

IMMUNIZATIONS: *To be completed and signed by a health care provider. All dates must include month, day, and year.*

MEASLES (RUBEOLA) - required for all programs
Persons born prior to 1957 are considered to be immune to measles.

1. Immunization with live virus vaccine:
Date 1 _____ Date 2 _____
(Two doses given at least 30 days apart; both doses given on or after January 1, 1968, and given on or after first birthday)

OR

2. Immunity confirmed by blood titer:
Date of test _____ Result _____
(Attach copy of laboratory report)

MUMPS- required for all programs
Persons born prior to 1957 are considered to be immune to mumps.

1. Immunization with live virus vaccine:
Date 1 _____ Date 2 _____ **OR**
(Given in 1969 or later and given on or after first birthday)

2. Immunity confirmed by blood titer:
Date of test _____ Result _____
(Attach copy of laboratory report)

RUBELLA (GERMAN MEASLES) - required for all programs

1. Immunization with live virus vaccine:
Date 1 _____ Date 2 _____ **OR**
(Given in June 1969 or later and on or after first birthday)

2. Immunity confirmed by blood titer:
Date of test _____ Result _____
(Attach copy of laboratory report)

TDAP- required for all programs Date: _____

VARICELLA (Chicken Pox) - required for all programs except CNA

1. Varicella immunizations:
Date 1 _____ Date 2 _____ **OR**

2. Immunity confirmed by blood titer:
Date of test _____ Result _____
(Attach copy of laboratory report)

TUBERCULOSIS SCREENING-required for all programs.
Initial 2-step TB test (must be Mantoux; TB tine tests are not acceptable). Tests must be performed within 9 months prior to the student starting the program. After initial testing, a yearly single-step Mantoux test is required for all programs. If the student has a positive TB test, a chest x-ray must be performed and a copy of the report attached to this record.

1. Has student ever had a positive TB skin test?
 No (go to #2) Yes (year) _____
 If yes and medication was *not* prescribed
 If yes and medication was prescribed
Medication name _____
How long taken? _____

2. Has student ever had BCG vaccine?
 No Yes (year) _____

(Persons who have received BCG vaccine are required to have a TB skin test unless they have had a previous positive reaction)

3. Chest x-ray, if necessary *(attach copy of report)*:
Date of test _____ Result _____

4. 2-step TB test: 2 Mantoux TB tests given one to three weeks apart
#1 Date given _____ Date read _____ Result _____
#2 Date given _____ Date read _____ Result _____

OR

QuantIFERON test date _____
(attach copy)

5. Annual one-step TB testing:
Date given _____ Date read _____ Result _____
Date given _____ Date read _____ Result _____
Date given _____ Date read _____ Result _____

HEPATITIS B VACCINE- required for all programs.
Post vaccination testing for serologic response (titer) is highly recommended.

Dose #1 Date _____
Dose #2 Date _____
Dose #3 Date _____

Immunity confirmed by blood titer:
Date of test _____ Result _____
(Attach copy of laboratory report)

OR Declination date _____

HEALTHCARE PROVIDER VERIFYING IMMUNIZATION INFORMATION		
Name (print) _____	Signature _____	Date _____
Address _____	Telephone _____	