

HEALTHCARE STUDENT IMMUNIZATION FORM

Section A: Student & Course Info

STUDENT NAME: <i>(Please Print)</i>			EMAIL: _____	
Last Name _____	First Name _____	Middle Initial _____	PHONE NUMBER _____	
			(Area Code) _____	Phone Number _____

Street Address _____		City _____		State _____
Zip _____				
COURSE NAME/#: HLC 120				
SEMESTER/YEAR: SUMMER 2017				
SECTION NUMBER:				
INSTRUCTOR NAME: Tammy Alander				

Section B: Tests & Immunizations

Tests/Immunizations	Dates	Needed When Dates Unknown
MMR (Measles / Mumps / Rubella) Must provide documentation of 2 MMR vaccinations	#1 MMR Date: _____ #2 MMR Date: _____ Must have 2 if born after 1957. If no MMR documentation, Must provide Positive Titer Results	MMR Titer Date if Immunization Date Unknown:
Varicella (Chicken Pox): Must provide documentation of 2 doses of Varicella vaccine	#1 Varicella Date: _____ #2 Varicella Date: _____	Titer date proving immunity if immunization date unknown:
TB Skin Test (PPD) Must have 2 within the last 12 months. Second PPD can be placed one week after 1 st PPD placed. If positive, must have an initial chest X-ray then complete symptoms review annually.	#1 PPD Date & Results : _____ #2 PPD Date & Results : _____	
Chest X-ray Required if TB skin test is positive. Negative X-ray requires annual symptoms review.	X-ray Date & Result: _____	Symptom Review Questionnaire Required Annually Date Completed:
Hepatitis B Requires positive Hep B titer or series of 3 doses. Titer Date / Results: _____	If negative titer #1 Hep B Date: _____ #2 Hep B Date: _____ #3 Hep B Date: _____	If vaccine declined, note date declination form signed: _____
Tdap Required once as an adult.	Date: _____	

I attest to the accuracy of the above medical information and, if requested, documentation of same will be provided on request.

Date: _____ Verified by: _____, (Signature of Healthcare Provider or School Nurse)

Name and Title PRINTED: _____