

STUDENT IMMUNIZATION RECORD FORM

Students entering specified Health Profession programs must submit this completed form. Information is kept confidential and will be reviewed to ensure students' and patients' health is not at risk.

PART I: STUDENT INFORMATION: TO BE COMPLETE BY STUDENT (please print)

Name (Last, First, MI)	RCC Student ID	Date of Birth	Phone

Program (check one):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ADN/Bridge | <input type="checkbox"/> Radiography | <input type="checkbox"/> Paramedic/CCT | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Practical Nursing | <input type="checkbox"/> Surgical Technology | <input type="checkbox"/> Medical Assisting | <input type="checkbox"/> Forensic Phlebotomy |
| <input type="checkbox"/> Nurse Assistant | | | |

PART II: IMMUNIZATION HISTORY: TO BE COMPLETED BY HEALTH CARE PROVIDER (please print).

Students must collect written documentation of completed immunizations and present it to the health care provider. Examples of written documentation include: copies of immunization record(s), titer report(s) or disease records(s). A physician's note of contraindication must be noted if the student is allergic to any vaccines' ingredients.

REQUIRED VACCINE/DOSE	DOSE 1			DOSE 2			DOSE 3				
	MO	DA	YR	MO	DA	YR	MO	DA	YR		
TB Testing										<input type="checkbox"/> Known Reactor <input type="checkbox"/> Completed TB Health Evaluation	
Hepatitis B											
MMR (Measles, Mumps & Rubella)											
Tetanus											
	<input type="checkbox"/> Td <input type="checkbox"/> DT <input type="checkbox"/> Tdap			<input type="checkbox"/> Td <input type="checkbox"/> DT <input type="checkbox"/> Tdap			<input type="checkbox"/> Td <input type="checkbox"/> DT <input type="checkbox"/> Tdap			<input type="checkbox"/> Td <input type="checkbox"/> DT <input type="checkbox"/> Tdap	
Varicella											
Influenza (Seasonal)											

ALTERNATE PROOF of IMMUNITY	HEPATITIS			MEASLES			MUMPS			RUBELLA			VARICELLA		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
	<input type="checkbox"/> Titer			<input type="checkbox"/> Titer <input type="checkbox"/> Disease			<input type="checkbox"/> Titer <input type="checkbox"/> Disease			<input type="checkbox"/> Titer <input type="checkbox"/> Disease			<input type="checkbox"/> Titer <input type="checkbox"/> Disease		

Healthcare Provider (MD, DO, APN, PA, RN) signature verifying above immunization history must sign below.

Signature _____ Title _____

Printed Name _____ Date _____

UPLOAD DOCUMENT TO YOUR VIEWPOINT SCREENING ACCOUNT

Students are responsible for keeping a copy of all submitted materials for their personal records. Copies will not be available from the Health Professions office.

Requirement information listed on back.

For questions, please contact: Lori McKenzie at lmckenzi@richland.edu or 217-875-7211, ext. 6750.

TUBERCULIN MANTOUX TEST (TB TEST)

Students should complete the TB test prior to meeting with their physician and prior to any MMR or Varicella vaccines to avoid delaying the immunization process. Completion of the TB test takes approximately 10 days; plan your physician's visit accordingly.

Proof of an initial 2-Step TB test administered within the last year and using the intradermal Mantoux method is required. After initial testing, record of a yearly single-step Mantoux test must be submitted to the health professions Office. TB testing must be valid from the first day of class through the last day of class for every semester. Student with proof of initial 2-Step and yearly single-step every year after meets this requirement.

If the student has a positive TB test, the County Health Dept. will evaluate for further testing. Students must also complete an annual health department evaluation to determine future action.

Documentation of annual QuantiFERON or T-SPOT blood testing meets this requirement.

HEPATITIS B

Completion or initiation of the Hepatitis B vaccine series is required of students enrolling in the Surgical Technology program. It is optional, but strongly recommended, for our other Health Professions programs.

Students who have not completed the Hepatitis B vaccine series or elect not to receive the vaccine must sign the HBV waiver form available in the Health Professions Office.

Later completion of the series requires students to submit a copy of the record to the Health Professions Office.

Immunity may also be demonstrated by submitting documentation signed by a healthcare professional stating the date and results of a titer.

MEASLES, MUMPS and RUBELLA

MMR Vaccine: Two doses of MMR (Measles, Mumps and Rubella) separated by at least one month, and given on or after the first birthday, will satisfy the requirement.

Measles: If immunized by a live virus vaccine, two doses must have been administered at least 30 days apart, on or after January 1, 1968 and on or after the first birthday. Persons born prior to 1957 are considered immune to measles.

Mumps: If immunized by a live virus vaccine, one dose must have been administered in 1969 or later and on or after the first birthday. Persons born prior to 1957 are considered immune to mumps.

Rubella: Also known as German Measles. If immunized by a live virus vaccine, one dose must have been administered in June of 1969 or later and on or after the first birthday.

Immunity may also be demonstrated by submitting documentation signed by a healthcare professional stating the date of the disease or a titer report.

TETANUS and DIPHTHERIA (Td)

The Td Booster must have been administered within the last 10 years. A Tdap Booster will also be accepted; it is the recommended booster for adults.

VARICELLA

The Varicella vaccine may have been administered in one dose, if given between 12 months and 3 years of age. If given after 3 years of age, the vaccine should be administered in two doses separated by 4-8 weeks.

Immunity may also be demonstrated by submitting documentation signed by a healthcare professional stating the date of the disease or a titer report.

SEASONAL INFLUENZA

The Seasonal Influenza (Flu) vaccine is required unless a documented medical contraindication or religious exemption exists.

Students must submit documentation of vaccination or exemption to the Health Professions Office. Exemption form must be completed and signed by the primary physician or religious leader, Students with an exemption may be required to wear a mask during clinicals.