McLennan Community College
IMMUNIZATION RECORD FOR ALLIED HEALTH STUDENTS

Name of Student: _____ **ID #**_____
(print)

2 Step T.B. Test (Annual Update Required)

1st TB skin test: Date_____Results_____

2nd TB skin test: Date_____Results_____
Note: the 2nd TB skin test must be completed 1 – 3 weeks following the 1st test.

If you have a history of a positive TB test, you must have a **Chest X-ray**: Date_____Findings_____

Tetanus-diphtheria toxoid (Td) (within the last 10 years): Date_____

Measles/Mumps/Rubella:

a. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of **two** doses of **measles**-containing vaccine administered since January 1, 1968. Serologic confirmation of immunity to measles is acceptable.
b. Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of one dose of **mumps** vaccine. Serologic confirmation of immunity to mumps is acceptable.
c. Prior to patient contact, students must show proof of one dose of **rubella** vaccine. Serologic confirmation of immunity to rubella is acceptable.

	Measles		Mumps	Rubella
Date				
Administered by (Signature)				

Hepatitis B (series of 3 shots):

The student should be aware that there is potential of exposure to Hepatitis B during clinical assignments. Students must receive a ***complete*** series of hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to hepatitis B virus.

Dose	Dose #1	Dose #2	Dose #3
Date			
Administered by (Signature)			

Varicella (2 shots):

Students must receive ***two*** doses of varicella vaccine. Serologic confirmation of immunity to varicella is acceptable.

Dose	Dose #1	Dose #2
Date		
Administered by (Signature)		

Seasonal Flu Vaccine: Date: _____ Administered by: _____

***Form completed by*:**
Physician or Nurse Practitioner's Signature: _____ Date: _____

Physician or Nurse Practitioner's Printed Name: _____

Address:_____**Telephone Number:**_____