

DEPARTMENT OF HOMELAND SECURITY
U. S. Coast Guard
STUDENT EXTERNSHIP PROGRAM (SEP) COMPLIANCE FORM

This letter certifies that the following student, _____, assigned to the Coast Guard Clinic, _____, has the approval of the Academic Institution (AI) to participate in the Coast Guard Student Externship Program.

_____ has met the following requirements:
(last name, first name)

Health Compliance - AI affirms that the student has completed the following immunizations and requirements:

- a) **Measles, Mumps, Rubella (MMR):** two (2) doses of MMR or positive proof of serologic evidence of immunity to MMR.
- b) **Hepatitis B:** three (3) doses (*or more depending on conversion*) AND positive proof of serologic evidence of immunity or physician documentation of non-conversion.
- c) **Varicella:** two (2) doses or positive proof of serologic evidence of immunity.
- d) **Tetanus/Diphtheria/Acellular Pertussis (Tdap):** one (1) dose of Tdap (*within the last ten years*).
- e) **Polio:** one (1) dose IPV within one year prior to the student externship.
- f) **Seasonal influenza vaccination:** one (1) dose of influenza vaccine annually.
- g) **Tuberculosis:** proof of a negative 2-step tuberculin skin test (TST) or a single negative Interferon Gamma Release Assay (IGRA) upon admission to the AI, and proof of negative or indeterminate TST/IGRA status annually thereafter; or in the case of positive TST/IGRA, a physician evaluation to review symptoms and treatment plan and an annual evaluation thereafter.

Other Compliance - AI affirms that _____ has completed the following:
(last name, first name)

- a) Completion of annual Occupational Safety and Health Administration Bloodborne Pathogen and Tuberculosis training.
- b) Completion of annual Health Insurance Portability and Accountability Act training.
- c) Cardiopulmonary resuscitation training at the health care provider level.
- d) Criminal background check.
- e) American Pharmacist Association immunization certification (*pharmacy students only*).

Academic Institution:		Date:
Name (AI Representative):		Signature:
Title:	Phone Number:	

Privacy Act Statement

Authority: 33 U.S.C. §1226 authorizes the collection of this information.

Purpose: The Coast Guard will use this information to ensure that the student meets the security, training and health compliance as required for participating in the Coast Guard Student Externship Program (SEP).

Routine Uses: The information will be used by and disclosed to officials and employees of the Coast Guard in determining your eligibility for and approving or disapproving your participation in the SEP.

Disclosure: **Completion of the form is mandatory;** failure to provide the requested information may result in the disapproval of your participation in the Coast Guard SEP.

Commandant (CG-112)
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