



575 Hays Street, Woodland, CA 95695
Phone: 530-662-0798 | www.adulted.wjUSD.org
Karin Liu, Principal

Medical Assistant Enrollment Checklist (2026/2027)

Student Name: _____

Student ID: _____ Date: _____

Deadline/Category	Requirement	Reviewed	Received
Required Prior to Class Start	Official High School Transcript or Equivalency (GED/HiSET) or proof of enrollment in a program to obtain diploma and complete prior to starting clinicals.	<input type="checkbox"/>	<input type="checkbox"/>
	Current Government Issued Photo ID and Social Security Card or ITIN	<input type="checkbox"/>	<input type="checkbox"/>
	Externship Agreement	<input type="checkbox"/>	<input type="checkbox"/>
	SIA Contract for Adult Activity Participation	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Assisting Refund Policy	<input type="checkbox"/>	<input type="checkbox"/>
	Vaccination Acknowledgement and Declination	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B Vaccinations Acknowledgement and Declination	<input type="checkbox"/>	<input type="checkbox"/>
	Drug Screening Affidavit	<input type="checkbox"/>	<input type="checkbox"/>
	PPD Tuberculosis (TB) Skin Test Form	<input type="checkbox"/>	<input type="checkbox"/>
	COVID 19 Vaccination Policy	<input type="checkbox"/>	<input type="checkbox"/>
	Tuition Payment \$3,295 (<i>installment payment plan available</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Deadline/Category	Requirement	Reviewed	Received
Required by Monday, August 10, 2026	Class Supplies: 3 Ring Binder, Pens, Pencils, Highlighters, Notebook	<input type="checkbox"/>	N/A
	Grooming Standards: Natural fingernails must be kept short (usually 1/4 inch or less) with no acrylics, gels, dips, or extensions.	<input type="checkbox"/>	N/A
	Attire: <ul style="list-style-type: none"> • Navy Blue Scrubs (Tops & Bottoms) • Closed-toe, closed-heel, and water & slip resistant shoes • 2 hand watch 	<input type="checkbox"/>	N/A
Required by Thursday, Sept 10, 2026	10 panel Drug Screen	<input type="checkbox"/>	<input type="checkbox"/>
Required by Thursday, Oct 8, 2026	MMR Immunization: <i>2 documented doses of MMR given at least 4 weeks apart. Both doses should have been given after 12 months of age. In the absence of documented varicella vaccination, lab evidence of immunity shall be used as proof of vaccination/immunity.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Varicella (VZU) Immunization: <i>2 documented doses of varicella vaccine given at least one month apart. In the absence of documented varicella vaccination, lab evidence of immunity shall be used as proof of vaccination/immunity.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Tetanus, Diphtheria and Pertussis (Tdap): <i>1 documented dose within the last 10 years.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B Immunization: <i>3 documented doses of Hepatitis B vaccine. In the absence of documented Hepatitis B vaccination, lab evidence of immunity shall be used as proof of vaccination/immunity.</i>	<input type="checkbox"/>	<input type="checkbox"/>
	TB Screening: <i>Proof of negative 2 step TB test. Chest X-ray is acceptable only in response to a positive TB skin test. QuantiFERON Gold (QFT-G) or T-Spot is accepted in place of a PPD skin Test (TST). If QuantiFERON G is negative, nothing else</i>	<input type="checkbox"/>	<input type="checkbox"/>

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	<i>is needed. If QuantiFERON is positive, a symptoms questionnaire and chest x-ray are required. TB Test is valid for 2 years and MUST remain active for the duration of the entire class.</i>		
Required Prior to Clinicals	Medical History and Physical Form (performed within last 6 months)	<input type="checkbox"/>	<input type="checkbox"/>
	Current CPR Certification	<input type="checkbox"/>	<input type="checkbox"/>
	Background Check (depending on assigned clinical site)	<input type="checkbox"/>	<input type="checkbox"/>
	COVID-19 Vaccination Card (If required by clinical site; must be fully vaccinated 30 days before externship start).		
	Professional Liability Insurance: You must secure active professional liability coverage before your first day of clinical externship. Submit your proof of insurance (Certificate of Coverage) to the office program coordinator no later than 1 month prior to externship.	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Immunization: <i>Certain externship sites may require students to show proof of seasonal influenza vaccination, particularly during flu season. Students will be notified of site-specific requirements and are responsible for providing documentation if applicable.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Student Signature: _____ **Date:** _____

Reviewer Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____