

GRCC Student Immunization Record - Medical Assistant Program

How to complete and submit this form:

1. Indicate your immunity by entering requested dates.
2. Complete all seven 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. VARICELLA (CHICKEN POX)

Document one: either the immunization or titer. Medical Confirmation of Disease - submitted forms* should confirm this option.

Date Immunized	Date Titered

3. INFLUENZA

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

Date Received	Date Expires

4. TETANUS/DIPHTHERIA/PERTUSSIS (T-DAP) BOOSTER

Must be within the last 10 years and does not expire prior to the enrollment end date of the Medical Assistant Program.

T-DAP Date Received

5. HEPATITIS B SERIES

Document one: either the immunization or titer.

1st Date Received	2nd Date	3rd Date
Titer Received		

6. SARS COVID-19

1st Date Received	2nd Date	Booster Date

7. MMR - MEASLES, MUMPS, RUBELLA

Document one: either the immunization or titer.

Series 1st Date	Series 2nd Date	
Measles Titer Date	Mumps Titer Date	Rubella Titer 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@grcc.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.