



**WASHINGTON STATE**  
COLLEGE OF OHIO

## **1<sup>st</sup> Year Respiratory Therapy Student Checklist**

- FBI/BCI background check
- 1<sup>st</sup> Year Health Examination Form
- Standard Vaccine Form
- 1<sup>st</sup> Year 10-panel Expanded Drug Screen
- 2-step Mantoux TB test
- 1<sup>st</sup> Year Annual Flu Shot Confirmation (must include date)
- CPR (for healthcare provider) card through the American Heart Association
- Hepatitis B Vaccine Statement
- iPad Verification – found on the RT website
- Signed Student Release of Information
- COVID-19 Vaccine Confirmation

## **2<sup>nd</sup> Year Respiratory Therapy Student Checklist**

- FBI/BCI Background Check
- 2<sup>nd</sup> Year Health Examination Form
- 2<sup>nd</sup> Year 10-panel Expanded Drug Screen
- 1-step Mantoux TB test
- 2<sup>nd</sup> Year Annual Flu Vaccine Confirmation
- CPR card: verification of non-expired status