STUDENT IMMUNIZATION RECORD

Semester/Year starting the Program: ______________________

☐ADN ☐ADS ☐ LPN ☐ RT ☐OTA

Student Name:______________________________ Student ID#______________________

Attach copies of ALL immunization records or laboratory evidence of immunity

1.

Chickenpox disease: Yes _____ (Documentation REQUIRED!)
Varicella Zoster Titer: Date_______________ Results:______________________
Chickenpox (Varivax) Vaccines: #1 Date: ______________ #2 Date: ____________________
If you do not have documentation of disease, titer must be drawn to show immunity. If you have not had the disease, or you are uncertain, you must have the vaccination.

2.

Hepatitis B Vaccine series: #1 Date: ________________#2 Date: ______________#3 Date: ______________
OR
Hepatitis B titer showing immunity: Date_______________ Results: ______________________________
(For best results, titer should be drawn within 1 to 6 months of third dose)

3.

Tetanus/Diphtheria/ Pertussis booster within the last 10 years: Date: _____________________
OR one dose of Adacel (Tdap) within the last 10 years: Date: _____________________

4.

Two doses of MMR vaccine on or after your first birthday are required. The doses must be at least thirty days apart. All other doses are considered invalid doses. Date of Birth: __________ Dose #1:____________ Dose #2: __________
(If measles vaccination received between 1963 – 1967, re-vaccination is required)
OR -- titers for all three:
Measles (Rubeola) titer Date_______________ Results:______________________
Mumps titer Date_______________ Results:______________________
Rubella Titer Date_______________ Results:______________________

5.

TB Test Results
Negative ______ Positive ______
Where obtained ____ Date __________
If TB Test is Positive: Complete TB Symptom Form

6.

Influenza vaccination, required annually (most effective when administered prior to flu season) Date______________

7.

CPR Certification expires: ____________________ (attach copy)
CPR MUST be one of the following, and must be issued by the American Heart Association, or American Red Cross. Students without correct CPR will not be allowed in clinical. Please contact the office if you have questions:
American Heart Association: Course: BLS for (Healthcare) Provider **OR**
American Red Cross: Course: CPR / AED for the Professional Rescuer, or BLS for Healthcare Providers

This information is truthful to the best of my knowledge and according to medical documentation.

Student Signature:____Date: ____________________