

EMPLOYEE HEALTH STUDENTS/INSTRUCTORS

IMMUNIZATION REQUIREMENTS

Student Name: _____

Date of Birth: _____

REQUIREMENTS

DATES

1. MMR#1

MMR#2

OR

- Rubeola Titer
- Rubella Titer
- Mumps Titer

Immune or Non-immune

Immune or Non-immune

Immune or Non-immune

2. Varicella#1

Varicella#2

OR (if had dx must be confirmed by titer)

- Varicella Titer

Immune or Non-immune

3. Hepatitis Series

Dose #1

Dose #2

Dose #3

Hepatitis B Titer

Immune or Non-immune

4. Tdap –Tetanus/Diphtheria/Pertussis (Adult)

Within last 10 years

5. Two-Step TB Skin Testing (PPD) **OR** Blood test (e.g. Gold-Spot, T-spot) **Must be < 1 year prior to date of review.**

#1

Date Planted _____

Date Read _____ mm Induration

Results: Negative Positive

#2

Date Planted _____

Date Read _____ mm Induration

Results: Negative Positive

OR Blood test (e.g., Gold-Spot, T-spot) _____ Results: Negative Positive

If Positive

Chest Xray Date Done: _____

Results: Negative Positive

6. FLU Vaccine _____

(Needed between November 1st and April 30)

7. **Respirator Fit tested with N-95 1870 mask (if applicable)**

8. COVID-19 Vaccination Dose #1 _____ If applicable Dose #2 _____ Manufacturer _____

(COVID vaccination is no longer required, however if student is vaccinated, we are requesting a record of it in case of an outbreak)

Proof of immunity/vaccination must be verified by Applicant's Physician/Provider if documentation is not submitted with application.

Physician/Provider Signature: _____ Title: _____ Date: _____