Lone Star College System
Emergency Medical Services Professions

DOCUMENTATION OF REQUIRED IMMUNIZATIONS

Name: _____
(Last) (First) (MI)

Date of Birth: _____ **SS#:** _XXX-XX-_____ **Enrollment Date:** _____

All students enrolled in health related courses that have or will have any direct patient contact must show proof of the **following immunizations prior to starting the clinical component of their course.**

MEASLES MUMPS RUBELLA: Healthcare provider signature verifying record of date of illness or **two (2) DOSES** on or after first birthday or a laboratory report of a positive titer.

Date of Illness	Date of MMR #1	Date of MMR #2	Date of TITER	Healthcare Provider Signature
			ATTACH LAB REPORT	

TB TEST: Negative PPD or Quantiferon-TB Gold Test is required upon admission and yearly thereafter. Students with a history of a **positive PPD** test should obtain a chest **X-ray or a negative Quantiferon-TB Gold Test.**

Test	Date	Results of Test	Date of Chest X-ray	Results of X-ray	Healthcare Provider Signature
PPD or GOLD				**ATTACH REPORT**	

DIPHTHERIA-TETANUS-PERTUSIS: All students must submit proof of a booster shot within the past three years or TDaP if taking now.

Type of Vaccine	Date of Booster Vaccine	Healthcare Provider Signature
TD or TDaP		

CHICKEN POX: Two varicella injections or titer (attached).

Date of Varicella #1	Date of Varicella #2	Date of TITER	Healthcare Provider Signature
		ATTACH LAB REPORT	

SEASONAL INFLUENZA: Required for Fall/Spring.

Date of Vaccine	Healthcare Provider Signature

HEPATITIS B: All students must submit proof of series or serum antibody titer.

	Date of Vaccine	Healthcare Provider Signature
Hepatitis B Vaccination #1		
Hepatitis B Vaccination #2		
Hepatitis B Vaccination #3		
Date of TITER		**ATTACH LAB REPORT**