



STUDENT IMMUNIZATION RECORD

CERTIFIED NURSE ASSISTANT TRAINING PROGRAM

Student Name: _____

Date: _____

Please attach a copy of immunization records or laboratory evidence of immunity. **
(Please note: Copies will not be made by GRCC. Be sure to keep documents for your own records)

1.	Hepatitis B Vaccine series	#1 Date: _____	#2 Date: _____
	AND Hepatitis B antibody titer	Date: _____	Results: _____

(for best results, titer should be drawn within 1 to 6 months of third dose)

2.	TB Test Results (date given must be within a year from the end date of the program)	Negative: _____
	Where Obtained: _____	Positive: _____

3.	Influenza vaccination (must have if in class November - March)	Date: _____
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Hepatitis B Information and Flu Vaccination may be found on a MCIR report which you can request from your physician or local health department. The TB immunization is documented separately.

** It does not meet the requirement for you as a student to write in dates that you received the immunizations without official documentation. Either medical office personnel must complete and sign the dates on this form, or you must have healthcare documentation for the required immunizations.

The information reported is truthful to the best of my knowledge and according to medical documentation. I give permission to share this information with clinical sites.

Student Signature: _____ Date: _____