

GRCC NURSING STUDENT IMMUNIZATION RECORD

Semester/Year starting the Program: _____

☐ ADN ☐ ADS ☐ LPN

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. 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

Annual TB Test Results (must be kept current, updated yearly throughout program, Mantoux skin test or IGRA blood test):
Negative: _____ Positive: _____ Date Read: _____ *Expires one year from this date
Documentation must include the date the test was performed and the results of the test.

Students with documentation of a positive TB test must complete the TB Symptom Form yearly, which must be signed by a Health Care Provider.

6

Influenza vaccination, required annually: Date _____

*Students starting in Summer or Fall, due by Nov 30. Students will be held accountable for the policy requirements for all clinical facilities to which they are assigned. Clinical faculty will inform students of any variation from the above policy.

7

BLS Certification expires: _____ (submit copy)

Certification should state BLS. Must be issued by the American Heart Association, or American Red Cross. Students without correct certification will not be allowed in clinical. Please contact the Nursing Programs office if you have questions about your certification or signing up for a course.

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

Student Signature: _____ Date: _____

If you have any questions, please contact the nursing department at nursingprograms@grcc.edu
or call (616) 234-4234