

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 EMS

Name: _____ Date of Birth: _____
T#: _____

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

Effective immediately: All Health Education students submitting the completed immunization form for clinical program entry must attach documentation for proof of all requirements.

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

8. **COVID-19 VACCINE** 1ST Step Date _____ 2nd Step Date _____

- 9 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)

Documentation of Immunity must be determined either with proof of immunization (2 vaccines), or titer (blood test) showing positive immunity. **If titer is negative, 2 vaccine series must be completed.** History of disease is not sufficient.

Flu

Documentation of Flu vaccination is required annually each fall. No titer can be used for this vaccination. Vaccines should be administered after September 1 of that current year.

(Program specific deadline dates may apply)

Hepatitis B Vaccinations

Documentation of either the series of three vaccinations must be completed or a titer must be performed showing positive immunity. **If the titer is negative, student must repeat 3 series vaccine and repeat the titer after series. If still negative after repeating the series, student must provide documentation as a non-responder with a Doctors signature.** 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)

Documentation of Immunity must be determined either with documentation of 2 series immunization, or titer (blood test) showing positive immunity. **If titer is negative, on one component (mumps, measles, or rubeola) then student must have a booster shot for that component. If the titer is negative on more than one component then the student must have a 2 vaccine series completed.** 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

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

TB Skin Test (program specific requirements and deadline dates may apply)

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.