordance with the Bel-Rea Rabies Exemption Policy, no less than 30-days prior to enrollment deadline to:**
studenthealthservices@belrea.edu

PLEASE FAX, EMAIL, OR SEND ALL 3 PAGES TO BEL-REA