Mt. San Antonio College ~ Agricultural Sciences
1100 N. Grand Ave., Walnut, CA 91789 Office: (909) 274-4540

RVT COURSE CLEARANCE CHECKLIST

For compliance with BP 5210 (6/23/04) and AP 5210 (5/14/13)

- ASCI 51 - Handling & Restraint
- AGHE 60 - Medical Nursing
- AGHE 61 - Surgical Nursing
- AGHE 65 - Radiography
- AGHE 84B - Applied Animal Health Procedures
- AGHE 83A - Work Experience

PLEASE PRINT AND ATTACH A COPY OF YOUR IMMUNIZATION RECORD

First Name: _____

Last Name: _____

Mt. SAC ID Number: _____

Mt. SAC Email: _____

Phone: _____

Date of Birth: _____

Term and Year of Admittance to the RVT Program: _____

Rabies Vaccine 1 – date of administration: _____

Rabies Vaccine 2 – date of administration: _____

OR if previously vaccinated for Rabies

Rabies Titer – date of testing: _____

Was your rabies antibody level greater than or equal to 0.5 IU/mL? Yes ☐ No ☐

If no, date of vaccination after titer: _____