

# GRCC Student Immunization Record - Certified Nurse Assistant

**How to complete and submit this form:**

1. Indicate your immunity by entering requested dates.
2. Complete all four boxes with dates found on your health records.
3. Attach supporting documentation\* to this form.
4. Sign and date the form.
5. Submit the completed form and supporting documentation to GRCC (see below for details).

Student name \_\_\_\_\_ Student ID# \_\_\_\_\_ Month start program \_\_\_\_\_

**1. TUBERCULOSIS TEST - TB**

*Must not expire during dates of enrollment in program.*

Date Received	Date Expires

**2. INFLUENZA**

*Given in Fall/Winter of the current flu season, not expiring within the dates of the program.*

Date Received	Date Expires

**3. HEPATITIS B SERIES**

*Document one: either the immunization or titer.*

1st Date Received	2nd Date	3rd Date

Titer Received

**4. SARS COVID-19**

1st Date Received	2nd Date	Booster Date

**What is a titer?**

Unsure if you have the required immunizations? You can find out through an Immunization Titer Test (a blood draw to measure your level of immunity). These tests measure the antibodies in your blood to determine if you have immunity to a disease or if a vaccination may be required.

**Helpful tip**

Keep a copy of this form for your records. You may be asked to provide this information to your practicum site, or provide it to an employer after completion of the program.

**This information is truthful to the best of my knowledge and according to the supporting medical documentation:**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit form and documentation to GRCC Admissions:**

**Mail: GRCC, Tassell MTEC 622 Godfrey Ave. SW, Grand Rapids 49503, Email: [workforcetraining@gcc.edu](mailto:workforcetraining@gcc.edu), or Fax: (616) 234-4435**

*\* Supporting documentation consists of a copy of immunization records, either obtained from the health department, or your health care provider. It must also include the TB test results and/or Covid 19 vaccination card if not indicated on records from the health department or healthcare provider. Supporting documentation must always include your name, or other identifying information to be acceptable.*