

**TRI-COUNTY TECHNICAL COLLEGE – HEALTH EDUCATION DIVISION
IMMUNIZATION RECORD**

Circle the initials of the program that you are entering.

ADN EDDA MED MLT PHM PNR SUR

Name: _____ Date of Birth: _____

T#: _____

IMMUNIZATION HISTORY: PLEASE GIVE DATES (MONTH, DAY, AND YEAR) OF IMMUNIZATIONS.

1. **CPR** Expiration Date _____
(If Required by Program)

2. **CHICKEN POX (Varicella):** (Date of Vaccination, **OR** Date of Titer with results)
Date of Vaccination #1 _____ #2 _____
Date of Titer _____ Results _____

3. **HEPATITIS B VACCINE OR SCREEN**
Vaccine Series: Date of First Administration _____
Date of Second Administration _____
Date of Third Administration _____
Screen (Some hospitals require) _____ Results _____

4. **MMR (Measles, Mumps, & Rubella):** (Date of Vaccination, **OR** Date of Titer with results)
Do not receive if pregnant or plan to become pregnant within three months.
Dates of MMR Vaccination #1 _____ #2 _____
Date of Titer _____ Results _____

5. **TETANUS:**
Date of Vaccination _____

Immunization requirement #6 & 7 will have program specific deadline dates. Students should abide by the individual program deadline dates for these immunizations.

6. **FLU:**
Date of Vaccination _____
(If Required by Program)

7. **TUBERCULIN SKIN TEST (PPD)**

Placed:	Read:	Results
First Step	Date _____	Date _____
Second Step	Date _____	Date _____
If positive: Chest X-ray	Date _____	Results _____
Annual 1-Step PPD	Date _____	Date _____
		POS NEG (circle one)
		POS NEG (circle one)
		POS NEG (circle one)

8. Do you know of any communicable medical disease that could prevent entry into your chosen field?

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT FALSE INFORMATION WILL BE SUFFICIENT CAUSE FOR THE COLLEGE TO CANCEL MY ENROLLMENT AND REQUIRE WITHDRAWAL. I WILL REPORT ANY CHANGES IN MY HEALTH STATUS TO MY DEPARTMENT HEAD/PROGRAM DIRECTOR. I UNDERSTAND THAT THIS INFORMATION IS CONFIDENTIAL AND WILL NOT BE USED AS A SCREENING PROCEDURE IN THE ADMISSIONS PROCESS. I FURTHER UNDERSTAND THAT THIS INFORMATION IS REQUESTED BY AREA CLINICAL AGENCIES PRIOR TO ANY CLINICAL EDUCATION ASSIGNMENT REQUIRED IN MY PROGRAM OF STUDY, AND I HEREBY GIVE MY PERMISSION TO ALLOW THE COLLEGE TO SHARE THIS RECORD WITH APPROPRIATE AGENCY OFFICIALS.

Student's Signature

Date

Instructions for Immunization Record Form

A minimum of a month and year is required for each item listed in the Immunization History.

CPR

Healthcare provider CPR is required, which includes adult, infant, and children CPR with AED and choking. Online CPR Certification or recertification is not acceptable.

*In addition to the above CPR requirements, the Medical Assisting program requires first aid.

Chickenpox (Varicella)

Proof of Immunity must be determined either with proof of immunization (2 administrations), or titer (blood test) showing positive immunity. History of disease is not sufficient.

Flu

A Flu vaccination is required annually each fall. No titer can be used for this vaccination.

Hepatitis B Vaccinations

Either the series of three vaccinations must be completed or a blood screen must be performed showing immunity. The normal course of administration is one month between the first and second administrations, with the third administration following five months after the second.

MMR (Measles, Mumps, Rubella)

Proof of Immunity must be determined either with proof of immunization, or titer (blood test) showing positive immunity. If born prior to 1957, documentation of one MMR, or live virus vaccine must be provided. If born on or after January 1, 1957, documentation of receipt of two doses MMR must be provided.

Tetanus

Tetanus vaccination is required and must be renewed every ten years. No titer can be used for this vaccination.

TB Skin Test

A two-step TB Skin Tests (PPD) is required for all Health Education students with an annual 1-Step PPD. Previous two steps are accepted, as long as the two step has been within a year of entering the program, then only a 1-Stepp PPD will be required thereafter. If a positive skin test occurs, the student will need to have a chest x-ray completed showing that the student has no evidence of TB. Chest x-rays must be repeated every five years.