McLennan Community College IMMUNIZATION RECORD FOR ALLIED HEALTH STUDENTS

Name of Student:			ID#		
	(print)				
TB testing - The program re test (QFT-GIT); or SPOT®	quires a IGRA Blood Screen Test: TB test (T–Spot)			tiFERON® – TB Gold In-Tube	
If you have a history of a posi	tive TB test, you must have a Che	st X-ray: Date	Findii	ngs	
Tetanus-diphtheria tox	oid (Td) (within the last 10 years	Date			
doses of measles -con acceptable. b. Students born on or a of mumps vaccine. So c. Prior to patient conta	after January 1, 1957, must show, partaining vaccine administered since after January 1, 1957, must show, particle confirmation of immunity ct, students must show proof of one	e January 1, 1968. Se prior to patient contact y to mumps is accept	erologic confirmation ct, acceptable evidentable.	n of immunity to measles is	
rubella is acceptable.	Measles		Mumps	Rubella	
Date	Tradition of the state of the s		1/1 /1/1	Autonia	
Administered by (Signature)					
	ots): hat there is potential of exposure to vaccine prior to the start of direct				
Dose	Dose #1	Dos	e #2	Dose #3	
Date					
Administered by (Signature)					
Varicella (2 shots): Students must receive <i>two</i> dos	ses of varicella vaccine. Serologic	confirmation of imm	unity to varicella is	acceptable.	
Dose	Dose #1			Dose #2	
Date					
Administered by (Signature)					
Seasonal Flu Vaccine:	Date: A	Administered by:			
	shots required) Date #1:				
<i>Form completed by:</i> Physician or Nurse Practi	itioner's Signature:			_ Date:	
Physician or Nurse Practi	itioner's Printed Name:				
Address:			Telephone Number:		