



HEALTH OCCUPATIONS PROGRAMS DOCUMENTATION OF REQUIRED IMMUNIZATIONS

Please Print

Name: _____ DOB: _____ Student ID: _____

IMMUNIZATIONS

MMR (Measles/Mumps/Rubella) and Varicella: Healthcare Provider signature verifying two (2) DOSES on or after first birthday, and at least 30 days apart, OR a laboratory report of immune serum antibody TITER . Attach copies of official vaccination record or appropriate lab paperwork for titers to verify immunity. If titer is questionable/equivocal, vaccine is required.						
Vaccine	Date of 1st and 2nd Immunization		Date of TITER Immune/not immune	Lab Reports Attached		
Measles				Y	N	
Mumps				Y	N	
Rubella				Y	N	
Varicella (Chickenpox)				Y	N	
Tdap: Adult vaccine for tetanus, diphtheria, and pertussis is required and must be less than 10 years old (but TETANUS-DIPHThERIA - TD- will be acceptable if done within the last 2 years). Please circle which vaccine was given/received. Attach official vaccination record.						
Date of Vaccine						
Hepatitis B: Series MUST be completed BEFORE entering the program. A Healthcare Provider's signature is required to verify dates or a laboratory report of immune serum antibody TITER . Attach official vaccination record or all appropriate lab paperwork to verify immunity.						
			Date of Immunization/Titer			
Hepatitis B Vaccination #1						
Hepatitis B Vaccination #2						
Hepatitis B Vaccination #3						
Hepatitis B Booster						
Titer IMMUNE / Not IMMUNE						
TB/PPD/Gold Test/Chest X-Ray						
TB (PPD): PPD Skin Test is required upon admission and yearly thereafter. Students with a positive PPD test should obtain a chest X-ray (attach radiology report). If a chest X-ray is obtained after a positive test, the screening questionnaire should be completed prior to the second year of the program. Gold Test results will be accepted.						
	Date PPD or Gold Test	Date Test Read	Reaction	Date of Chest X-ray	Report Attached	Other Treatment
1 st Year					Y N	
2 nd Year					Y N	

Healthcare Provider (Print Name)*

Healthcare Provider Signature*

Date

*Validates all information above

**Pregnancy is a contraindication to many vaccines. Seek your physician's advice if you are pregnant. Women should be counseled not to become pregnant for three months after vaccination or until properly advised by a physician. (updated 2/1/2010)