| Trainee Full, Legal Name (Last, First, Middle) | Are Resident(s)/Student(s) Enrolled Training Program and Met Specified Level of Training Answer with (Y/N) | Does Resident(s)/Student(s) Meets Physical Requirement (Lifting, Bending, Physical Stamina of PT Care, etc) Answer with (Y/N) | Date Received Tuberculosis Screening | Date Received Hepatitis B | Date Recieved Influenza per VHA: Currently by Nov 30 each yr, if declining vaccination must wear mask during season | LEIE Verified by VA Staff Member |
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