



# Central Community College Health Sciences Immunization Record

Student name: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Please Print)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**MEASLES/MUMPS/RUBELLA (MMR)**  
 For individuals born after Jan. 1957

**One of the following is required:**

Two required Immunizations:	Or Positive Titer:
#1 Date: _____	Measles Positive Titer - Date: _____
#2 Date: _____	Mumps Positive Titer - Date: _____
	Rubella Positive Titer - Date: _____

**VARICELLA (Chickenpox)**

Two required immunizations:

#1 Date: _____	Or	History of chicken pox:	Date: _____
#2 Date: _____	Or	Positive antibody titer:	Date: _____

**TETANUS/DIPHTHERIA/PERTUSSIS (Tdap)**

Documentation of Tdap immunization within the past 10 years:  
 (If Tdap has not been previously administered to the student an interval of 2 years since the last TD booster is suggested.)

Date: \_\_\_\_\_

**HEPATITIS B**

Hepatitis B # 1 -	Date: _____	Or	Positive Antibody Titer - Date: _____
Hepatitis B # 2 -	Date: _____		*If titer is negative, repeat the series and titer
Hepatitis B # 3 -	Date: _____		

**TUBERCULOSIS SKIN TEST (PPD)**

° Initial 2-step screening - 2 separate PPD skin tests given and read at least 1 week apart **OR** 2 tests in a 12 month period  
 ° Annual PPD screening after 2-step requirement met.

Results & Date read:      Negative: \_\_\_\_\_      Positive: \_\_\_\_\_

If positive PPD skin test, documentation should include chest x-ray results and medical treatment received

Chest X-ray & Medications/Treatment - Date: \_\_\_\_\_

**INFLUENZA VACCINE (YEARLY)**      Must have documentation from provider

Vaccine Name: \_\_\_\_\_      Lot #: \_\_\_\_\_      Date: \_\_\_\_\_

TB testing is required yearly prior to first clinical rotation. Influenza vaccine is required yearly.

**RETURN FORM TO: Program Director** (Student is responsible for returning the completed form to Program Director)

Attach copies of actual records or provide healthcare provider's signature verifying immunizations.

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_