TRI-COUNTY TECHNICAL COLLEGE – HEALTH EDUCATION DIVISION
IMMUNIZATION RECORD

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 _____ First Aid _____
(If Required by Program) (MED only)

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 Note: Heplisav is two doses only
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.
Date of Vaccination #1_____ #2_____
Date of Titer _____Results _____

5. TETANUS:
Date of Vaccination_____

6. COVID-19 VACCINE: #1 Date _____ #2 Date _____ Vaccine Name:_____
(If Required by Program)

Immunization requirement #7 and #8 will have program specific deadline dates. Students should abide by the individual program deadline dates for these immunizations.

7. FLU:
Date of Vaccination_____
(If Required by Program)

8. 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)
T-Spot/QuantiFERON	Date _____		POS NEG (circle one)

9. N95 Fit Test: Facility _____ Date _____ Size _____
(If Required by Program)

10. 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

Revised: 01/2019, 07/2020, 08/2022, 05/2024
Reviewed 6/2017, 6/2018

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

Age 19 years or older only require two vaccines, 4 weeks apart.
Documentation of either the series of two or three vaccinations (depending on manufacturer) must be completed or a titer must be performed showing positive immunity. If the titer is negative, student must repeat vaccine series and repeat the titer. 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. (Tdap is acceptable and recommended.)

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-Step 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.
OR, A TB blood test such as QuantiFERON gold or T-spot is also acceptable.

COVID – This information is requested by area clinical agencies prior to any clinical education assignment required in my program of study. I understand that it is my responsibility to obtain the Covid – 19 vaccine and any required vaccine boosters and provide proof to the Program Director. I understand that it is my responsibility to obtain, if necessary, any medical or religious exemptions at any or all clinical facilities. I understand that if documented proof of the above is not obtained in a timely manner I may lose my clinical placement. This may affect my ability to graduate as/when expected.

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Reviewed 6/2017, 6/2018