SJSU | DEPARTMENT OF OCCUPATIONAL THERAPY

Occupational Therapy Department
Student Health Requirements Checklist

Name (Last, First, Initial): _____

Student ID: _____

Semester Admitted to Program: _____

This checklist is to help you track completion of the OT Department Health Requirements. Verification/documentation of the following requirements, to be completed and submitted to CastleBranch within 4 weeks of the start of student's Level 1 experience (or other date specified by the Department). When you establish an account with CastleBranch you will be provides you with instructions for submitting documentation to them. Retain a copy of this checklist for your own records. Provide dates/check off for when requirements have been met.

Date Completed

_____ Clear Level 1 background check (provided through CastleBranch)

_____ Clear 10-panel drug screen (provided through CastleBranch)

_____ Current **Basic Life Support (BLS)** card issued by an **American Heart Association (AHA)** certified course

Expiration date: _____

_____ Initial health screen or exam completed by physician ([form on OT Department website](#))

_____ Clear Tuberculosis (TB) test (**either QuantiFERON Blood test or two-step PPD or chest X-ray clearance**).

_____ Certification of Health Module Training Completed

Proof of the following vaccinations must be submitted to CastleBranch within 4 weeks of the start of the Level 1 FW experience, or other specified date (except for flu vaccine which is due Oct. 15). Evidence of vaccination must include the dates vaccinations were given.

___ Proof of flu vaccination (for current flu season) or signed declination   Date: _____

___ Measles, Mumps, Rubeola immunity (positive antibody titer or 2 doses of MMR vaccine)
    Vaccine #1 Date: _____ Vaccine #2 Date _____

    OR Titer Date: _____

___ Varicella (chickenpox) immunity (proof of vaccine or titer)

    Vaccine Date _____ **OR** Titer Date: _____

07/2025

SJSU | DEPARTMENT OF OCCUPATIONAL THERAPY

___ Hepatitis B vaccination (with dates of 3 vaccine provided):

Titer Date: _____ **OR**

Vaccine #1 _____   Vaccine #2 _____   Vaccine #3 _____

___ Tdap (tetanus, diphtheria, and pertussis) vaccine (completed within previous 10 years)

Vaccine Date: _____

___ COVID Vaccination: All students must submit proof of COVID-19 vaccination.

This requirement includes completing the COVID-19 vaccine primary series and booster shots, when eligible. If you meet University requirements/approval of Medical and/or Religious Exemption you must submit verification of University approval.

Vaccine Dates:

Dose #1: _____

Dose #2: _____

Booster: _____

Booster: _____

Booster: _____

07/2025